



## Heroin Addiction: A Communicable Disease or a Sociological Phenomena?

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Editorial Comment

## **Heroin Addiction: A Communicable Disease or a Sociological Phenomena?**

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There are few subjects that have generated as much heat and so little light as that of heroin addiction. The etiologies of this "disorder" have run the spectrum from moral inferiority to the classic medical model of disease. At each step along the way there are advocates fervently denouncing the views of those who would differ, offering arguments to exclude any thoughts other than their own.

In this issue of the Journal, Drucker and Sidel present a lucid statement against placing heroin addiction in the model used for that of communicable diseases. Yet in presenting their case they, as others before, also fall prey to overkill, negating the multiple aspects of heroin dependency that should be apparent to perceptive workers in the field. Thus they state that psychological studies of addiction reveal little or no evidence for prior psychopathology among heroin users. However, classical psychoanalytic studies done many years ago, while not defining an "addictive personality," clearly delineate common characteristics of those who use heroin with respect not only to family constellation but also to psychological elements that cut across all socioeconomic levels. Serious weaknesses in ego strength, passive aggressive behavior, an extreme tendency toward self-destruction, and excessive narcissism are but a few recurrent themes that

one can constantly observe in those who turn to illicit heroin use [1-5].\*

In the realm of organic disease, Drucker and Sidel also minimize physiological consequences of the drug. Although it is true that, with the exception of actual pharmacologic overdose, current medical complications of heroin use are related solely to the unsterile injection of contaminated materials, the physiological effects of opiates are profound, and the alterations in homeostatic functioning of the organism cannot be minimized. Data from animal experiments conducted over the years have revealed impressive actions of narcotics while producing dependency, as well as provoking conditioned behavior even years after the narcotic has been withdrawn. An animal made dependent upon opiates will continue to self-administer the drug indefinitely, with such activity taking precedence over all other forms of behavior until death [6]. Furthermore, such animals, if withdrawn from morphine and removed from their previous environment for as long as a six-month period, will promptly relapse if given the opportunity [7]. Whether such relapse is due to a protracted abstinent state or to conditioning or to both is unknown. However, there is no question that physical dependence on opiates not only exerts a profound effect on functioning independent of sociologic factors but that such dependence is a powerful factor in initiating relapse.

These profound and persistent alterations seen with narcotic dependency neither negate the importance of sociological phenomena in the initiating of heroin use nor serve as an argument for physicians to be dominant in leading the "war" against addiction. It is of interest that epidemic, used as an adjective, refers to that which is common to or affecting many people in a community at the same time.

The dangers of considering heroin dependency solely on an epidemiologic model, as stated by Drucker and Sidel, are real and must be addressed. However, the solution is not to disregard those principles of epidemiology that can be of value in furthering the understanding of heroin use. Heroin dependency is a multifaceted problem. Therefore, systems of analysis adapted from many fields may be of value in providing a clearer understanding. Until the importance of all of these aspects is realized, the approach to the management of heroin dependency will continue to be fragmented and, by the very nature of such tunnel vision, also be unproductive.

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\*For another view of these theories, see article in this issue on the Psychodynamics of Opiate Dependence, pp. 349-370.

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