

TYPES AND CHARACTERISTICS OF

DRUG ADDICTS

By

LAWRENCE KOLB, M. D.

Surgeon, United States Public Health Service, Hygienic Laboratory,
Washington, D. C.

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Lawrence Kolb, M. D.
Surgeon, United States Public Health Service, Hygienic Laboratory,
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As a part of a general survey of the narcotic-addiction problem and to supplement some psychiatric studies previously made, the writer began several years ago an intensive personality study of addicts. Arrangements were made to examine cases in certain prisons and at a municipal hospital and cases receiving morphine at a city clinic, and to visit and examine certain addicts in good social standing in various parts of the United States.

A total of 230 cases was studied. This material, representing as it does addicts in various situations, from various walks of life, and in widely separated sections of the country, may be considered fairly representative of the addict population as a whole.

In all cases an attempt has been made to get a complete life history of the individual, including childhood, schooling, and industrial and police records. In addition, the heredity, native intelligence, emotions, make-up, temperament, and other characteristics usually studied in nervous cases were surveyed. In order to reduce the element of uncertainty to a minimum and because of the addict's reputation for untruthfulness, this information gained through personal contact with the cases was supplemented by information obtained through correspondence with persons who had knowledge of the individuals in question. In a number of cases the homes were visited - especially those of professional men who had become addicted - their surroundings were observed, members of their families were interviewed, and as far as could be done without embarrassing them or spreading information as to their condition, an attempt was made to find out how they were regarded in the communities in which they lived.

Classification of Addicts

Based on the study of these cases, the following general classification on addicts is made:

- 14% 1. People of normal nervous constitution accidentally or necessarily addicted through medication in the course of illness.
- 38% 2. Care-free individuals, devoted to pleasure, seeking new excitements and sensations, and usually having some ill-defined instability of personality that often expresses itself in mild infractions of social customs.
- 13.5% 3. Cases with definite neuroses not falling into Classes 2, 4, or 5.
- 13.0% 4. Habitual criminals, always psychopathic.
- 21.5% 5. Inebriates.

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In addition to the definite cases of neuroses in Class 3, there were scattered throughout Classes 2, 4, and 5 cases that have asthma, mild hysterical symptoms, phobias, or other nervous manifestations in addition to their outstanding peculiarities.

In this series of 230 cases, persons who before their addiction had a normal nervous make-up constituted 14 per cent of the total number, but among the normals no unnecessary cases of addiction occurred after 1915, the year the Harrison Law went into effect. Prior to 1915, a few apparently normal persons were unnecessarily addicted, either by self-medication or through too liberal prescribing by physicians. A necessary or legitimate addict is here understood to be a person to whom an opiate has been prescribed to the point of addiction to relieve the suffering of some prolonged physical condition. Such cases should not be classed with the general run of drug addicts. Excluding them from consideration, we find that only 5 per cent of this series were normal. These are the so-called "accidental cases."

Of the total number of cases, 86 per cent had been affected with some form of nervous instability before they became addicted, but, as already indicated, the studies show that a larger proportion of the more recent cases were abnormal. The criminal psychopaths, comprising 13 per cent of the entire number, have been discussed in another paper.¹ Of the remainder, 13.5 per cent were classed as neurotics, 21.5 per cent as inebriates, and 38 per cent were listed in Class 2 with various forms of deviated personalities, but it will be seen later on that some of these would probably have been more correctly listed with the inebriates.

The instability of the various abnormal cases expressed itself in some form of social or psychical reaction that marked them off as different from the average stable individual. They were not necessarily invalids or vicious; some of them were useful citizens and remained so; others were so abnormal as to have been social problems before their addiction, or the use of narcotics, with its attendant social and physical difficulties, had seriously reduced their efficiency.

Frank cases of hysteria and psychasthenia were less common than cases that showed a biased personality of one kind or another. Psychopathic characters, periodic inebriates, extremely temperamental individuals, and persons who had been problem children were more common than cases with phobias, fits, or pathological fears. A common type among these cases is a psychopath who, with his special deviation of personality, is, in the language of the street, an individual who knows it all and does not care.

MAKE-UP

The care-free attitude evident in the lives of so many of these cases led to a study of the make-up in one series of 164 of them. Of these, 143 were classed as open, 14 as average, and 7 as shut-in. So many of them had an apparent make-up more open than that shown by the average normal individual that it was thought advisable to introduce the average class. The 14 cases classed as average in make-up were mostly open, but not unusually so, and a few of them had characteristics that, taken alone, would have justified their inclusion with the shut-in type. Most of the

1. "Drug Addiction in Its Relation to Crime", by Lawrence Kolb, M. D. MENTAL HYGIENE, Vol. 9, pp. 74-89, January, 1925.

average and shut-in cases were psychoneurotics, though the inebriates and criminals accounted for a few of them and Class 2 for fewer still.

A striking characteristic of the cases in Class 2 was their open personalities. As boys, they were tomboys, and later on they enjoyed the society of women as well as that of men; they engaged in games and sports, had fights, took an interest in social activities, and in general showed traits supposed to be characteristic of real men.

The studies have shown that the various unstable individuals who are so susceptible to addiction get a sense of relief from the use of narcotics that normal people do not experience. It is easy to see why this is true in the case of psychoneurotics, who as a class are afflicted with fears, uncertainties, feelings of inferiority, and unusual inhibitions. They meet life as a rule on a lower plane than normal people and get less satisfaction out of it. The narcotic properties of morphine and heroin remove their inhibitions and fears and bring them artificially and temporarily up to the level of normal men. When under the influence of these narcotics, they have confidence in themselves and a sense of ease they normally do not feel and a common expression of members of this group, in describing the effects of the first few doses, is: "It makes my troubles roll off my mind."

The same relief produced by narcotics in psychoneurotic persons in what causes the high degree of susceptibility to addiction in the more numerous psychopaths. This may seem paradoxical, in view of the very open make-up that most of the psychopaths showed, and it naturally raises the question: Is the make-up characteristic of them the open make-up of men who understand themselves and their surroundings and who are able to meet situations with an adequate response, or is it comparable to the compensation of little men who endeavor to lift themselves into greatness by wearing "loud" clothes or by otherwise making themselves conspicuous, when effacement would be more becoming? The latter was found to be true; the life histories of these psychopaths showed that as boys a large proportion of them had played truant from school, had been problems at home, and had had difficulties with the police, and that later on as men, before becoming addicts, many of them had been guilty of repeated drunkenness, stealing, idleness, habitual gambling, or even attempted robbery or murder.

The psychopath, the inebriate, the psychoneurotic, and the temperamental individuals who fall easy victims to narcotics have this in common: they are struggling with a sense of inadequacy, imagined or real or with unconscious pathological strivings that narcotics temporarily remove; and the open make-up that so many of them show is not a normal expression of men at ease with the world, but a mechanism of inferiors who are striving to appear like normal men.

The Inebriate Addict

These studies have shown that the inebriate impulse is one of the most important, if not the most important, causes of drug addiction. As here understood, the inebriate addicts are those who have a periodic impulse to take intoxicants. They are individuals, who, when wedded to alcohol, go on sprees at more or less regular periods, but who in the intervals drink little or not at all. Writers on alcoholism speak of them as having a periodic impulse to drink.

That the craving or indefinite longing which these people may be supposed to have is not specific for alcohol, but may be satisfied by opium, also, is shown by the histories of a number of addicts in this series.

Early in the study it was discovered that some patients had fallen victim to opium as a result of using it or having it prescribed for them in the course of treatment for sprees. The usual history was that the physician prescribed morphine during several sprees, until the patient found out about it and thereafter treated himself by the same remedy until addicted. Some of the inebriate cases did not first indulge in alcohol. Through the influence of associates, they began the use of morphine or heroin when quite young and drank only later on after they had taken a cure for the opium habit. This inebriate craving explains in a measure many of the relapses to opium. After a cure these patients sooner or later satisfy their indefinite longing with alcohol and, when inhibited by it, recklessly take morphine again, or when the "wave" comes over them, they, without touching alcohol, go directly back to opiates and are never able to explain why they did it. It is a common thing to find patients who have changed from alcohol to opium and from opium to alcohol on several different occasions, but who never take both at the same time. It seems that in this particular class of patients, the two drugs will not mix, or that one satisfies the craving, so that there is no need for the other. However, moderate indulgers in opium may occasionally drink, but it is not unusual to find a periodic drinker who becomes addicted to opium and never drinks again until he takes a so-called cure and is able to do without the drug for a time.

We have not included in the inebriate class those individuals who, because of defective psychic organization, drank to excess continuously before they became addicted or who gave a history of being drunk merely occasionally. The criterion has been a definite history of periodic drinking with sprees. When such cases only are included, 20.5 per cent of the total number of inebriates. An additional 18.7 per cent had drunk so heavily before becoming addicted as to injure their social standing or health and many of them had been arrested for drinking. It is probable that some of these were periodic drinkers and it may be assumed that all heavy drinkers who become addicts and stop drinking should be classed with the inebriates. But it is probable that the motive behind such drinking differs radically from that which impels to periodic sprees. Some of the heavy drinkers, not periodic, in this series are listed with the criminal psychopaths in Class 4, but the majority of them constitute the more unstable and less intelligent among the addicts in Class 2. If these cases were classed with the periodic drinkers, the proportion of inebriates would be raised to 39.2 per cent of the entire number .

Class 2 is the most important numerically, but, as we have stated, many cases placed in this class would probably be more correctly classed with the inebriates. In addition to some of the drinkers placed in Class 2, there are in this class a number of addicts who became addicted when quite young and who, it seems, escaped being drunkards merely because opium satisfied the craving that would otherwise have been appeased by alcohol. Repeated relapses of certain cases that earnestly desire cure is difficult to explain on any other basis, and the personality and make-up of a number of them are in many respects strikingly similar to the personality and make-up displayed by the periodic drinkers. But because there are so many other causes besides the intoxication impulse for the relapse of cured addicts, and a personality study cannot be definite enough to detect inebriates who are sober merely because they have never been tempted to drink, it was considered advisable to list as inebriates only those about whom there could be no doubt, in order to show definitely the minimum proportion of addicts belonging to this class. The minimum figures are large and it is felt that if each case in the series had been subjected to the same environment and the same social accidents as the definite inebriates, the proportion of the latter would be nearly doubled. This series of cases is not believed to be different, in respect to the proportion of inebriates, from that reported upon by others in recent years. Although no one, so far as we know, has

attributed drug addiction to the intoxication impulse, it has been a common observation that many persons have become addicted through taking opium to relieve the symptoms of sprees.

Identity of the Intoxication and Narcotic Impulses

Partridge,¹ in speaking of the intoxication and narcotic motives, says that the craving for alcohol is, in one of its motives, an adolescent phenomenon which is strongest during the most active decades of a man's life and is liable to sudden cessation or easy control at the appearance of senescence, while the narcotic impulse reaches its height later - in the early thirty's, when there is the first decline in the interest of life - and is essentially an instinct of old age. The love of alcohol, he says, is a love of life - a craving for a life more abundant - while the narcotic impulse is more pathological and is a longing for relief from pain, for rest, and for return to a pristine state of health.

That the basis for the so-called intoxication and narcotic impulses is the same is apparent from the cases studied, and data are now available to show that each expresses itself most intensely at the same periods of man's life. It is true that at the approach of old age, many confirmed alcoholics stop drinking, while the opium addict becomes more a slave as he advances in years. This, however, is not due to a strengthening of the original narcotic impulse, but to a physical and nervous craving or need brought on by the action of opium itself on the body tissues. The original impulse may have subsided long ago, but this new craving grows stronger and is more difficult to throw off, the longer the drug is used. Normal people, who never had an intoxication or narcotic impulse, are as much subject to it as the inebriate, and after twenty or thirty years of addiction, there must be a more or less severe period of readjustment before the body can be made to function satisfactorily without the drug.

At the time when Partridge wrote (1912), the drinkers who came to our attention were mostly young men, while the addicts were mostly old or had at least reached the age when a decline in vigor and interest in life was to be expected. Reasoning from this, it was but natural to suppose that the one group was seeking a fuller life and the other trying to escape from it, and that the different forms their indulgence took showed a basic difference in the impulse or motive that prompted them.

Through the enforcement of the Harrison Law, it has been shown that the form of addiction that might be called inebriate or vicious, like excessive indulgence in alcohol, is more common in the early decades of life, and that young addicts are a problem in all large cities. Of 7,464 cases supplied with opium at the New York Narcotic Clinic during 1919 and 1920, 66 per cent were under thirty and over 9 per cent ranged from fifteen to nineteen years of age.² In our series of 230 cases, 44.4 per cent were addicted prior to the time of the Harrison Law, and the average age at the time of addiction was 25.36 years. It is evident that the youthful class of addicts has not been created because of the Harrison Law, as some critics of it have claimed. They were with us all the time, but attracted little attention before the law brought them to light, because they were fewer in number and inconspicuous in comparison with the more troublesome alcoholics.

The following case gives an addiction history typical of many inebriates:

When sixteen years of age, Case 9 brought heroin from a drugstore and became addicted, together with others of his gang. This was before there

1 "Studies in the Psychology of Intemperance, by G. E. Partridge. New York: Sturgis and Walton Company, 1912.

2 "Monthly Bulletin of the Department of Health, City of New York, Vol. 10, February, 1920, p. 45.

was any anti-narcotic law. He was cured at nineteen and then drank heavily until thirty months ago, when, at the age of twenty-nine, he became addicted again and soon was taking sixty grains of heroin and sixty grains of cocaine daily. He had been treated for the heroin habit in another city a week before coming in for treatment and came only to accompany his wife, whom he was anxious to have cured, but who refused to go to the hospital without him. She had become addicted several months before because of her own nervous instability and the convenience of her husband's heroin, which she at first took to relieve the discomfort of some minor physical condition. It is of interest to note that this man, after leaving the other hospital, took seven-eighths of an ounce of cocaine in five days. He attributed this relapse to the discovery of his wife's addiction. She accepted the explanation as adequate and confirmed the story of his addiction and drinking as he had given it.

A case of this kind is bound to take either alcohol or drugs until with declining years the intoxication impulse dies out. It is not an uncommon occurrence for patients who have been taken off opium to get drunk and visit the hospital a few days later in order to thank you for what has been done for them. Such patients come back sooner or later to be treated again for narcotic addiction.

That the inebriate type of addict may sometimes be improved socially because of his addiction, in spite of the physical harm that opium does to him is shown by the case cited below. This case also illustrates the apparent hereditary defect of this type and the identity of the intoxication and narcotic impulses:

The father of Case 10, a noted evangelist in his day, drank so heavily from his eighteenth to twenty-sixth years that he became an outcast in the community and was referred to with contempt by his neighbors as a common, worthless drunkard. At twenty-six he suddenly reformed, began to preach, and never drank afterwards, although he lived always in fear that he would relapse and be a drunkard again. He was quick-tempered and got into several fist fights after entering the ministry, but was kind-hearted and liked by all who knew him personally. He was fond of full-blooded horses and dogs and at one time owned fifteen of each of these animals. His family life was exemplary. One of the brothers drank heavily in early life.

The patient, now forty-nine years of age, was one of six children. Four of these were always normal in their social relations. One sister is an extreme psychopath; she has always been peculiar and hard to get along with. On a number of occasions, she passed worthless checks, which her mother made good to keep her out of trouble. She was examined several times by psychiatrists who pronounced her "not insane."

The patient himself received a fair education, which was improved by travel and reading. When about eighteen, he began to drink. A few years later, there would be a spree about once a month. He would drink three pints of whisky daily for three days and then call in a doctor. Through using morphine to ease himself out of sprees, he became addicted to it nineteen years ago, shortly after his father's death. After becoming addicted, he stopped drinking altogether. Ten cures at sanitariums were attempted. Five were temporarily successful. Once, about five years ago, he was off the drug for some months, but during that period he had one spree. During his drinking career, he held a number of positions, but either abandoned them or was persuaded to leave them by his parents who, because of his drinking habits, felt uneasy about him when he was away from home. His father

supplied him with money when he needed it, even after his marriage, and set him up in business once, but he neglected and lost it because of drink.

Since his addiction he has worked regularly when able to do so and has taken good care of his family. When young, this man had an iron constitution, he says, but he suffered from numerous diseases, including cholera, while on a trip abroad, and had pneumonia three times. He now has a heart murmur, bronchial rales, and tremors more marked on the right side, and is somewhat emaciated and in general poor health.

He has always suffered from numerous phobias. He is afraid of lightning and is uneasy when near a window in a high building; in crossing the street, he has an unusual feeling of uneasiness which impels him to jump to get to the curb, and he feels relieved when he reaches it. He is impelled to pick up every pin he sees and is uncomfortable if he does not do it. There are other phobias and some repeated nightmares which, when analyzed, are shown to be connected with certain emotional incidents in his life. Intellectually and morally, this patient is normal. For five years he has been working for a metropolitan newspaper and gets out the real-estate page of the Sunday edition in such an efficient manner that no one checks his work before it is sent to press. His chief fear is that he may be deprived of legal means of securing morphine and that without it he will be unable to work and provide for his wife and four children whom he dearly loves.

This man apparently inherited a neurotic constitution, one element of which was the intoxication impulse. When this was directed into alcoholic channels, he was a burden and a source of worry to his family. Opium, by satisfying the drink impulse with what for him was a lesser evil, made of him a respectable and useful citizen. There has been no moral deterioration whatever; in fact the drug, by enabling him to hold a position and work regularly, increased his self-respect and arrested the deterioration started by alcohol. It is possible that the original inebriate impulse has subsided in him by this time, but unfortunately the impress of nineteen years of opium on a nervous constitution like his is such that abstinence from the drug would mean increased nervousness and suffering over a period of months, and this, together with his poor physical condition, would probably result in economic, if not physical disaster.

Not every alcoholic is improved by becoming an addict. The case just cited used at the highest only twelve grains of morphine daily - just enough to stabilize him. The case previously referred to used sixty grains of heroin and cocaine daily and stopped work because of the lethargy that resulted. He was a better citizen as a drunkard.

The next case shows how a little morphine will satisfy an alcoholic and illustrates to what extremes a person with his impulse will go after having once appeased it by the soothing influence of opium:

The father of Case 11 lived to be seventy-two years old and was a periodic drinker until about forty. A brother drank himself to death. The patient, now forty-three, had until recently been going on spruces about every two months for twenty-three years. He was instrumental in spoiling a profitable wholesale grocery business his father left to members of the family, and then went into business as a retail grocer for himself and failed because of his drinking. He is now a meat cutter when he works at all. Some property left by his father has been saved by the restraining influence of his wife. About two and a half years ago he was given morphine to relieve a spruce. After this he visited the

doctor regularly once or twice daily, except for several short periods, in order to receive an hypodermic injection. His wife finally interfered by threatening his physician, and the patient was persuaded to come to the hospital for treatment. He was not addicted in the sense that withdrawal of the drug caused appreciable physical suffering. The amount taken had been too small for this and it seems that he had no knowledge of peddlers. He explained that the drug had a satisfying effect and made him agreeable, whereas whisky made him ugly. During the drug-taking period, he consumed less whisky, but still indulged occasionally because the amount of morphine used was not sufficient to satisfy completely his abnormal craving. During this period also the patient lost several positions because of his habit of wasting several hours daily in visits to the physician.

This man is physically healthy, intelligent, religious, and not without refinement. He left the hospital vowing that he would never take opium or whisky again, but it is certain that he will use one or the other until with declining years his intoxication impulse fades.



Addiction to Drugs Other than Opium or Cocaine
Always Evidence of Inebriety

Mention is made in the literature now and then of addiction to such drugs as chloral, veronal, and aspirin. Undoubtedly these drugs are sometimes taken habitually for their narcotic effect, but in my experience it has always been by a member of this inebriate group who uses them to satisfy the narcotic impulse while temporarily abstaining from alcohol or opium.

Case 12, a periodic drunkard, who nevertheless held a position of some responsibility because his employer liked him, was treated for one of his spells at a sanitarium. On discharge he was told to take some veronal if he had difficulty in sleeping. Five days later he was brought to the hospital suffering from veronal poisoning. On recovery he was discharged, but returned in a week because of more veronal. Two months later he was brought back in a semiconscious condition from the effects of alcohol. During the interval between the last two admissions, he had used veronal occasionally.

Case 4, an intelligent and likeable veteran, drank heavily before he became addicted. He was taken off the drug several times, but relapsed, usually to alcohol first and then to opium. Finally, after a cure, it was necessary to keep him in the hospital six months for a foot condition. He asked the nurse one day for some ether to clean spots from his clothing. When her back was turned, he drank two ounces and suffered from general physical depression with cyanosis and albuminuria for two days. On recovery, he freely admitted that he would take more if he could get it.

Extreme types like those cited above will satisfy their craving by something else in the absence of alcohol or opium, but such drugs do not cause addiction in the sense that opium does. Withdrawal symptoms are slight or absent altogether, and normal people are in no danger of becoming addicted to them. It would seem futile, therefore, to annoy the general public and the medical profession by including these drugs within the scope of narcotic restrictions, when the only effect of such restriction would be to drive the weak to other and perhaps more harmful poisons.

The pathological alcoholic or drug craving is not specific for alcohol or drugs.

It is a unconscious striving or longing which is satisfied by these agents, but which in their absence might find expression in some useful or innocent form of activity. We have seen how the drunkard became an evangelist and still had surplus energy which he used in raising pure-bred horses and dogs. If circumstances had been different, he might have done these things from the beginning without passing through a period of alcoholic dissipation. Likewise, no one who has these unusual strivings of longings need resort to alcohol or drugs. The avenues of adjustment available and the accidents of environment have much to do with it.

Narcotics are used by the various abnormal types who become addicts as a method of solving their problems. The narcotizing effect of these drugs are for them a more or less satisfactory form of adjustment of which they have accidentally become aware, and the nervous pathology of these types, whether due to heredity or faulty environment or to both, is by far the most important cause of drug addiction.

Summary

Drug addicts in the United States are recruited almost exclusively from among persons who are neurotic or who have some form of twisted personality.

Such persons are highly susceptible to addiction because narcotics supply them with a form of adjustment of their difficulties.

A very large proportion of addicts are fundamentally inebriates, and the inebriate addict is impelled to take narcotics by a motive similar to that which prompts the periodic drinker to take alcohol.

The so-called intoxication and narcotic impulses are identical.

Some drunkards are improved socially by abandoning alcohol for an opiate, but the change is a mere substitution of a lesser for a greater evil.