A Psycho-Social View of “Drug Abuse” in Adolescence

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I shall propose and defend five theses that may help to solve some acute problems in our present work with adolescents. Caution in stating my theses is called for, since our knowledge of the subject matter lags far behind its social and political significance. It seems to me, also, that the psychiatric aspect, as important as it is, needs to yield primacy to the social and educational aspects of the problem. Perhaps this is another area for the kind of social psychiatry propounded by Walter Schulte [1].

My first thesis is that the so-called drug abuse among adolescents must be distinguished from adult addiction and be dealt with separately. By adolescents, I mean ages 14 to 22; under “drugs,” I refer to the hallucinogens such as marijuana and LSD, to amphetamines, and many similar substances now on the market. By narcotics, I refer to cocaine, heroin, other opiates and their derivatives, and alcohol. With these definitions, I share the opinion of the majority of specialists in this field, expressed in a number of publications of which I shall mention but two: Louria [2] and

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As long as the casual use of those drugs is treated as narcotics addiction, a rational point of view will be made more difficult. Also, I cannot argue here that the former must necessarily lead into the latter because so many narcotics addicts had originally started with marijuana. This belief is disputable, and I would like to compare it with another widespread belief that a cold may lead to pneumonia. Medicine has taught us today that both illnesses have different origins—one bacterial, the other viral. The comparison is valid too, insofar as the disposition is similar for both illnesses. Also, the negligence of a cold may lead to contracting bacterial pneumonia. It is correct to say that the social and emotional circumstances under which an adolescent takes drugs may easily lead him to take heroin.

An overwhelming number of specialists share my opinion that the smoking of marijuana, and taking of LSD and the amphetamines, is psychiatrically something different from the narcotics addiction known in the past. The most important psychical difference is the absence of true addiction in the former. To differentiate between the physiological effects is very hard because much more is known about the chemistry of the old narcotics than of the ever-changing new hallucinogens. I also consider it very important to distinguish between the manner of application, for whether something is injected or taken by mouth is of great significance.

There are differences according to age or generation groups: the psychology of adolescents and students has changed considerably in the last 20 years. For a long time, the pioneering work by men like Aichhorn, Bernfeld, and Zulliger was known only to a few experts, but today the psychology of adolescence has become a recognized specialty. There is a steadily growing literature about adolescents.

I summarize my first thesis as follows: so-called drug abuse by adolescents, that is, smoking of marijuana and taking of hallucinogens, must be examined as a separate behavioral entity, distinct from narcotics addiction on the one hand and from drug abuse by adults on the other hand.

My second thesis is that "drug abuse" among adolescents has grown to epidemic proportions in the United States, but has not grown at the same pace in Europe. According to generally available statistics, private and official, since 1965, at least 25 percent to 50 percent of the adolescent population has been touched in one or

*The report made by the psychiatric staff of HEW (1972) confirms this position on marijuana abuse and its illegality.