ABSTRACT: The utilization of the ex-addict as a member of the therapeutic team in the treatment and rehabilitation of narcotics addicts is a relatively new development. In the following article, the authors attempt to evaluate the ex-addict's potential for success in this new role and how he is affected and affects the other members of the therapeutic team, particularly the psychiatric clinical nurse specialist. A description of the ex-addict's role is given, as well as the way in which he is utilized in New York City's Addiction Rehabilitation Program coordinated by Dr. Efren Ramirez. The central thesis is that there are certain functions which the ex-addict can perform more effectively than the professional. However, professional members of the team must recognize and accept the ex-addict if he is to successfully aid in treatment and rehabilitation.

How therapeutically effective is the ex-addict in a treatment and rehabilitation program for narcotics addiction? What are the implications of his effectiveness and/or ineffectiveness for the psychiatric nurse working with the ex-addict? What are the ex-addict's exclusive functions? If he is employed to work with the addicted patient, what are the potential disadvantages? How does the professional view the ex-addict in the role of group leader?

In answering these questions, the authors briefly review the current literature on behavioral and psychodynamic aspects of narcotics addiction, as well as current thinking concerning the most effective methods of treatment. A discussion of the ex-addict's role follows, including a description of how he is presently utilized in one rehabilitation program. The final section is devoted to a description of the psychiatric nurse's role in the rehabilitation of addicts in a treatment program utilizing the therapeutic value of the ex-addict.

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BEHAVIORAL AND PSYCHODYNAMIC ASPECTS OF NARCOTICS ADDICTIONS AND RELATION TO METHODS OF TREATMENT

“The craving for narcotics is the most malignant of addictions” (Savitt, 1963, p. 43). The addict acts as if any tension were a dangerous trauma. His aim is the discontinuance of pain, rather than the seeking of pleasure. Tension is felt by the addict as hunger was felt by the infant, that is, as a threat to his very existence. Fenichel (1945) observes that the injection of a narcotic is indeed gratifying to the addict but the pleasure is a pathological, chemically induced euphoria overshadowing the desperate need to escape from an intolerable tension. Addicts are individuals whose chief sources of anxiety are related to pain, sexuality, and aggression.

Symbolic fusion with the breast, a popular dynamic notion, is an inadequate psychodynamic appraisal of the more malignant forms of addiction. The individual who must inject the drug intravenously requires more rapid protection than those receiving gratification via the oral route. In the former individual, unless tension is completely obliterated, a situation develops akin to the undifferentiated state of the neonate. Freud (1936) describes this state as the period in which the infant, unable to bind tension, is flooded with stimuli against which there is inadequate apparatus of defense. Seeking desperately to fall asleep as a surcease from anxiety, the addict rapidly regresses to primary narcissism, aided by the drugs. While he does not fall asleep, conscious daydreams indicate the degree of omnipotence, grandiosity, and magical thinking resulting from such a regression. One frequently encounters mistrust bordering on paranoia. Inability to relate, except in a narcissistic fashion, is exemplified by the addict’s common belief that he is so interesting that he should be paid by the treating psychiatrist (Nyswander, 1959).

The continued long-term use of drugs reinforces behavior leading to a passive withdrawal from the mainstream of life. This pathological need-satisfying behavior becomes like a religion to the addict; he moves in a societal group inhabited by others devoted to the same ends. This group feels rejected by the nonaddict world and, in turn, they exclude nonaddicts.

Popular mythology has it that if an addict manages to kick his habit, he is cured. Actually addicts are forever kicking and returning to drugs again. The addict who can kick a "big" habit, can begin all over again on a much smaller, less expensive dose of drugs. The individual who regularly and persistently employs drugs to relieve tension and anxiety seeks help which he has been unable to find elsewhere in his life. The addict is seriously disturbed in his relationships with himself, his family, and with reality. Since opiates offer him immediate relief from the pain of these disturbed relationships, the addict is frequently unwilling to participate in the difficult processes of growth.

As Nyswander (1959, p. 619) states, “He who is forced against his will is of his own opinion still.” No method of treating the addict will succeed if it