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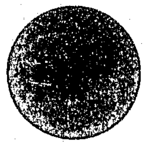

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USE OF NONNARCOTIC DRUGS by NARCOTIC ADDICTS

Research on the life-styles of narcotic addicts tends to concentrate almost exclusively on their addiction because, as has been noted elsewhere (Nurco and Shaffer, 1982), the addiction is the organizing theme around which each addict's life is centered. What may be forgotten is that, although the narcotic addictive drugs[1] clearly dominate the addict's behavior, very few addicts use narcotic drugs to the exclusion of other drugs; and, although no one would argue that the other drugs influence the addict as much as his narcotics, the fact remains that marijuana, cocaine, and other illicit substances are pervasive components of the addict's day to day life.

Apparently, nonnarcotic drugs fulfill two functions for narcotic addicts: (1) a complementary function, intensifying or prolonging the effect of the narcotic drugs during periods of addiction; and (2) a substitutive function, taking the place of narcotics both during periods of addiction and during periods of nonaddiction. Although there are large individual variations in drug preferences and in drug habits, it seems that different drugs may tend to be used for these two purposes; and, as has been noted before in other observations on addict life-styles (Nurco, Cisin, and Balter, 1981b; Waldorf, 1973), the pattern

[1]Narcotic addicts are here defined as persons who have used opium, its derivatives or synthetics for non-medical reasons, for four or more days per week for at least one month while at large in the community.

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for successive periods of addiction being the same as that for inclusion in the study. For this analysis, periods of incarceration were excluded.

As Table 1 indicates, four out of five narcotic addicts of both races reported some use of nonnarcotic drugs during their career.

TABLE 1

Percent Using Nonnarcotic Drugs

	During Periods of:			
	Addiction		Nonaddiction[2]	
Drug[3]	Blacks (N=195)	Whites (N=159)	Blacks (N=165)	Whites (N=154)
All Non-narcotics	87.7	83.7	66.1	81.2
Marijuana	59.0	41.5	56.4	63.0
Cocaine	66.2	54.7	23.7	20.8
Barbiturates	22.6	45.3	6.7	31.2
Amphetamines	7.2	31.5	6.1	25.3
Benzodiazepines	12.8	7.6	11.5	16.2
Hallucinogens	4.1	12.6	3.6	25.3
Quaaludes	2.6	3.1	4.2	10.4

Marijuana and cocaine were by far the most widely used drugs overall, while barbiturates were also popular, particularly among White addicts. Amphetamines and hallucinogens were also mentioned by at least one-fourth of the White addicts and much less frequently by Blacks.

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[2]Thirty Black addicts and five White addicts did not have any periods of nonaddiction while at large in the community.
[3]A number of other drugs were mentioned but not included in the table since there were no more than five users per cell.

Different drugs apparently serve different functions for narcotic addicts. Thus, among addicts of both races, cocaine and barbiturates are much more prevalent during periods of narcotic addiction than they are during periods when the addict is free of his narcotic drugs. In contrast, among White addicts but not among Blacks, marijuana, benzodiazepines, and hallucinogens are considerably more popular during nonaddictive periods than they are during periods of addiction. Quaaludes, which are used by relatively few addicts, seem more popular during periods of nonaddiction for both races, but the difference is far greater among White addicts.

As has been noted many times before, White addicts and Black addicts display vivid differences in the details of their life styles (Nurco, Cisin, and Balter, 1981a, 1981b, 1981c; Nurco and Shaffer, 1982). Drug preferences among the nonnarcotic drugs are no exception to this rule. For example, barbiturates, amphetamines, and hallucinogens are much more popular among Whites than they are among Blacks, both during addictive periods and during periods of nonaddiction.

Another index of the importance of the nonnarcotic drugs in the lives of narcotic addicts lies in the answer to the question: How often are such drugs used? Table 2 shows, separately for Black addicts and White addicts, and separately for periods of addiction and periods of nonaddiction, the number of times per week each nonnarcotic drug was used <u>by addicts who used that drug</u>.

TABLE 2

Frequency of Use of Nonnarcotic Drugs
(Average Number of Times Per Week
Each Drug is Used by Those Who Use It)

	During Periods of:							
	Addiction				Nonaddiction			
	Blacks		Whites		Blacks		Whites	
Drug	N	Mean	N	Mean	N	Mean	N	Mean
All Non-narcotics	171	7.4	133	10.1	109	8.3	125	9.7
Marijuana	115	5.7	66	6.3	93	8.9	97	9.0
Cocaine	129	3.9	87	5.6	39	1.1	32	2.3
Barbiturates	44	1.3	72	3.6	11	1.5	48	1.6
Amphetamines	14	0.9	50	2.7	10	0.2	39	1.2
Benzodiazepines	25	1.0	12	2.5	19	0.6	25	2.1
Hallucinogens	8	0.4	20	0.3	6	0.1	39	0.8
Quaaludes	5	0.5	5	3.3	7	0.7	16	1.3

Non-users of each drug have been eliminated from the calculation. So, Table 1 reflected the number of narcotic addicts who had used each nonnarcotic drug; Table 2 reflects the intensity of use among the users. As might be expected, for both races under both conditions, marijuana users are the most frequent users. Cocaine use is almost as frequent as marijuana use during addiction periods (particularly among Whites) but falls off dramatically during periods of nonaddiction.

A similar pattern (heavier use among Whites and a marked fall off in use from addictive periods to nonaddictive periods)

can be seen for amphetamines and less emphatically for benzodiazepines. Barbiturate use follows a quite different pattern: during addictive periods, White addicts who use barbiturates use them much more frequently than Black addicts. Among Whites, there is a considerable fall off in nonaddictive periods, but there is no similar fall off for Black users. For quaaludes and hallucinogens the small number of users in each group makes the interpretation of the pattern of intensity of use hazardous.

The overall picture that emerges from this consideration of the popularity and intensity of nonnarcotic drug use among narcotic addicts confirms and amplifies inferences that could be drawn from earlier work of, for example, Inciardi (1981) and McGlothlin et al. (1977). Two conclusions seem justified: (1) for the great majority of narcotic addicts, their periods of addiction include the use of various nonnarcotic drugs, especially marijuana and cocaine in quantities that are certainly not negligible. Thus what appear to be the consequences of narcotic use may indeed be exacerbated by an interactive or catalytic effect of narcotic and nonnarcotic drugs; and (2) the great majority of narcotic addicts are seldom completely drug free. Even during periods when they are not addicted to narcotic drugs, their use of other drugs, especially marijuana, deserves careful attention by those responsible for maintenance of drug free states.

The problem for the therapist is not merely one of defining treatment goals for each addict; obviously, the primary goal must involve control of the narcotic addiction. Sometimes it

may happen that control of the narcotic addiction will fortuitously be accompanied by or lead rapidly to control over other nonnarcotic drug habits. On the other hand, to the extent that the addict has learned to use such drugs as cocaine and marijuana as substitutes for the narcotics during periods of nonaddiction, control of the narcotic addiction may indeed exacerbate the nonnarcotic drug habit. The therapist's dilemma may occur when he or she has achieved control over the narcotics and must choose whether or not to work toward a completely drug free state. Not only does this choice draw upon a philosophic stance with respect to what is desirable behavior for the addict, but it also involves a decision concerning the allocation of the therapist's time. Would that time be better spent pursuing the nonnarcotic drug involvement of a "dry" addict or might it better be devoted to the narcotic problem of another patient? The eternal dilemma of this analog of _triage_ imposes a requirement for thoughtful evaluation of ultimate objectives that may be difficult for even the most conscientious therapist to achieve.

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