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# MANAGEMENT OF ADDICTIONS



Edited by

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Editor of "Music Therapy" and "War Medicine"

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## MANAGEMENT OF ADDICTIONS

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## FOREWORD

BY ADDICTION is meant the slavish devotion of oneself to a drug or a habit. Addiction may be physical or psychological or both. Physical addiction is a state in which the physiology of the addict has been altered by the use of a drug to such a state that when he is deprived of it he becomes ill. Psychological addiction is a state in which the individual is not able to change his habit, but there is no physiological change in the body of such a nature that a substance is required for normal physiology.

Actually there are only a few drugs which cause any substantial physical addiction. These drugs are the opiates. Strange as it may seem, alcohol is not included in these drugs.

Addiction to alcohol and various drugs and substances is wide-spread throughout the world. This is a problem which has claimed the attention of physicians, psychiatrists, psychologist and sociologists for a great many years. Today more than ever before the causes of addiction and therapeutic measures to control addiction are a problem to which the medical profession is giving serious thought and attention.

It seems likely that alcoholism represents a multifactorial problem with compound etiology. Is there a basic constitutional nidus which leads an individual to alcohol addiction as a method of handling biopsychic stress? In recent years there have been several attempts to formulate such biological

## MANAGEMENT OF ADDICTIONS

explanations. Smith and Williams have both suggested the existence of a hereditary metabolic individuality. However, there appears to be no more pronounced evidence thus far for the cultural transmission of an alcoholic pattern than for the generic transmission of some biological instability.

The search for the underlying causes of alcoholism has obscured the search for the mechanism of the addiction itself. Much concern has also been evidenced over the question whether alcoholism should be considered as a disease in itself and treated accordingly, or as a symptom, which might be expected to disappear upon discovery and removal of the original cause. Addictive drinking is symptomatic but not necessarily a symptom of personality or other disorder. It is a tension-reducing activity with the source of tension lying in the ordinary problems of living. The pathology lies in the fact that this tension-reducing device is practiced to the exclusion of other, more appropriate means which might alter the realities of the problem situation.

Ullman described experiments with "eating addiction" in rats in which it was demonstrated that a response to a particular tension-producing situation may become effective in reducing tension from all sources. He postulates a parallelism in the conditions leading to "eating addiction" in the rat, and those leading to addictive drinking. The first condition is a strong motivation to drink, and a certain amount of emotional arousal connected with it. This might explain why certain ethnic groups, among whom drinking means nothing, have a low rate of alcoholism. The second condition is repeated instances of such meaningful drinking combined with a stressful situation. The third condition is that sufficient alcohol be drunk on such occasions to produce tension-reduction.

The foregoing theory has certain implications for therapy. Indications are that the search for underlying causes is futile, since they may be any tension-producing situation. Successful

## MANAGEMENT OF ADDICTIONS

therapy with alcoholics should incorporate some manipulation of daily activities. A.A., perhaps the most successful treatment, provides a 24-hour program of tension-reducing activities, some of which may even take on ritualistic significance. In the treatment of alcoholism, substitute, socially approved, tension-reducing responses must be developed. The alcoholic's way of life must be changed so that he may form habit patterns that are satisfactory in terms of coping with psychic tensions by dealing with the realities of the situation rather than by anesthetising himself against them.

Addiction to opiates is a problem which requires extensive exploration. Divergence in cultural attitudes toward alcohol and opiate addictions is correlated highly with divergence of cultural attitudes toward the overt expression of aggression, since alcohol leads to the expression of aggression and opiates do not. The individual personality, the specific effects of single and repeated doses of morphine, and the cultural attitude toward opiate addiction, contribute to the etiology of narcotic addiction. Persons who have been unable to satisfy their needs in any way are likely to become narcotic addicts, since the drugs can satisfy their primary needs directly. Other persons who have achieved partial satisfaction of their needs, even though this has been through neurotic mechanism, are not apt to become narcotic addicts. Similar factors determine the degree of social productivity which is compatible with active narcotic addiction. Persons who have never been able to satisfy their needs through social productivity show a decline in social productivity during addiction, while physicians have been known to continue successful practices while actively addicted.

The addictive use of opiates is related to direct gratification of primary needs, such as hunger, fear of pain and sexual urges. When tolerance to such effects of opiates develops, a new source of gratification becomes available through the concomitant development of physical depend-

## *MANAGEMENT OF ADDICTIONS*

ence, which assumes the character of a primary need that can be satisfied only by opiates.

In our culture morphine may be used to express hostility, although this may produce guilt feelings; suffering during withdrawal may be considered as expiation for such guilt. Secondary needs are relatively little affected by morphine, so that the personality pattern of the addict undergoes only quantitative changes. However, strong physical dependence tends to promote regression. While morphine tends to release stable (not necessarily normal) reaction patterns, this effect is more than counter-balanced by reduction of motivations and increasing dependency. Repression is therefore little affected by the use of morphine. This is in marked contrast to the effects of alcohol.

In the present volume addictions to alcohol and various drugs are discussed by leading authorities in the field. The mechanisms of addiction are thoroughly explored and methods of therapy are presented in detailed form. While this book is intended primarily for physicians, it will also prove of interest to psychologists, sociologists and others interested in the problem of addiction.

THE EDITOR

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## CONTENTS

Foreword.....	xiii
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### PART ONE ALCOHOL ADDICTION

<i>Chapter</i>	<i>Page</i>
1. Psychodynamics in the Excessive Drinking of Alcohol, by John W. Higgins, M.D. ....	3
2. A Pragmatic Approach to the Control of "Chronic Alcoholism," by Charles J. Katz, M.D. ....	33
3. On "Therapeutic" Success in Alcoholism, by Giorgio Lolli, M.D. ....	52
4. The Concept of Genetotrophic Disease, by Roger J. Williams, Ernest Beerstecher, Jr. and L. Joe Berry .....	63
5. Nutrition and Alcoholism: The Genetotrophic Approach, by Ruth Woods .....	75
6. Alcoholism: Recent Advances in Its Treatment, by Harold W. Lovell, M.D. and John W. Tintera, M.D. ....	102
7. Constructive Teamwork in the Treatment of Alcoholism, by Joseph Thimann, M.D. ....	117
8. Psychotherapy of the Problem Drinker, by Benjamin H. Gottesfeld, M.D. and H. Leon Yager, M.S. ....	133

<i>Chapter</i>	<i>Page</i>
9. The Treatment of Alcoholism with Adrenal Steroids and ACTH, by Walter L. Voegtlin, M.D., F.A.C.P. ....	143
10. Endocrine Treatment of Alcoholism, by John W. Tintera, M.D. and Harold W. Lovell, M.D. ....	156
11. The Use of Mebaral in the Treatment of Chronic Alcoholism, by Jackson A. Smith, M.D. and Warren T. Brown, M.D. ....	167
12. An Evaluation of the Aversion Treatment of Alcoholism, by Frederick Lemere, M.D., and Walter L. Voegtlin, M.D., F.A.C.P. ....	173
13. Carbon Dioxide Maintenance Therapy in Neuroses and Alcoholism (Preliminary Report), by Albert A. LaVerne, M.D. and Morris Herman, M.D. ....	181
14. Calcium Therapy in the Treatment of Alcoholism, by Cyril C. O'Brien, Ph.D. ....	187
15. Hospital and Ambulatory Cases of Alcoholism: Intensive Calcium Therapy, by Cyril C. O'Brien, Ph.D. ....	194
16. Sedation of Alcoholic Patients with Nonsedative Drugs: A Preliminary Report, by Joseph Thimann, M.D. ....	199
17. A New Adjuvant in Postalcoholic Psychomotor Agitation, by Martin D. Kissen, M.D., H. Edward Yaskin, M.D., Harold F. Robertson, M.D., F.A.C.P., David R. Morgan, M.D., F.A.C.P. ....	203
18. Tolserol in the Treatment of the Postalcoholic State, by Morris Herman, M.D. and Abraham S. Effron, M.D. ....	209
19. A Clinical Evaluation of Tetraethylthiuramdisul-	

phide (Antabuse) in the Treatment of Problem Drinkers, by Karl M. Bowman, M.D., Alexander Simon, M.D., C. H. Hine, M.D., E. A. Macklin, M.D., G. H. Crook, Ph.D., N. Burbridge, M.D., Karl Hanson, M.D. ....	218
20. Disulfiram as a Sedative in Alcoholism, by Frederick Lemere, M.D. ....	233
21. Psychological Factors in the Conditioned-Reflex Treatment of Alcoholism, by Frederick Lemere, M.D. ....	238
22. Conditioned-Reflex Treatment of Alcoholism, by Joseph Thimann, M.D. ....	244
23. Treatment of Chronic Alcoholism by Intravenous Barbiturates, by Frederick Lemere, M.D. and Paul O'Hollaren, M.D. ....	263
24. Thiopental U.S.P. (Pentothal®) Treatment of Alcoholism, by Frederick Lemere, M.D. and Paul O'Hollaren, M.D. ....	270
25. Hypnotherapy in the Treatment of Alcoholism, by Aaron Paley, M.D. ....	279
26. The Alcohol Problem, by Oskar Diethelm .....	289

## PART TWO

### DRUG ADDICTION

27. Hypoadrenocorticism in Alcoholism and Drug Addiction, by Harold W. Lovell, M.D. and John W. Tintera, M.D. ....	303
28. An Experiment in Group Psychotherapy with the Narcotic Addict, by McClain Johnston, M.D. ....	322
29. A Study of Results in Hospital Treatment of Drug Addictions, by Robert G. Knight, M.D. and Curtis T. Prout, M.D. ....	332



<i>Chapter</i>	<i>Page</i>
30. Drug Addictions (A Review), by R. B. Arora, M.D. and V. N. Sharma .....	347
31. Treatment of Drug Addiction, Preliminary Report, by E. Y. Williams, M.D. ....	358
32. Morphine Withdrawal in Addicts by the Method of Prolonged Sleep, by George M. Schlomer, M.D. ....	370
33. Benadryl — Its Uses in the Narcotic Withdrawal Syndrome and Other Conditions, by Maurice Vaisberg, M.D. ....	377
34. Use of Electric-Convulsive Therapy in Morphine, Meperidine, and Related Alkaloid Addictions, by F. B. Thigpen, M.D., C. H. Thigpen, M.D. and H. M. Cleckley, M.D. ....	383
35. The Problem of Narcotic Drug Addiction, by M. J. Pescor .....	394
Index.....	409