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Drug Abuse

Richard Nollmeyer

M.D., University of Montana School of Law

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INTRODUCTION

There is an ever increasing rate of drug abuse in the United States as well as in much of the civilized world. Recently in Geneva, Switzerland, a 24 nation body recommended "urgent control measures" on the production, prescription and distribution of central nervous system stimulants.¹

John Ingersol, director of the Justice Dept.'s Bureau of Narcotics and Dangerous Drugs, stated, "We can arrest, arrest, and arrest and still not solve the problem. We are not preventing enough drug abuse, we are not apprehending enough drug peddlers, and we are not rehabilitating enough abusers."²

There is much public concern about drug abuse in Montana at the present time. This paper is written to give the reader a broader understanding of the problems involved. These problems are not primarily legal but rather medical and social. Because they involve the physiological as well as the psychological processes of the human body they are very complicated. The human body is a complicated organism whose chemical or physiological reaction cannot be predicted or defined in absolute terms. Each individual may respond to a certain drug or even an external stimuli in a different way. This makes both the diagnosis of a condition and its treatment more difficult. Likewise in the field of drug use true scientific information is very hard to obtain and the results of tests are often contradictory. This is especially true in the field of drug abuse where the products used are often impure and there are no true scientific controls to insure consistency in results.

LEGISLATION IN MONTANA

Public attitude in Montana may well be expressed in the words of Honorable District Judge W. W. Lesley in remarks made while sentencing a 22 year old Montana State University student:

"You're a pusher—you sold narcotics. You're not going to sell narcotics without being punished in this district." "You are going to feel the strong bite of the jail. You shall have no special privileges, no special cakes and no special friends." "You bought and sold narcotics, I'm convinced you did so more than once. I don't think you are sorry. You were doing it for money. You sold for a profit."

"This is no joke. You're a pusher."

"If you've got the guts those who have testified here today on your behalf say you have, when you get out you'll do something with them."³

¹Medical Tribune, Feb. 24, 1969.

²"Control Methods Urged for 6 Stimulants".

³AMA News, Feb. 24, 1969.

⁴"Narcotics Abuse on Rise".

⁵Bozeman Daily Chronicle, Mar. 25, 1969.

The recent statute repealed entirely the antiquated Drug Act of 1937 which created a special "narcotics reservation" in every Montana home. Each year that law fell further and further behind the problem created by the increasing illegal use of drugs. The law enforcement agents struggling with that law could be likened to a physician in 1969 treating a patient for lobar pneumonia with antiquated procedures of hot unsweetened lemon juice and mustard plasters. Although the Montana Dangerous Drug Act of 1969 may help the law enforcement process, its severe legislative molding in the area of penalties will prove to be an albatross around the neck of one of the legislators whose own intelligent and decent son or daughter was momentarily off course.

The new laws has broadened the scope of coverage to include drugs not mentioned in the old Uniform Drug Act. Many of these drugs have been discovered or have come into use since 1937. The drugs included are depressants, stimulants, hallucinogenics and narcotics. Within this act there is built-in capacity for expansion. The Montana State Board of Pharmacy does have the power to designate other drugs which may be likewise regulated by this act.

The penalties for violation of the act are severe:

Section 4. Criminal sale of dangerous drugs.

(a) A person commits the offense of a criminal sale of dangerous drugs if he sells, manufactures, prepares, cultivates, compounds or processes any dangerous drug as defined in this act and does not come within the exceptions of section 3.

(b) A person convicted of criminal sale of dangerous drugs shall be imprisoned in the state prison for a term not less than one (1) year nor more than life. Any person of the age of 21 years or under convicted of a first violation under this section shall be presumed to be entitled to a deferred imposition of sentence.

It should be noted here than a "criminal sale" is not limited to the sale of the drug, but includes the raising or preparation. The young person of an inquisitive or scientific mind may prepare or cultivate the drug without any intention to sell or even use it personally. Yet if he is over 21 years old he faces a mandatory imprisonment of one year to life.

The only provision for rehabilitation is Section 9 which states:

Section 9. Alternative sentencing authority.

A person convicted of criminal possession of dangerous drugs, fraudulently obtaining dangerous drugs or altering labels on dangerous drugs, if he is shown to be an excessive or habitual user of dangerous drugs either from the face of the record or by a presentence investigation, may in lieu of imprisonment, be committed to the custody of any institution for rehabilitative treatment for not less than six months nor more than two (2) years.

CAUSES OF DRUG ABUSE

The scope of this paper is not broad enough to discuss all of the causes of drug abuse if they were known; however some accepted causes

will be given. An understanding of the elements which tilt the balance toward neurosis, psychosis or delinquency must be mentioned. These behaviors are looked at as a symptom, and they can be understood to be a result of a struggle between opposing desires. The desire for immediate self-gratification is opposed by the desire to adhere to society's mores. As the individual matures, his ability to endure tension and postpone gratification becomes greater; this is especially true if the child has parents who understand the child and promote maturity.

In the immature individual the impulse to gratify a desire is at times so strong that it will not be postponed. Often when persons' inner tensions become intense they will use drugs to get a feeling of fulfillment, well being, peace and contentment. Many of these inner tensions are a result of situations of early childhood such as separation from parents, parental discord, parental aggression, and unsuitable maternal supervision.⁴ Some authorities suggest that the factors of over-or understimulation, over-or under-gratification and over-deprivation of parental affection with inconsistent discipline are the underlying factors in the production of delinquent children.⁵

Today our society is said to be in a process of "growing up" and to be "grown up" as a society or as an individual restraints are removed. This freedom is seen in the revolt against the customs of the past, the trend to merge the appearance of boys and girls, and the decline of the Biblical standards of right and wrong. Unfortunately the price paid for this freedom and independence is confusion, and confusion leads to anxiety.⁶ Young people are searching for values that have meaning. We as a society and as parents have failed to take the time to direct them to those values because we have been too busy pursuing the fruits of a materialistic age. We tell them of the power of God and the strength of Christianity but fail to demonstrate either within our own lives. They want what is "real" and may decide to "drop out" from "our" society in an attempt to obtain it. To some the past does not provide a guide and the future is without pathways. Everything becomes a "drag" and to alter the state of consciousness and perception, drugs are used.⁷

Another factor which may play a part in drug abuse is that we are in a drug oriented era. Self medication is encouraged by the printer's ink, the radio and the television. The young people have grown up in an age of "wonder drugs" and when they have emotional problems it

⁴Post Graduate Medicine, Vol. 45, No. 3, 1969.

⁵Pediatric Clinics of North America, No. 7, 1960,
"Etiology of Adolescent Delinquency".

⁶Post Graduate Medicine, Vol 44, No. 4, 1968,
"Masculinity and Femininity in Our Time".

⁷Clinical Pediatrics, Vol. 8, No. 1, 1969,
"Toward Understanding Teenagers".

should not be too shocking that attempts are made at self medication.⁸ The teenagers who use these drugs fall into different groups. The first may be classified as the giggly social group which gets a satisfaction from sharing a puff as a marijuana cigarette is passed around. To a large number of this group indulgence is only a passing fancy; but unfortunately some regular users result from this first exposure. Another group desire an escape from reality. The young people in this group have common feelings of anger and depression which they or their parents are unable to resolve.

Often the "pushers" are in a group that is determined to punish the world for making them frustrated, depressed or angry. They frequently do not regret being arrested, for this will cause their families to suffer also. The smallest group is composed of those individuals who are driven by a desire for self destruction. The use of drugs may either perpetuate or alleviate their suicidal thoughts and behavior.⁹

TYPE OF DRUGS AND EFFECTS

The type of drug used may either create a psychological or physical dependence. A psychological dependence causes an emotional desire for the drug and psychic disturbance when the drug is withdrawn. A true physical dependence arises from a periodic or chronic intoxication, detrimental to the individual and induced by repeated exposures to the drug; it is characterized by a compulsion to continue to take the drug in progressively increasing doses and by the development of a physical dependence on the activity of the drug.¹⁰ The stimulants such as amphetamines, the depressants such as barbiturates and hallucinogens such as marijuana cause a psychological dependence. The LSD type of hallucinogenics and the narcotics may produce both a psychological and a physical dependence.

The drugs which are central nervous system depressants or stimulants when used in moderation do not have the serious detrimental effects of the other drugs; however, Dr. Bror Rexed, Director—General of the Swedish National Board of Health, stated that 70 per cent of persons arrested for all offenses were found to be abusers of central nervous system stimulants.¹¹

It is the LSD type of hallucinogenic drugs that apparently are the most dangerous. Not only may it scramble the chromosomes but also the mind. It may induce severe psychotic episodes at a remote time

⁸Clinical Pediatrics, Vol 8, No. 3, 1969,
"Teenage Drug Abuse".

⁹*Supra*, note 8.

¹⁰Goodman L.S. and Gilman, A.,
"Pharmacological Therapeutics", 2nd Ed., p. 134, 1955.

¹¹*Supra*, note 1.

long after discontinuance of use of the drug.¹² However, the most serious effect of these types of drugs may be the chromosomal damage that takes place in 75% of persons who use it.¹³ The full implication of this chromosome damage is not clear, but evidence indicates that it will have mutagenic, terotogenic and carcinogenic consequences. Latest medical research indicates that the damage may be to both the person immediately involved or his offspring.

TREATMENT

Here, as in other areas, the best treatment is prevention. Prevention means maintaining and promoting mental health among our children. The needs of young people can be met "by giving them correct role models, consistent discipline, room to exercise their bodies and their imaginations, the ability to give and receive love and affection, adequate nutrition and health services."¹⁵ Whatever strengthens the family integrity and gives the parents greater wisdom in child rearing will reduce the number of young people who have emotional problems. Dr. Lieselotte Suskind, supervisor of child psychiatrists in training at Harvard Medical School, believes that early diagnosis of emotional problems by the pediatrician or family physician will help these children. She believes that these parents must be taught how to handle their offspring.¹⁶ What is also needed is increased education and informative programs about the danger of drug abuse.¹⁷ Lockheed Missiles and Space Co. under the direction of Rudolph Flothow has developed a 15 hour course for high school juniors and seniors. This program is aimed at leading teenagers to make a personal decision against drug abuse.¹⁸

To be successful any treatment of the user of drugs must be directed at the underlying emotional problem. It is much easier to discover this problem if free communication can be established. Often the best method of communication is a non-verbal attitude of concern and a willingness to help. By touching him with reassurance you may modify his defenses and bewilderment to a point where he will freely communicate the deep problems within his own life.¹⁹

The early establishment of communication with the teenager may

¹²*Supra*, note 8.

¹³Hospital Practice, Vol 4, No. 2, 1969,
"LSD and Chromosomal Damage".

¹⁴Exodus 20:5.

¹⁵American Medical Association,
15th Annual Conference of Mental Health Representatives, 1969.

¹⁶Pediatric Herald, Mar., 1969,
"Treatment of Emotional Iss".

¹⁷*Supra*, note 2.

¹⁸AMA News, Mar. 17, 1969,
"Lockheed Launches Plan to Dissuade Drug Abuse".

¹⁹Hospital Medicine, Vol. 5, No. 3, 1969,
"Management of the Acute Psychotic".

save his life, for Dr. V. Levin, professor of psychiatry at Chicago Medical School, believes that drug abuse and exploitive sexual behavior are merely temporary expedients that the teenagers try before turning to suicide as a means of escaping from an intolerable situation.²⁰ Suicide is now the second most frequent cause of death among college students.²¹ Many authorities agree that there are alternatives to drug use offered to the young person. These should be greater social involvement, opportunity for creative and artistic self expression, and a deep religious experience as follows:

- (1.) Identification with some body of religious experience.
- (2.) Recognition of a force or entity greater than the individual.
- (3.) Involvement with the question of self-fulfillment and the ultimate purpose in life.²²

When dealing with the person who is involved in actual habitual drug abuse, hospitalization and understanding care are essential. One authority gives this advice to physicians which may be well taken by lawyers:

- (1.) Listen to the youngster; don't talk.
- (2.) Listen to the parents together.
- (3.) Listen to the family together.²³

Drug abuse is notoriously difficult to treat. Both psychological and physical dependence on drugs reflect deep-seated disturbances. These deep-seated disturbances cannot be cured by sending our young people to penal institutions where the environment is even worse than that which originally led to their abusive use of drugs.

CONCLUSION

The problem of drug abuse is one of the more serious problems of our time. It is primarily a social and medical problem and any treatment which is not so orientated is bound to fail. The treatment itself is very complicated and must be primarily directed at rehabilitation of the individual himself. The typical person involved in the abuse of drugs is personally of no direct threat to society as a whole, but he is threatened with personal loss. The Montana Drug Act of 1969 is wrong because the main approach to the problem is criminal confinement. With the exception of the "pusher" I do not see any benefit

²⁰Medical World News, Mar. 28, 1969,
"Trend Toward Teenage Suicide".

²¹Clinical Insights in Pediatrics, Vol 2, No. 2, 1969.
"Suicide Prevention".

²²*Supra*, note 7.

²³*Supra*, note 8.

derived from placing a young person in a confinement environment far worse than that environment that originally caused him to start the abnormal use of drugs. He is no threat to society, therefore it is not for the protection of others that he needs to be confined. Since this type of confinement is of no value to him, for whose benefit is it?

One redeeming factor of the new law is the wide discretion in imposition of the sentence given to the judges. I can only hope that these judges will wisely use their discretion. They will be deciding whether a young person who is temporarily off course will become a useful citizen or hardened, bitter criminal and a total loss to society.

Youth is our most valuable asset. When a portion of this asset is in need of difficult and complex medical care, we must provide the necessary personnel and facilities regardless of the cost or personal sacrifices necessary to do so.

This problem has been created by our society and those who resort to improper drug use are the victims. I cannot grasp any rational justification for punishing the victim of a crime and letting the criminal go free. This is what we are doing.

I believe our society must restore the basic integrity of the home. The young person should be taught by example as well as by precept those Christian principles which give a stabilizing purpose to life.

We must stop over-stimulating our young people with sex. I have often likened the sexuality of a young person to the building of an automobile in which a high power motor is placed well before the brakes have been installed. Children and young people do not understand this but we adults should. Nevertheless we allow our TV, newspaper, radio and our schools to keep pumping high octane gas into that motor. This certainly adds to the frustration of our youth. Above all we must help to restore their faith and confidence in their fellow man and allow them to find a place in life as mature individuals and useful citizens.

RICHARD NOLLMEYER, M.D.

