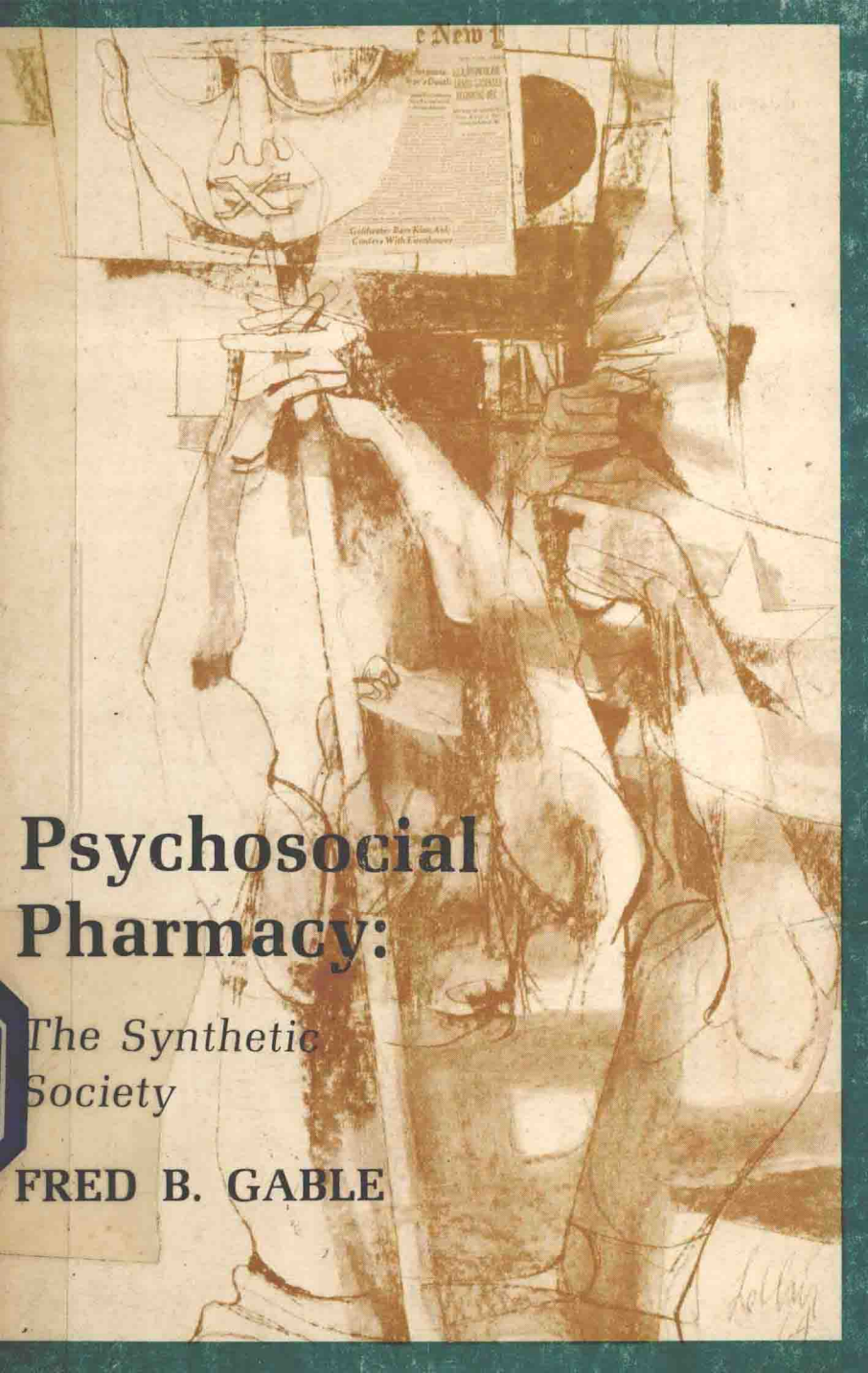


An abstract, sepia-toned artwork featuring a stylized face with a large 'X' for a mouth and a newspaper clipping in the upper left corner. The face is composed of various geometric and organic shapes, with a prominent nose and eyes. The newspaper clipping contains text, including the words 'New York' and 'Celebration: Ben Kim, Aki Gundersen With 8 Grandchildren'. The overall style is reminiscent of mid-20th-century abstract expressionism.

Psychosocial Pharmacy:

The Synthetic
Society

FRED B. GABLE

Cover

The Standard Bearers by Charles Le Clair (1964)

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To Danny and Tracy,

*whom I encourage to become what they want to
become*

And to my students,

who have chosen to become pharmacists

Preface

The practice of pharmacy in the United States has undergone dramatic changes during the twentieth century, changes that are reflected in the dynamics of its educational system. Schools of pharmacy at the turn of the century stressed elegance in the hand preparation of pharmaceuticals, then in the decade of the thirties shifted emphasis to commercial aspects and business management. An emphasis on pharmaceutical chemistry evolved in the forties and pharmacology gained importance as a subject in the fifties. The sixties witnessed adoption of physical pharmacy and biopharmaceutics as part of the curriculum, and at present the subjects of clinical pharmacy and patient relations are receiving widespread attention.

The current role of the pharmacist increasingly identifies him with human service. The pharmacist is the one member of the health sciences team who *communicates* with the greatest number of people in any single day. The question is how well does he communicate? In November 1972 the American Pharmaceutical Association House of Delegates Special Meeting received, from the Dichter Institute for Motivational Research Inc., a report indicating that the pharmacist has lost contact with his patients—patients who expect and want contact, personal attention, and professional services from the pharmacist.

The process of acting in awareness of others, and adjusting responses to the way others respond, is referred to as social interaction. All trends in the practice of pharmacy point to increased human involvement. Economic, cultural, medical, social, and psychologic forces within society demand increased patient relations for the pharmacist. To meet this responsibility the profession must socialize its membership. The socialization process is a complex system of individual learning that endows one with the ideals, values, and ambitions necessary to provide a distinct sense of identity.

Heretofore instruction in behavioral sciences to the pharmacist has been limited. Prompted by an awareness and understanding of the intricate social complex in which the health professional is gaining involvement, educators in pharmacy schools, as well as in medical and nursing schools, have recognized the exigency of including behavioral sciences in curriculums. Changes in this direction have been slow because of the increasing demands on the attention of the pharmacist by the vast technologic knowledge advanced through drug research.

Today the necessity for a better understanding of patients as people is being felt. Patient care in our society has become an intellectual problem along with the physical and psychologic problems that have always been part of the treatment process. In 1965 the elective course *Social Aspects of Pharmacy* was initiated at Temple University School of Pharmacy to encourage students to become socially conscious practitioners as well as the drug experts they are expected to be.

In July 1971 a semester's leave of absence was granted to begin this writing that resulted from association with the aforementioned course of instruction.

Appreciation is expressed to the trustees and administrators of Temple University for their consideration and kindness in extending the privilege. The book's objective is to better prepare pharmacists for the role of psychosocially conscious health practitioners in a highly industrialized, computerized, dehumanized society. A concomitant objective is to alert young professionals to the responsibility more momentous than any other—that of parenthood.

Gratitude is expressed to the professors with whom I studied behavioral and pharmaceutical sciences at Temple University and the University of Pennsylvania, for without their wisdom, knowledge, and love, this writing would not have been. Thanks to Charles Le Clair for the powerful and exemplary work of art reproduced on the cover of this book. I shall always be grateful to Martin Dallago for his editorial expertise and confidence.

Philadelphia, Pa.

Fred B. Gable

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CHAPTER 1

Drugs and Society

In the middle of 1970 the United Nations Yearbook reported that the United States ranked fourth in world population, with a total of 205,395,000 citizens. That year one billion and 379 million prescriptions were dispensed in the United States by community and hospital pharmacies, representing more than six prescriptions for every man, woman, and child in the population. This total does not include drugs administered to patients confined to institutions and hospital beds or nonprescription drugs purchased over-the-counter.

In 1972 an estimated 50,000 community pharmacies dispensed one billion and 300 million prescriptions to a population of 209,000,000 Americans, representing six prescriptions per person without counting hospital dispensed prescriptions. The number of prescriptions dispensed by hospital pharmacies during that year is unknown at this writing. At present there are 7,200 registered hospitals in the United States averaging 200 beds per hospital, and a number of these institutions

provide part-time pharmacy services. The director of a 500-bed hospital in a city populated by two million people reports that in 1972 his pharmacy staff dispensed 66,000 prescriptions to outpatients and 1.6 million dosages to patients confined within the hospital.

Today, millions of Americans—children included—begin their day with drugs that affect disposition and personality, including sedatives, stimulants, and tranquilizers. Many end their day with drugs that produce depression and sleep. Apparently the use of drugs, as a means of psychic relief, is increasingly necessary for some men and women living in a society that has failed to psychologically fulfill many of its members. People use nicotine, caffeine, alcohol, tranquilizers, amphetamines, marijuana, narcotics, barbiturates, and aspirins for a great many reasons. One question that arises is, "Should one be forced to meet all the ups and downs of living and confronting problems without resorting to drugs?" Every man must answer this question for himself or be deprived of individual freedom. Everyone's burden is different and there are no two alike. The fact remains that drugs will continue to be necessary for some percentage of the population, and every effort must be made to protect those who resort to the use of psychic chemicals. A second question, perhaps more significant than the first, is: "What is it about our society that causes so many of its members to become drug-dependent?"

It is difficult, if not impossible, to determine exactly how many Americans are legally or illegally linked to a drugged society. Fifty-seven million Americans smoked 536 billion cigarettes in 1971, averaging 470 packs per year or well over a pack a day per smoker. Marijuana has been smoked by 26 million Americans, but only 13

million consider themselves to be regular smokers. Eighty-five million Americans, according to beverage industry representatives, drink alcoholic beverages, and this figure includes nine million men and women identified as alcoholics. In 1972 there were 1,676,800 arrests for drunkenness and 796,800 arrests for drunk driving in the United States. Estimates place narcotic addicts in the United States at a "few hundred thousand," and among them are counted 85,000 people who regularly receive methadone from 450 federally funded program centers. Uniform Crime Reports of the Federal Bureau of Investigation indicate that in 1972 there were 527,400 arrests in this country for violation of narcotic drug laws.

In 1972 a senate subcommittee report estimated that one million Americans, most between the ages of 30 and 50, may be dependent upon barbiturates as a result of too many doctor-prescribed drugs for the treatment of insomnia, anxiety, and tension. In 1973 it was estimated that the two leading tranquilizers alone accounted for the dispensing of 80 million prescriptions, representing nearly eight billion tablets legally consumed by untold Americans and not including millions of other tablets that entered the underground drug market. Prescriptions for less popularly prescribed tranquilizers are written by the millions. Other Americans are content to purchase an amazing array of nonprescription O-T-C (over-the-counter) drugs, such as aspirin, sleeping tablets, stimulants, and various patented psychic products.

A significant number of Americans pacify themselves not with tranquilizers, narcotics, or barbiturates, but with food. A United States Public Health Service publication states, "Obesity is one of the most prevalent health problems in the United States today, and it is regarded as abnormal by most physicians and laymen."¹

One nutritionist estimates that one-third of all men, women and children in the United States are 20% above their normal weight, and that 15% of all people are between 30 and 50% above their normal weight. A well-known book on food, nutrition, and diet therapy notes, "Frustrations, depression reactions, worry, guilt, shame, hopelessness, feelings of isolation, and unusual stress seek compensations in eating. To the obese patient, food may represent love, security, or satisfaction, and provide a means of relieving the ever-present nervous tensions."²

On November 27, 1972 the Council on Mental Health of the American Medical Association reported to the twenty-sixth annual convention of the A.M.A.'s House of Delegates that drug addiction among physicians represented a significant problem. Though few reliable statistics were available, the report based on data from medical and licensing boards of Arizona, Connecticut, and Oregon indicated that in those states about 2% of physicians were drug addicts, 2% were alcoholics, and 1% had emotional problems interfering with their practices. The Council's report noted that the problem was much larger, because only the most flagrant cases came to the attention of licensing boards.

The psychiatrist stresses the trait of emotional maturity as of highest value for mental health and social efficiency.³ The Menninger Foundation lists seven criteria of emotional maturity as (1) having the ability to deal constructively with reality (2) having the capacity to adapt to change (3) having a relative freedom from symptoms that are produced by tensions and anxieties (4) having the capacity to find more satisfaction in giving than receiving (5) having the capacity to relate to other people in a consistent manner with mutual satisfaction and helpfulness (6) having the capacity to sub-

limate, to direct one's instinctive hostile energy into creative and constructive outlets and (7) having the capacity to love.

Key criteria for achieving emotional maturity involve the intangibles of reality, adaptability, freedom from tension, satisfaction in giving, relationships to others, sublimation of hostility, and love. It is difficult for men, women, and children to attain these attributes in a society that not only fails to encourage their recognition, but foists upon its members every conceivable ploy to abandon them. Reality has taken a back seat in contemporary American society, and artificiality has been imposed upon natural processes and artifacts associated with man's food, dress, appearance, and life style. One fails to distinguish between the real and unreal in a society of *synthetic* sweeteners, eggs, milk, butter, orange juice, rubber, and fabrics; *artificial* turf, flowers, palm trees, and snow; *imitation* flavors, wood, diamonds, fur, leather, bacon, and hamburgers; *false* eye-lashes, hair, fingernails, and bosoms; and *plastic* dishes, glasses, utensils, and furniture.

As dehumanization smothers man's environment, its process gradually extends to human beings, and the value of life becomes as unimportant as the plastic product. Does one handle a mass-produced artificial rose with the same care and affection as a rose that has been planted, nurtured, and cared for by another human being? The artificial rose lacks the texture, the scent, the delicacy, the beauty, and the uniqueness of the flower that will ultimately wither rather than remain frozen with a layer of dust upon some waxen leaves. The man who stirs the earth relates to nature and imparts his love of life to the blooming rose, which is in turn transmitted to the beholder of the flower. The mass-produced

rose requires no spiritual communion from its maker who is more concerned with the machine; however, one may muse optimistically that the maker returns to his own garden to cultivate the perfect rose.

Once plasticity becomes supreme, adaptability becomes unnecessary, since the plastic person need only adapt to a change in machinery. As the computer in a technocracy gains importance the individual relates to it all the more, and the significance of the human relationship diminishes until there is no need for greater satisfaction in giving than in getting, since one's needs are increasingly met by the machine. Those who do give, give machines—televisions, appliances, cars, stereos—for they have little else to give. Devoid of empathy there is no joy or sorrow to share.

The need for immediate gratification is met by instant coffee, instant tea, instant orange juice, instant mashed potatoes, instant cash, microwave ovens, and various "convenience" foods. Hours of enjoying the aroma of cooking food and the anticipation of gustatory pleasure have given way to hasty and anxious gratification. Immediate gratification serves to lessen man's emotions as instantaneous pleasure becomes essential. An urgency arises in man for immediate gratification from people, but the individual now lacks the patience, interest, and empathy to promote human relationships with others and even with spouse and progeny.

It is difficult to sublimate hostility into creative and constructive outlets, for these do not exist in the industrialized society which supports facility—not creativity. As for the capacity to love, it has been eradicated by the reaper of reform, technology. To possess a relative freedom from symptoms that are produced by tensions

and anxieties in this synthetic society requires vigorous intellectual discipline and titanic transcendence.

Physicians and pharmacists have been unwittingly programed into the plot to palliate man for his resignation to robotism through the prescribing and dispensing of psychic drugs. Industrialization, computerization, automation, and depersonalization have made man directionless in a society plagued with alienation. The humanization of society will occur when there is a renewed respect for the dignity of sentiments and preservation of life. The fabric of society has become synthetic. Its people must not become plastic.

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CHAPTER 2

Addiction and Child Abuse

Americans continue to be deluged with an abundance of literature concerning the problem of drug addiction. The Random House Dictionary of the English Language (Unabridged Edition, Random House, 1967) defines addiction as the state of being given up or having yielded to a habit or practice or to something that is habit-forming, as narcotics, to such an extent that its cessation causes severe trauma. Taber's Cyclopedic Medical Dictionary (F. A. Davis Company, 1970) briefly defines addiction as enslavement to some habit, especially the drug habit, and further notes that a state of addiction is a condition in which cessation of narcotic or other drug produces definite "symptoms of abstinence."

Wayne State University Psychiatry Professor Elliot D. Luby defines addiction as a state of periodic or chronic intoxication produced by a natural or synthetic drug and characterized by (1) an overpowering desire or need (compulsion or craving) to continue the use of a drug and to obtain it by any possible means; (2) the

development of a state of tolerance to the drug in which increasing doses are required to obtain the same pharmacologic effect; (3) a psychic dependence upon the drug which has now become necessary to maintain metabolic functioning; (4) a series of withdrawal symptoms, ranging from sweating to convulsive seizures, within 24 to 48 hours following discontinuance of the drug; and (5) harmfulness both to the individual and to society.¹

A recent guide for educators defines addiction as a state of periodic or chronic intoxication produced by the repeated consumption of a drug and involves tolerance, psychologic dependence, usually physical dependence, an overwhelming compulsion to continue using the drug, and detrimental effects on both the individual and society.² At this point the term *addiction* should be distinguished from *habituation* and *drug dependence*. *Habituation* refers to the act of becoming accustomed to anything from frequent use, which involves little or no evidence of tolerance, some psychologic dependence, no physical dependence, and a desire to continue consumption of the drug for the well-being that it engenders. An example of habituation is cigarette smoking, and detrimental effects are primarily on the individual. *Drug dependence* is a term recently recommended by the World Health Organization as a replacement for the terms addiction and habituation, and is defined as *a state arising from repeated administration of a drug on a periodic or continuous basis*.

Descriptions of the American drug scene appear regularly in the press, but serve to accomplish very little. If anything, these journalistic features represent and demonstrate exercises in futility in coping with the problem of drug addiction in this country. Never has so much

printed material said so little. Newspapers and magazines publish flamboyant articles about the drug scene and the desperate lives of those addicted. Efforts of community organizations to combat the menace are described in Sunday supplements. Stories are written about the traffic and cost of drugs on the illegal drug market. Methods of treating the addict make for colorful reading. A policeman dresses like a hippie and enters the underground drug scene to entrap unsuspecting drug users and some of the suppliers of illegal drugs. A youth dies from an overdose just three months following the death of his brother who was also an addict. Passengers of a private plane are apprehended by police at an airport and arrested for the smuggling of illegal drugs. Physicians in drug clinics discuss treatment programs and complain of limited funds and facilities. Nonprofessionals organize a drug retreat where addicts participate in "self-help" programs, and members of the community protest when they learn the center is located in their immediate area. The average citizen reads his newspaper or magazine, sympathizes with the problems described regarding addiction, shrugs his shoulders, goes about his business, and wonders if a solution will ever be found.

Even scholarly writings have failed to shed light on the growing problems of drug abuse. Books about drug addiction, whether published in 1954³ or 1969,⁴ follow similar patterns of presentation. An introductory chapter deals with the history of drug usage. The next chapter describes frequently used drugs and presents the chemistry of the products involved. A chapter devoted to pharmacology describes the effects of drugs upon the body, and another deals with treatment of addiction in the United States and one other country. A final chapter