

The Opiates and Drug Addiction

by Gary Gayda

part two of a three part article on drugs by Gary Gayda

Opium--because of its intoxicating effect on the average individual, and its hallucinatory effect on imaginative artists such as De Quincey and Coleridge--is sometimes described as a hallucinogen. However, most authorities today regard it as a depressant and blame De Quincey's "Confessions of an Opium Eater" for popularizing the common misconception of a paradise of hallucinatory bliss available via the opiates.

The use of opium in medicine and surgery is indispensable. Thomas Sydenham, the English Hippocrates, wrote in the 17th century: "Among the remedies which it has pleased Almighty God to give to man to relieve his sufferings, none is so universal and so efficacious as opium." His opinion might have become somewhat less enthusiastic if he had foreseen opium addiction.

The United States Pharmacopoeia defines Opium as the "air-dried milky exudation obtained by incising the unripe capsules of Papaver somniferum Linné, or its variety album De Candolle (Fam. Papaver-acea)." Opium is obtained from the opium poppy, Papaver somniferum, which is easily identified from its wrinkled, paper-like petals, white or pale purple in colour. Its seeds are harmless; in fact, they contain a bland oil and several fragrant essences, which give a distinctive flavour to various cakes and confections. They also are employed in bird-seed mixtures.

Opium is secured from the green unripened capsule of the plant. The poppy capsule is scratched by a many-bladed (eight) knife while still in the field. From the wounds, droplets of a white substance gush, which dry to a brownish consistency and are scraped off with a long trough-like spoon. Compressed into lumps, it reaches the world market in 1/2 to 2 lb. sizes.

The plant is probably indigenous to Asia Minor; it is now most widely grown in China, India, Turkey, Yugoslavia, Macedonia, Iran and Bulgaria. Turkish opium is the most esteemed, because of its high morphine content. The brownish gum is extremely rich in other alkaloids--25, in fact. Thebaine, codeine, narcotine, papaverine are the better known ones.

The estimated world production of opium is 2,800 tons; the world's medical requirement is only 450 tons. Therefore, at least 2,350 tons are sold unlawfully to addicts. Narcotics commissions in countries around the world and in such international bodies as the United Nations and Interpol are waging a continuous battle against this illegal trafficking.

There are two preparations of opium which are therapeutically employed today, laudanum and paregoric. These compounds, however, have been used with decreasing frequency since the isolation of morphine, and today the customary use of paregoric is with children and in the treatment of diarrhoea.

Morphine, the most commonly used and best known of the opium alkaloids, was separated and identified as a main ingredient in 1830. Its principle medical function is the relief of pain; its greatest drawback is the danger of addiction. It is usually pres-

cribed in the form of its salts and the two most familiar of these are morphine sulfate and morphine hydrochloride. Morphine may be given orally or by subcutaneous injection, and under emergent conditions it is given intravenously. Dosage, of course, depends upon the patient, the nature of the illness, and other factors of diagnosis. In addition to its characteristic depressant action--analgesia (relief of pain), sedation (freedom from anxiety, muscular relaxation, decreased motor activity), hypnosis (drowsiness and lethargy), and euphoria (a sense of well-being and contentment)--it is valuable in checking diarrhoea, treating severe coughs, and diminishing surgical hemorrhage.

Even when taken in small doses, morphine can become addictive if used for a period of time. Although one grain is fatal to a normal person, an addict may take as much as 10 grains at a time. When it is not available in its opium-extract form, it often is separated from other ingredients in codeine cold tablets. A Downsview pharmacist was jailed last year for trafficking in morphine obtained in this way.

Slang terms for morphine are "M", "Emma", "Junk", "White Stuff", "Red Cross", "Number 13", "G.O.M.: God's Own Medicine".

Heroin, known chemically as diacetylmorphine or diamorphine, is about five times as potent as morphine. It is a synthetic alkaloid produced by heating morphine and acetic acid. Ten pounds of opium are required in the manufacture of one pound of heroin. Although a superior analgesic, its repeated use is even more likely to produce addiction than that of morphine. Because of its potency, together with the concomitant strong euphoric effects, the drug is always in great demand by addicts, and accordingly, it has become the foundation of the illicit drug traffic. In view of the fact that its value from a therapeutic standpoint is no greater than that of morphine and since its toxicity is higher and objections to its use greatly outweigh its advantages, Canada and the United States prohibit the importation, manufacture, or sale of heroin. Some fifty nations now prohibit the manufacture of heroin.

Slang terms for heroin are: "H", "Harry", "Hazel", "horse", "hero", "noise", "scat", "Number 8".

Codeine, widely used and frequently prescribed in the phosphate or sulphate form, is a derivative of morphine, and tolerance and addiction to it can occur as well. While it is employed in several ways, its primary use is in the treatment of cough. It is much less potent than morphine and, for that reason together with the fact that it generally fails to produce euphoria, is rarely used by drug addicts.

A number of other synthetically-produced opium derivatives are addicting. Perhaps the most significant one in terms of the addiction problem, is Dilaudid (dihydromorphinone hydrochloride), which has a stronger analgesic effect than morphine and is recognized

as having a great addiction liability. Two wholly synthetic opium equivalents, pethidine or Demerol (Meperidine), and methadone (Amidone, Dolophine), also are important addicting drugs. Methadone produces milder withdrawal symptoms than morphine, and is often used in connection with withdrawal treatment of addicts.

What is an addict? The definition of the World Health Organization given in the last article adequately explains him. But the making of an addict is a different thing. He evolves out of a complex set of social, psychological, physiological, and economic conditions. The adolescent delinquent is likely to be an addict because his personality needs and environmental circumstances combine to produce an escapist compulsion. The availability of its immediate antidote, drugs, is soon discovered. Low intelligence, strong frustration and aggression, impatience for immediate gratification of desires, distrust of others, preference for action rather than verbal communication, and fear of failure and its vocational implications were found among adolescent addicts. Isolation of self, a depersonalization removing personal responsibility for actions, was prevalent. So was desensitization of social involvement and emotional participation, rationalized by over-emphasizing their stressful and self-seeking characteristics (or the obligation to reciprocate). A desire for environmental manipulation--to be able to "call the shots"--was also noted in this study by David Laskowitz, an American psychologist.

Early habits, perceptual learning and social contacts help form the addictive pattern. Therefore it is not surprising to learn that drug addiction is centred in urban slum areas. The Canadian Health and Welfare Department's narcotic control division reported (in 1962) that there were about 3,576 addicts in Canada: 3,136 "street addicts", 306 addicts hooked through medical or other treatment, and 134 doctor, nurse, dentist, druggist and veterinarian addicts. It has fluctuated only slightly since then.

In an interview two weeks ago, Inspector William Pilkington, head of the Metropolitan Toronto Morality Squad, told me that there are 150-200 "criminal" addicts in Toronto. These are addicts known to police through criminal convictions and undercover informants; others may exist. In Britain, for example, where doctors are permitted to dispense free narcotics, (technically, narcotics are only those drugs which are sleep-inducing, but its common reference is to all addicting drugs) to addicts in their "treatment" of the addiction, 743 "registered" addicts were reported by the Home Office (a rise of 289 from 1959, before free drugs). But Lady Isabella Frankau, a British expert on addiction, estimates that 2,250 "illegal" black-market-purchasing addicts exist in Britain. A significant fact among the registered addicts is that 40% were under 35 years in 1964, a startling rise from 11% in 1959. Under the British scheme the unregistered addicts can be imprisoned.

By comparison with Britain's population, Toronto's drug addict population is, therefore, quite large. Vancouver's, however, is 1 1/2 times that of Toronto. And the U.S. has 60,000, 1/2 of whom live in New York City and Chicago. Among racial groups, the Negroes (with 32,000) and the Puerto Ricans (7,300) head the list. Puerto Rico itself has the worst addiction problem in the Western Hemisphere. There are five times as many male as female addicts in the U.S.

The reason that organized crime has controlled its marketing is evident: complexity and profits. From a poppy in a field to a "pop" in the vein, the mob controls this illicit market and through its laboratories in Marseilles, France, pass over 2,000 tons of raw opium annually. Canadian addicts use about 30 kilograms (66 lb.) annually. In the U.S., addicts use 1,000 kilograms of illicit heroin a year, at a retail cost of \$250-\$350 million. But the co-operation of international political and police organizations has done much to curtail this traffic, and national organizations within many countries (such as the RCMP narcotics division) have seriously disrupted illicit drug distribution within each country. The Indian government has managed to curb the eating (opium can be eaten, raw or cooked, or chewed) and smoking of opium from 500 to 3 tons a year. Iran banned opium production in 1955, reducing opium smokers from 2 million to 50 thousand. China's opium dens, despite periodic persecution have managed to survive to this day. The introduction of opium from India in the 17th century marks the end of China's phenomenal cultural and political growth.

Although it is possible to take heroin in other forms, intravenous injection is the most popular in Canada. Initially, addicts usually begin as "joy-poppers"--occasional users. But soon the drug changes the chemistry of the body so that normal functions become impossible without it. The person is then "hooked". Every 4-6 hours he must introduce heroin into his system--usually by "main-lining", emp-

loying a hypodermic needle to puncture the large vein on the underside of the arm at the elbow (a safety pin or spoon and an eye-dropper will do in a pinch). In 1959, a street addict paid \$10-\$15, each time he wished to "hit the main-line"--\$60, a day, every day of the year. Today's prices may be double that amount. This explains why many addicts turn to crime.

Why doesn't the addict stop? As already noted, their bodies have become dependent on the drug; if they stop, they go through the hell of withdrawal symptoms, sometimes called the "abstinence syndrome".

There are, basically, two types of treatment: gradual withdrawal from drugs, which may entail decreasing doses of heroin, or substitute of methadone, (a synthetic opiate which is similar in effect to heroin, but is less addictive) and treatment for methadone addiction; or "cold turkey", complete withdrawal from heroin. The effect of this is terrifying.

Twelve hours after his last dose, an addict being given "cold turkey" treatment begins to yawn, shiver and sweat profusely. A watery discharge pours from his eyes and inside his nose. His body then begins an abnormal tossing, which interrupts a few hours of restless sleep. Upon awakening, 18-24 hours after his last dose, he descends into the depths of his personal hell. Yawning may be so violent that his jaw is dislocated. Watery mucous pours from his nose, and copious tears rain from his eyes. His pupils become widely dilated, his hair--on his head and body--stands up, and the skin itself turns cold and shows a type of goose flesh termed "cold turkey" by addicts. Then, his bowels begin to act with fantastic violence: great waves of contractions pass over the walls of the stomach, causing explosive vomiting, the vomit often blood-stained from the rupture inner-walls of the stomach, and extreme contractions of the intestines occur, the abdomen surface appearing corrugated and knotted like a tangle of fighting snakes. Severe abdominal pain accompanies this, and rapidly in-

creases. There is almost constant defecation and internal bleeding erupts.

After 36 hours, the chills become even worse. The addict's body twitches and his feet kick involuntarily, (the origin of the addict's term "kicking the habit"). There is no sleep or rest. Painful muscular cramps cause ceaseless tossing. The addict shrieks animal-like cries of misery. Profuse sweating keeps both bedding and mattress soaked. His eyes and nose continue to water, and fluid is continually emptied from bleeding stomach and intestines. He can neither eat nor drink, and therefore loses as much as 10 lb. in 24 hours, occasioning severe weakness. Psychological disturbances, including mild paranoia also develop.

These symptoms may not subside for up to 12 days. The patient is then left weak, nervous, restless and often suffers from stubborn colitis (inflammation of the colon). Barbiturate withdrawal symptoms tend to be even more severe than this heroin abstinence syndrome. The mortality rate is high: 5-6% and only 2% of all addicts are cured by any means of treatment.

Opium and its derivatives give neither mental satisfaction nor emotional thrills. Dr. Lawrence Kolb, one of the world's leading authorities on opium addiction, has concluded that pleasure is derived from opiates only by psychopaths. Experiments at the Harvard Medical School confirm this.

Opiate addicts also face increasingly vigilant law-enforcing agencies. In Canada, mere possession of heroin can result in a 7 year prison term; trafficking can mean life imprisonment. In U.S. legislation, 20 years imprisonment or death is the penalty for conviction on a charge of illegally providing a minor with heroin.

The unsuspecting street addict is liable also to serious physical impairment. Inspector Pilkington told me of a practise among peddlers after heroin shipments had been seized. "More heroin for their regular customers was not available," he explained, "so the pushers added strychnine, a deadly poison, to strengthen the weak heroin content."

We speak of the alcoholic as a "poor fellow" and rehabilitate him, but we regard the drug addict as a "fiendish criminal" and incarcerate him. Because addicts, unlike alcoholics, are jailed, not treated, they are not only left uncured, but also learn crime; in turn, they teach criminals drug addiction. The narcotics addict is not a criminal, though the criminal may become a narcotics addict. Heroin and morphine do not necessarily destroy life or impair intellect. The do lessen ambition, reduce sexual desire almost to a vanishing point, produce a feeling of lethargy and encourage idleness. Above all, they enslave, and the slavery they impose is absolute.

Better law enforcement, stiffer and specific penalties for traffickers, more research into methods for curing addiction, increased treatment, and slum removal and educational opportunities for their dwellers would alleviate much of the problem. The alternative: Opium could become the religion of the masses.

Are You In Favour Or Opposed To Free Tuition?

Students Say:

by Harvey Mangel

A few weeks ago when I asked the students whether they think C.U.S. is worth 75 cents to them (correction--we give approximately \$1.40 to C.U.S., not 75 cents) I found that most students couldn't answer that question simply because they didn't know what C.U.S. is. I asked in the office where I could find information on C.U.S. Nobody knew. Okay, I couldn't read information about C.U.S.; so I decided to ask people to explain its principles to me.

They told me that "C.U.S. looks like something or other. They want free tuition. You know, that sort of stuff."

I would like to know how York University could be part of an organization like C.U.S. which has certain basic principles which it is trying to achieve, yet the students do not know what these principles are. And we supposedly agree to these principles which it is trying to achieve, yet the students do not know what these principles are. And we supposedly agree to these principles which we do not know, because we have all paid our \$1.40 membership fee. Has the S.R.C. taken into consideration the attitudes of the students on these principles? Obviously not, since the students don't even know what these principles are.

Now, consider the question of free tuition.

One of the basic principles of C.U.S. is free tuition. York students mark this, I have just enlightened you on one of C.U.S.'s principles. This week I asked the students whether they are in favour of free tuition or opposed to it. I found by talking to the students that the great majority of York students are opposed to free tuition. How can the S.R.C. commit York to an organization and to a principle which the

students are opposed to?

The question of C.U.S. breaks down into 3 groups: 1) Those who know what C.U.S. is and are in agreement with its principles. 2) Those who know what C.U.S. is and are opposed to its principles. 3) Those who do not know what C.U.S. is. It is obvious that the first group is in the minority and yet this minority is telling the majority what to do.

The S.R.C. is supposedly the representative of the university, working for the students. They are supposedly representing the desires of York students. But are they? Did they take into consideration what the attitudes of York students were towards C.U.S. No!

The members of the S.R.C. do not come back to the students the following year for re-election. After their year as autocratic rulers of York they retire and the results of their year in office are either kept by the new council or thrown out. This year's council is in favour of C.U.S., therefore we are in. Next year's council could be opposed to it, therefore we might withdraw. But what happens if in the following year the members of the council are in favour of it again? The question of C.U.S. would be bouncing around like a ball. Don't you think that the students of York should be taken into consideration and not your personal opinions? Don't you think that the money we allot to C.U.S. could be put to a better use right here in the university? I think so.

The time has come for positive action towards C.U.S. and that positive action is to take the question of York's position in C.U.S. to a vote by the students. Let the students decide on a referendum on the question of C.U.S. S.R.C., are you listening?

I'm not in complete agreement to free tuition. I believe that the fee should pay tuition but the fee should be lowered. The student will therefore not have to rely heavily on students loans. By paying tuition the student still maintains his individuality and independence of paying part of his fees and the student also gets the satisfaction that his education is his own.

Marlo Waldner F2

I'm indifferent because with free tuition certain restrictions would have to be set up or else every Tom, Dick and Harry would get in. The \$550 tuition is not really that much considering the government pays around \$2000 for our education.

Sam Stern F2

I'm divided. Obviously it's a good idea because more people will get an education. But a lot of people will take advantage of it. Everybody who doesn't care for an education will come in anyway because it's free. For those who care it is a good idea.

Jim Mehaffey V1

I'm against free tuition. It would tend to make people come to university as if they were dragged in by the idea of free tuition and are just along for the ride. If a person comes to university with a financial burden he must want to be here and learn. I'm under the opinion that many people are already here with free tuition, because the parents pay it.

Doug Tanner F2

I'm opposed to free tuition. With free tuition university would become another high school. It would be like a big party to them. University is the highest form of education and therefore it should be harder to get in, with higher financial and academic standards.

Ron Cannata F2

I think students should pay tuition. If the government will have to pay, taxes will be raised. When we become adults we will have to pay a great deal of taxes and we are paying enough taxes as it is. If we pay tuition, we will gain responsibility and we will leave this place supposedly as adults.

Bill Lusk V1

I'm in favour of free tuition because I'm self-supporting. I'd love to have free tuition but it's a point of fact that if you even have to work a token amount for something you learn to appreciate it more. As it is we are only paying one-fifth of our total education costs. But I believe that someone who can't pay should be given free tuition.

Norm Kelly F1

No! I'm not in favour of free tuition. I believe that if a person goes to university with the idea of free tuition, then that person will not work as hard in school because the fees are paid for. The student will also not work as hard in the summer because he won't need to meet a money deadline.

Annie Weisbeker F2

