A Social Study of Sixty-Two Youthful Narcotic Addicts

Joseph Paul Sanculius

Loyola University Chicago

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A SOCIAL STUDY OF SIXTY-TWO YOUTHFUL NARCOTIC ADDICTS

by

Joseph Paul Sanculius

A Thesis Submitted to the Faculty of the School of Social Work of Loyola University in Partial Fulfillment of the Requirements for the Degree of Master Of Social Work

June 1952
LIFE

Joseph Paul Sanculius was born in Racine, Wisconsin, June 22, 1913.

He was graduated from Kankakee High School, Kankakee, Illinois, June, 1932, and completed ten months of administrative and secretarial training at the Gallagher School of Business, Kankakee, Illinois, in July, 1933. He entered the University of Notre Dame, Notre Dame, Indiana, in September, 1933, and completed his freshman year in June, 1934.

From June, 1934, until December, 1935, he was employed as a clerk and salesman for a wholesale firm in Kankakee, Illinois. In the latter part of December, 1935, he started work as a postal employee and continued in this capacity until August, 1943, when he entered the Army. He served five months in the States and twenty-seven months overseas in the Adjutant General's Department. On March 26, 1946, he received an Honorable Discharge.

The writer returned to his former position in the post office and in June, 1947, he entered the University of Illinois
at Champaign, Illinois. In February, 1948, he transferred to Loyola University, Chicago, Illinois, and graduated in February, 1950, with the degree of Bachelor of Science in Social Sciences. He entered the School of Social work of Loyola University, Chicago, Illinois, in February, 1950.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>II. DATA CONCERNING ADDICTS</td>
<td>9</td>
</tr>
<tr>
<td>III. BACKGROUND OF THE PARENTS</td>
<td>44</td>
</tr>
<tr>
<td>IV. BACKGROUND OF THE ADDICT</td>
<td>65</td>
</tr>
<tr>
<td>V. PSYCHIATRIC DATA</td>
<td>93</td>
</tr>
<tr>
<td>VI. CONCLUSION</td>
<td>111</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>117</td>
</tr>
<tr>
<td>APPENDIX I</td>
<td>121</td>
</tr>
<tr>
<td>APPENDIX II</td>
<td>122</td>
</tr>
<tr>
<td>APPENDIX III</td>
<td>139</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. AGE OF THE ADDICT WHEN HE APPEARED BEFORE THE</td>
<td>10</td>
</tr>
<tr>
<td>U.S. DISTRICT COURT OF NORTHERN ILLINOIS</td>
<td></td>
</tr>
<tr>
<td>II. RACE AND SEX OF THE ADDICTS</td>
<td>11</td>
</tr>
<tr>
<td>III. NUMBER OF ADDICTS WHO HAVE LIVED IN THE CHICAGO AREA</td>
<td>14</td>
</tr>
<tr>
<td>ALL THEIR LIVES AND ADDICTS WHO MOVED TO CHICAGO AT VARIOUS AGES</td>
<td></td>
</tr>
<tr>
<td>IV. SIBLING DELINQUENCY</td>
<td>16</td>
</tr>
<tr>
<td>V. GOVERNMENT FISCAL YEAR IN WHICH THE ADDICT WAS SENTENCED FROM</td>
<td>19</td>
</tr>
<tr>
<td>THE U.S. DISTRICT COURT OF NORTHERN ILLINOIS</td>
<td></td>
</tr>
<tr>
<td>VI. CHARGES ON WHICH THE ADDICT WAS BROUGHT BEFORE</td>
<td>21</td>
</tr>
<tr>
<td>THE U.S. DISTRICT COURT OF NORTHERN ILLINOIS</td>
<td></td>
</tr>
<tr>
<td>VII. HISTORY OF ARRESTS</td>
<td>24</td>
</tr>
<tr>
<td>VIII. SENTENCE OF ADDICTS</td>
<td>28</td>
</tr>
<tr>
<td>IX. AGE AT WHICH THE ADDICT WAS FIRST INTRODUCED TO</td>
<td>35</td>
</tr>
<tr>
<td>MARIHUANA</td>
<td></td>
</tr>
<tr>
<td>X. AGE OF ADDICT WHEN FIRST INTRODUCED TO NARCOTICS</td>
<td>38</td>
</tr>
<tr>
<td>XI. APPROXIMATE LENGTH OF TIME THE ADDICTS HAVE BEEN USING NARCOTICS</td>
<td>40</td>
</tr>
<tr>
<td>XII. PERSONS RESPONSIBLE FOR RAISING THE ADDICT</td>
<td>45</td>
</tr>
<tr>
<td>XIII. ORDINAL RANK OF ADDICTS</td>
<td>46</td>
</tr>
<tr>
<td>XIV. EDUCATIONAL STATUS OF PARENTS</td>
<td>48</td>
</tr>
<tr>
<td>XV. OCCUPATIONAL STATUS OF PARENTS</td>
<td>49</td>
</tr>
<tr>
<td>Table</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>XVI. FINANCIAL STATUS OF PARENTS</td>
<td>53</td>
</tr>
<tr>
<td>XVII. RELIGION OF THE PARENTS</td>
<td>55</td>
</tr>
<tr>
<td>XVIII. PARENTS' ATTENDANCE AT CHURCH</td>
<td>56</td>
</tr>
<tr>
<td>XIX. PARENTAL TIES</td>
<td>58</td>
</tr>
<tr>
<td>XX. TYPE OF NEIGHBORHOOD</td>
<td>66</td>
</tr>
<tr>
<td>XXI. AGE AT WHICH FORMAL EDUCATION WAS TERMINATED</td>
<td>72</td>
</tr>
<tr>
<td>XXII. ADDICT'S REASON FOR LEAVING SCHOOL</td>
<td>74</td>
</tr>
<tr>
<td>XXIII. OCCUPATION OF THE ADDICT</td>
<td>76</td>
</tr>
<tr>
<td>XXIV. EMPLOYMENT STABILITY OF THE ADDICT</td>
<td>78</td>
</tr>
<tr>
<td>XXV. ADDICTS' MARITAL STATUS</td>
<td>80</td>
</tr>
<tr>
<td>XXVI. ADDICTS' ATTENDANCE AT CHURCH</td>
<td>82</td>
</tr>
<tr>
<td>XXVII. ADDICTS' PHYSICAL DISORDERS</td>
<td>89</td>
</tr>
<tr>
<td>XXVIII. PSYCHIATRIC CLASSIFICATION</td>
<td>93</td>
</tr>
<tr>
<td>XXIX. ADDICTS' INTELLIGENCE STATUS</td>
<td>96</td>
</tr>
<tr>
<td>XXX. ADDICTS' INSIGHT INTO HIS ADDICTION</td>
<td>98</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

The purpose of this thesis is to identify the various factors which may have influenced the teen-ager or young adult to begin the use of drugs. Specifically, the study is concerned with the following items: the parental home; some sociological data about the addict, such as associates, neighborhood, education, occupation, financial resources, marital status, religion, recreation, health, and military information; some psychiatric data about the addict, such as intelligence quotient, insight into his addiction, psychiatric classification, and the psychiatric impression. Statements from the record are given to illustrate the data concerning the family ties, religion, psychiatric findings, and the addicts' reasons for starting to use narcotics. Thus, from an analysis of the various factors mentioned above, there will be (1) a better understanding of the causation of drug addiction, (2) a better understanding of the drug habit itself, and (3) as a result of this understanding possible methods of treatment that hold some promise.

Although the problem of drug addiction is an ancient
one, it is a comparatively new problem to-day in the sense that
teen-agers and young adults are seen more frequently in the courts
than ever before. Dr. Victor H. Vogel in a message presented at
a Forum sponsored by the Bar Association of the City of New York,
January 23, 1951, said, "At this hospital four thousand addicts
each year are admitted for treatment and most recent figures show
that 18 per cent of these are under twenty-one years of age. As
recently as 1946, only 3 per cent of patients admitted were under
twenty-one."¹ And Judge Gorman of the Narcotics Court in Chicago,
Illinois, made the following statement:

I was amazed at the number of young narcotic addicts who
came before me. That condition had not existed when I was
assigned to the boys' court a few years earlier. I knew
something had happened to change conditions for the worse.
I believe the heroin evil was introduced to our high school
students sometime during 1948.²

The same judge also remarked that the greatest number of cases
that appear before him are in the seventeen to the twenty-five
age group.³ Because of the above reasons, the writer is making a

¹ Victor H. Vogel, "Our Youth and Narcotics," presented
at a forum sponsored by the Association of the Bar of the City of
New York, January 23, 1951, 1.

² Tom Doherty, "Expand War Against Menace of the Drug
Traffic," The Police Digest, August 1, 1951, 39.

³ Lois Higgins, "Chronological Development of the Nar-
cotic Program," Crime Prevention Bureau, Chicago, September 15,
1949 to June 1, 1951, 18.
study of youthful addicts ranging in age from eighteen to twenty-five for the three year period beginning July 1, 1948, and ending June 30, 1951. Age eighteen is used as the minimum age since federal offenders under this age are usually diverted to the local juvenile authorities.

The writer is able to present the cases in this study through the courtesy of the United States District Clerk's Office and the U. S. Probation and Parole Office of the Northern District of Illinois. First, a search through the trial docket of the United States District Clerk's Office for the three year period, July 1, 1948, through June 30, 1951, shows that there were 2,111 criminal cases in which proceedings were started against the offender. From this number, the writer found 140 cases which show that the offender was committed to the United States Public Health Service Hospital at Lexington, Kentucky. Then, through a continuing search into the files of the U. S. Probation and Parole Office, a further selection is made on the basis of age. Thus, the study is narrowed to sixty-two cases in which there were found addicts ranging in age from eighteen to twenty to twenty-five.

The principal source of this study is the case records of the U. S. Probation and Parole Office. Included in these records are pre-sentence reports in twenty-four of the cases which give in detail the life history of the addict, and the admission
summaries which contain sociological and psychiatric data. Progress reports from the hospital at Lexington, Kentucky, are also included in some of the records.

Literature on the problem of drug addiction was obtained from various sources and read prior to writing the thesis to sharpen the focus of this study. A list of the literature read is found in the bibliography.

The appendix includes a map, case summaries, and a copy of the schedule. The map shows the area of the city in which the addict lived when committed to the hospital. Summaries of five cases illustrate the various problems of these young people and reveal the reasons for starting the use of narcotics. The schedule has six major parts: (1) identifying information; (2) data regarding the parents; (3) factors relating specifically to the addict; (4) psychiatric information; (5) court data; and (6), narcotic data.

THE AGENCY

The United States Probation and Parole Office is a part of the United States District Court and is responsible to the Administrative Office of the United States District Courts. The staff of the United States Probation and Parole Office for the
Northern District of Illinois consists of a Chief Probation Officer and nine Federal Probation Officers. Although called probation officers, their duties include the supervision of parolees and conditional releasees from federal prisons, reformatories, and various correctional or specialized treatment centers such as the United States Public Health Service Hospital for narcotic addicts at Lexington, Kentucky.

One of the main functions of the probation officer is the writing of the pre-sentence report. This is a valuable tool since it places in the hands of the judge the life history of the offender, information concerning the family, the career of the prisoner, together with the high points of his mental and physical equipment. Hence, it provides the judge with information which assists him in determining the court disposition. Other main functions are the pre-parole investigation and the supervision of both probationers and parolees. Regarding the probation officer's duties in working with the narcotic addict Dr. Reichard writes, "In general there are three angles to the probation officer's role: (1) In selection of cases for treatment in a narcotic hospital, particularly for probation; (2) cooperation with the institution during hospitalization in the preparation of a plan for the individual when he or she leaves the institution; and (3) helpful
supervision of the patient after discharge." The Federal Probation Officer's role then, is a vital one, since he assists with plans for a place to live, a job, and gives continuing supervision.

THE HOSPITAL

In 1929 the Congress of the United States authorized the establishment of the United States Public Health Service Hospital at Lexington, Kentucky, and on May 25, 1935, the hospital was dedicated. It was known originally as the Narcotics Farm at Lexington, Kentucky, then later the name was changed to that of the United States Public Health Service Hospital. The hospital is located about six miles from the downtown district of Lexington and encompasses an area of about 1,250 acres which contains a group of modern fireproof brick buildings and a modern farm. In an article recently appearing in Federal Probation, Reverend Stephen J. Corey, a chaplain at the hospital writes:

It is both a place of detention and a hospital. It was constructed with custodial safeguards and at the same time it also has all the major facilities of a neuro-psychiatric hospital, including the added equipment for occupational therapy and an extensive research unit. The buildings are modern in every respect and now house over 1,300 men and

160 women. The buildings for the two sexes are entirely separate. The hospital operates a farm or 1000 acres with 200 dairy cattle, an abattoir, a piggery, a cannery, and a garment factory, a furniture factory, and carpenter and machine shops. There is also a library and an educational department. The work in all these enterprises is supervised by skilled directors, but the work is done by the patients and is a part of their treatment for addiction. This is also true of the bakery, kitchen, and dining rooms. There are on the staff 18 physicians, of whom three are in research and 12 are psychiatrists, or are in training as psychiatrists. The social service staff includes 2 psychiatric social workers. There are 27 nurses, 4 dentists, 2 pharmacists, and 3 specialists on the food staff. Besides these, of course, there is a large psychiatric aid staff of 230.5

The type of patients treated at the hospital are the following: (1) convicted federal prisoners; (2) federal offenders who are placed on probation for treatment; and (3) voluntary patients who are not prisoners but submit to certain regulations.6

By the use of the facilities mentioned, the hospital attempts to rehabilitate, restore to health, and train to be self-supporting and self-reliant, the persons who are committed to the hospital for treatment.7 Dr. Reichard specifically explains the hospital's

6 Ibid., 18.
goal as four-fold: (1) control of the patient; (2) relief of physical dependence; (3) creation of a willingness and an ability to live without the use of the drug; and (4) placement and follow-up in the community.  

---

CHAPTER II

DATA CONCERNING ADDICTS

This chapter presents three types of data: identifying, court, and narcotic. The identifying data includes the age, sex, race, the place of birth and habitation. The purpose of presenting this data is to show whether there is any relationship between these factors and drug addiction.

From the court data an attempt is made to find the types of charges that brought these young men and women before the court; to determine whether there is an increase of arrests after addiction; to evaluate recommendations of the probation officers' pre-sentence reports as compared to the final court order issued by the judge; to compare the number of recidivists among the study group with the general prisoner released on parole or conditional release; and to reveal the length of time served at the hospital.

The narcotic data includes: the marihuana history; age at which the marihuana and narcotic habit began; the length of
addiction; whether addicted to narcotics only, or to both narcotics and marihuana; the method of financing the addiction; and, the number of previous hospital commitments.

IDENTIFYING DATA

The general identifying data is presented to determine whether there is any relationship between these various factors and drug addiction. The factors which are studied in this section are the following: age, race, sex, number of addicts born in Chicago, and the length of residency in Chicago. Table I shows the distribution of age.

TABLE I

AGE OF THE ADDICT WHEN HE APPEARED BEFORE THE U. S. DISTRICT COURT OF NORTHERN ILLINOIS

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eighteen</td>
<td>2</td>
</tr>
<tr>
<td>Nineteen</td>
<td>8</td>
</tr>
<tr>
<td>Twenty</td>
<td>9</td>
</tr>
<tr>
<td>Twenty-one</td>
<td>8</td>
</tr>
<tr>
<td>Twenty-two</td>
<td>13</td>
</tr>
<tr>
<td>Twenty-three</td>
<td>9</td>
</tr>
<tr>
<td>Twenty-four</td>
<td>8</td>
</tr>
<tr>
<td>Twenty-five</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>
The least number of addicts appear in the youngest and the oldest age groups. Addiction among the remaining groups are relatively the same with the exception of the Twenty-two age group with a high of thirteen addicts, or 21 per cent. It is significant to note that after age Twenty-two, there is a steadily decreasing number of addicts in this study group who appeared before the courts. The race and sex of these addicts is shown in Table II.

TABLE II

RACE AND SEX OF THE ADDICTS

<table>
<thead>
<tr>
<th>Sex</th>
<th>Negro</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of cases</td>
<td>Per cent</td>
</tr>
<tr>
<td>Men</td>
<td>51</td>
<td>82</td>
</tr>
<tr>
<td>Women</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>58</td>
<td>93</td>
</tr>
</tbody>
</table>

The outstanding fact from the above table reveals that fifty-eight addicts (93 per cent) are Negroes and four addicts
(7 per cent) are Whites. A cautionary note is injected here for a proper interpretation of this fact. The map in Appendix I shows a heavy concentration of addicts in an area of the city known as the "Black Belt," which is also the location of some of the worst slum areas in the city. In this connection, poor housing, crowded living conditions, many cheap taverns, pool rooms, and highly questionable hotels are seen in a great portion of the "Black Belt". This would seem to indicate that narcotic addiction is a social problem rather than a racial problem per se. Mr. Austin L. Porterfield, a professor of sociology from Texas Christian University, holds a similar view as can be seen from the following passage:

In spite of the importance of hereditary factors in the development of personality, we cannot believe that these variations are due to differences in the genetic constitution of the populations. For example, consider racial variations. To say that the presence of large numbers of Negroes in the population makes a difference---if true---would give no insight into why it is true. It is well known that indices of serious crimes and of heterogeneity of population are positively related. If only the twelve southern states leading in Negro population are compared, however, with respect to indices of crime and heterogeneity, the coefficient of correlation is a negative one, -.37. If only the percentage of Negro population is compared with indices of crime by states in this group, the coefficient of correlation is still more negative. It is -.44. To place Kentucky and Mississippi, Louisiana and Tennessee side by side is to get a concrete picture of the negative relation between the number of Negroes present in the population and the serious crimes in general by states in the south. These comparisons support the belief of the sociologists, generated by previous studies that other factors, such as the dislocation of persons and their families, varying characteristics of the social and economic structure, cultural variations in crime patterns and police practices, and general social well-being must be
vastly more important than race as a genic fact, or than any other biological factor in crime.¹

Clifford Shaw, noted University of Chicago sociologist, also expresses the importance of cultural factors in the study of any group in the following words:

The cultural anthropologists have emphasized the importance of understanding the cultural background—the customs, codes, taboos, and traditions of a group—in the study of the behavior of any group. They have pointed out that many differences in behavior of peoples are based on differences in culture rather than on differences in biological inheritance.²

Apparently the fact that this study reports fifty-eight of the addicts as Negroes in no way refers to a problem of racial inheritance, but rather to a sociological problem related largely to a specific group living in a specific area.

In addition to the racial factor, the table above also gives information about the sex of the addicts. The number of women in proportion to the men in this study is relatively less than in the general addict population admitted to Lexington during the six month period of July-December, 1950. A statistical report reveals that one thousand and thirty-four men (81 per cent) as compared to three hundred and eighty-three women (19 per cent)


² Clifford R. Shaw, Delinquency Areas, Chicago, 1929, l.
were admitted to the hospital. The study group, in comparison, shows that fifty-five men (89 per cent) and seven women (11 per cent) committed to the hospital. Thus, there is seen in this study 8 per cent more men and 8 per cent less women as compared to the hospital's report. This discrepancy is probably due to the difference of periods studied as well as for other reasons previously stated. Table III is presented in an effort to determine whether or not there is a relationship between the length of residency in Chicago and addiction to drugs.

**TABLE III**

<table>
<thead>
<tr>
<th>Age when addict moved to Chicago</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Born and raised in the Chicago area</td>
<td>33</td>
</tr>
<tr>
<td>Prior to age five</td>
<td>9</td>
</tr>
<tr>
<td>Age five to ten</td>
<td>7</td>
</tr>
<tr>
<td>Age ten to fifteen</td>
<td>5</td>
</tr>
<tr>
<td>Age fifteen to twenty</td>
<td>2</td>
</tr>
<tr>
<td>Age twenty to twenty-five</td>
<td>2</td>
</tr>
<tr>
<td>Transients</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

Thirty-three addicts (54 per cent) were born, raised, and lived exclusively in the Chicago area. As Table III reveals, twenty-five addicts (40 per cent) migrated to Chicago, of whom twenty-one (34 per cent) were under fifteen years of age, and hence lived in Chicago at least two years prior to being introduced to drugs. The four transients were known to be addicted prior to coming to Chicago. A transient is arbitrarily defined as any person who has had residence in the city for a period of less than six months. Apparently, the use of drugs is closely related to the community in which the addict lives, since by far the greater percentage or fifty-three cases (86 per cent) show the addict to have lived in the city a considerable length of time prior to becoming introduced to narcotics, so that the forces of any unfavorable environment would have some time in which to influence him toward drugs.

In relation to the addicts' use of drugs, besides the physical environment is the problem of sibling delinquency. Table IV shows the distribution of sibling delinquency.
TABLE IV

SIBLING DELINQUENCY

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number of cases</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No sibling delinquents</td>
<td>40</td>
<td>64</td>
</tr>
<tr>
<td>No siblings</td>
<td>16</td>
<td>26</td>
</tr>
<tr>
<td>Sibling delinquents</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Forty addicts (64 per cent) show that their siblings were not addicted nor known to be law violators. Sixteen addicts (26 per cent) are without siblings. Only six of the addicts (10 per cent) indicate that siblings were also in conflict with the law. The significant finding of this table seems to prove again that persons raised in identical situations react as individuals; some resist the forces of poverty and overcome the lack of opportunity and others fall under the impact of an unfavorable environment. Dr. Bernard Glueck, M.D. emphasizes the importance of individuals living in the same environment, yet reacting differently.
in these words:

How far removed from the realities of the problem are the elaborate recent sociological researches of a mechanical nature, dealing with "interstitial areas" in cities, is indicated by personality analysis of individual criminals. Simplest logic should have pointed out to the active researchers into the extremely crude and far-removed cause-and-effect relationship between gross environmental conditions in city neighborhoods and individual or mass delinquency that while, as has often been pointed out in their studies, a higher percentage of delinquents are found in "interstitial areas" than in other neighborhoods, the fact remains that over 90 per cent of children living even in the extremest of such delinquency regions do not become delinquent. The probable reason for this, as Dr. Glueck above implies, has nothing to do with conditions dealt with by ordinary sociological methods, and has much to do with what goes on in the deeper mental life of people. In studying the etiologic factors in many cases of criminality, the significant data are not so much the objectively discernable and measurable conditions of a delinquency area as the nature and management of the introjected materials the personality absorbs from without. Not only is this concept important from the point of view of criminologic research but from that of the practical treatment of delinquents and criminals. 4

William Healy and Augusta F. Bronner in their studies also have found siblings reared in the same environment yet reacting differently to influences about them. In their book *New Light on Delinquency* they give the following comment regarding sibling delinquency and environment:

It is comonly held that neighborhood conditions, bad associates, poor recreation, etc., are accountable for the production of delinquency. In truth these are destructive influences, but seeking further it appears that at some varying distance upstream in the sequence of delinquent causation

---

there are almost always deeply felt discomforts arising from unsatisfying human relationships. Herein, we have found an answer to one of our prime questions: why, living under the same environmental conditions, often inimical, is one child non-delinquent and the other delinquent? The later we almost universally found to be the one who at some stage of his development had been blocked in his needs for satisfying relationship in his family circle. On the other hand the non-delinquent had nearly always been without any such acute frustrations. His relationship with those in his immediate social environment had been much more satisfying.5

COURT DATA

The information contained in this section is given for the purpose of seeking relationships between law breaking activities and drug addiction. Following this line of thought, the number of addicts in this study group who were sentenced during the three year period from July 1, 1948 to June 30, 1951, and committed to Lexington is tabulated to show the degree of increase in drug addiction among these youthful offenders.

5 William Healy and Augusta F. Bronner, New Light on Delinquency, New Haven, 1936, 201.
The table above shows that only eleven addicts in this study group were committed to Lexington during the fiscal year ending June 30, 1949. Twenty-five addicts were committed to Lexington for the fiscal year ending June 30, 1950 which is fourteen more or an increase of 127 per cent over the preceding fiscal year. Twenty-six addicts were committed to Lexington for the fiscal year ending June 30, 1951, which is fifteen more or an increase of 136 per cent over the fiscal year ending June 30, 1949. From the above statements it is readily seen that drug addiction among the teen-ager and young adult has become an increasingly menacing problem. Although this study group ranges in age from eighteen through twenty-five, the following statements from a recent article written by Victor H. Vogel, M.D. and Virginia E. Vogel are

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th>Number</th>
<th>Per cent of increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 1948 to June 30, 1949</td>
<td>11</td>
<td>-</td>
</tr>
<tr>
<td>July 1, 1949 to June 30, 1950</td>
<td>25</td>
<td>127</td>
</tr>
<tr>
<td>July 1, 1950 to June 30, 1951</td>
<td>26</td>
<td>136</td>
</tr>
</tbody>
</table>

TABLE V

GOVERNMENT FISCAL YEAR IN WHICH THE ADDICT WAS SENTENCED FROM THE U. S. DISTRICT COURT OF NORTHERN ILLINOIS
cited to show the great increase of youthful addicts in recent years:

In 1950 school authorities in several large cities, law enforcement officers, and narcotic hospitals suddenly realized that a great many young boys and girls were becoming addicted to narcotics. New York, Chicago, and Washington were the first to feel this epidemic.

The number of admissions of young narcotic drug addicts to the two government hospitals, at Lexington, Kentucky, and Fort Worth, Texas, has jumped recently, too. In fact, the admission of patients under 21 years of age increased from 22 in 1947 to 440 in 1950, an increase of 2000 per cent.

In comparing the figures from the statements above with the study group, it might seem that relatively few youthful addicts come before the U. S. District Court of Northern Illinois. This can probably be explained by the following reasons: (1) many of the hospital's admissions are of the "voluntary" type; (2) offenders under eighteen are often diverted to the local courts for disposition; and, (3), the statistics from the statements above refer to the country as a whole and to both government hospitals which have facilities for the treatment of the narcotic addict. The specific charge which brought the addict before the court is presented in Table VI.

TABLE VI

CHARGES ON WHICH THE ADDICT WAS BROUGHT BEFORE THE U. S. DISTRICT COURT OF NORTHERN ILLINOIS

<table>
<thead>
<tr>
<th>Charge</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail theft</td>
<td>29</td>
</tr>
<tr>
<td>Narcotics (possession or selling heroin)</td>
<td>16</td>
</tr>
<tr>
<td>Forging or possessing stolen checks</td>
<td>10</td>
</tr>
<tr>
<td>Marihuana tax act</td>
<td>3</td>
</tr>
<tr>
<td>National motor vehicle theft act</td>
<td>2</td>
</tr>
<tr>
<td>Unlawful stealing from interstate shipment</td>
<td>1</td>
</tr>
<tr>
<td>Stealing property from the U. S. Treasury Department</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

By the term, *Mail Theft*, is meant principally the stealing of letters which contain checks from mail boxes. It may also mean stealing parcel post. It is strongly suspected that theft in its various forms as shown from the table above is one of the main methods which these addicts used to finance their addiction. Further evidence for this opinion is the fact that only five of the sixty-two addicts reveal a history of steady employment. The following information, in a general way, shows how the addict uses the mails to support his addiction. After extracting the check from the envelope the addict takes the check to a currency
exchange, usually, and with some fictitious identification papers (probably stolen), forges the name on the check corresponding to the identification papers. A few pointed questions by the cashier many times detects this type of transaction. A quick call to the police results in the apprehension of the forger. Ordinarily, it is not immediately known that the offender is a drug addict; however, after being in the lock-up for a few hours the withdrawal symptoms appear and addiction to drugs is revealed. Also, it often happens that the offender will admit to the probation officer during a pre-sentence interview that he is a drug addict.

Since twenty-nine addicts (47 per cent) were apprehended for Mail Theft, it appears then, for this study group, mail theft is the most common method for financing their habit. Sixteen addicts (26 per cent) were apprehended for violating the narcotic laws; of these, eleven were brought before the court for illegal possession of narcotics and five were arrested for illegally selling narcotics. In each of these five cases the addict sold narcotics to finance his addiction. Ten addicts (16 per cent) were brought before the court for either forging or possessing stolen government checks. In connection with these ten addicts, it appears likely that they, too, were involved in mail theft. Three addicts (5 per cent) violated the Marihuana Tax Act of 1937. Two addicts violated the National Motor Vehicle Theft Act; one violated the laws concerning interstate shipment; and one stole
property belonging to the U. S. Treasury Department. The important finding in this table is the fact that although this study represents sixty-two addicts, forty-three addicts (69 per cent) were brought before the court for violations other than breaking the narcotic or marihuana laws, and the fact that almost half of the addicts were brought before the court for Mail Theft. Before stealing in various forms is represented in forty-three of the sixty-two cases, an explanation concerning the average daily dosage and the cost of narcotics is given to show why the addict resorts to stealing in order to support his addiction. The average daily dosage of the addicts in this study ranges from one-half capsule to twenty-five capsules per day. With the cost of heroin being one dollar and a half per capsule, it is apparent that the ordinary job such as these addicts were known to have could not possibly pay for the drugs these addicts needed; hence mail theft peddling narcotics, forging checks, and petty stealing were necessary to finance the habit. As a point of information, cocaine is priced at two dollars and a half per capsule, and marihuana costs the user anywhere from twenty-five cents to a dollar per cigarette. The five addicts who used marihuana smoked on the average of two to twenty marihuana cigarettes per day. Thus, it is

7 Lois Higgins, "Narcotics and Narcotic Addiction; A Problem," The Police Digest, August, 1951, 16.
seen that even for the marihuana user, the price of marihuana cigarettes amounts to quite a sizeable sum of money over a period of time. The consequences resulting from attempting to finance the addiction is revealed in Table VII which outlines the arrest history prior to addiction and after addiction.

TABLE VII

HISTORY OF ARRESTS

<table>
<thead>
<tr>
<th>Arrests</th>
<th>Prior to addiction</th>
<th>After addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of addicts</td>
<td>Number of arrests</td>
</tr>
<tr>
<td>No arrest history</td>
<td>45</td>
<td>17</td>
</tr>
<tr>
<td>Arrest history</td>
<td>17</td>
<td>45</td>
</tr>
<tr>
<td>Narcotic arrests</td>
<td>4</td>
<td>41</td>
</tr>
<tr>
<td>Other arrests</td>
<td>60</td>
<td>141</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>64</td>
</tr>
</tbody>
</table>

Prior to addiction, forty-five (73 per cent) of the addicts reveal no arrest history; seventeen (27 per cent) of the
addicts show an arrest history. Of these, only four were arrests on narcotic charges, and sixty were arrests on other than narcotic charges. This would seem to uphold the argument held by some authorities that a large percentage of addicts who are admitted for the first time to the Lexington hospital have no record of criminality behavior prior to addiction. The above finding correlates closely with Dr. Pescor's statistical study of 1,036 patients admitted for the treatment of narcotic addiction to the United States Public Health Service Hospital, Lexington, Kentucky, during the fiscal year, July 1, 1936, to June 30, 1937, in which he writes: "If the addict is basically a criminal, it is likely that he would have committed antisocial acts prior to his addiction; yet, three-fourths of the patients had no delinquency record prior to addiction."

However, after addiction the direct opposite picture appears. Only seventeen (27 per cent) of the addicts reveal no arrest history; forty-five (73 per cent) of the addicts show an arrest history. The arrest history after addiction shows a large increase in the number of narcotic arrest, a total of forty-one; also, arrests for other than narcotic violations increases greatly, a total of one hundred and forty-one. Averaging the total number of arrests per addict. Perhaps, the most

significant feature of the table above is seen in the great increase in the number of arrests after addiction and indicates the establishment of delinquent patterns of behavior. Table VI shows that the latest arrests were in most cases stealing in one way or another in order to finance the addiction. Regarding arrests and the demoralizing effects resulting from addiction, the Vogels state the following:

Addicts have a very strong reason to steal; they must have money for drugs to avoid becoming ill from withdrawal. Ten to twenty dollars a day may be necessary to buy the number of "caps" they need. And, as you know, the average teen-ager doesn't have that kind of money. He's almost forced to steal if he continues taking drugs. Many girls turn to prostitution as a source of money for drugs. This leads to ruin of many young lives.9

After being apprehended, in certain instances the court will order a pre-sentence investigation. Of the sixty-two cases, there were twenty-four cases in which pre-sentence reports were ordered by the court. In these twenty-four cases, there were seventeen reports which definitely made a recommendation to the court and seven reports which made no recommendation. The recommendations in the seventeen reports are enumerated as follows: ten reports advised commitment to the hospital at Lexington; four reports suggested probation; and the remaining three reports advised incarceration, not worthy of probation, and general

hospitalization. The court followed the recommendation of the probation officer in fourteen of the seventeen cases, which indicates the similarity of thought regarding disposition of these cases between the court and the probation office. In the three instances in which the court did not follow the recommendation of the probation officer, the following dispositions were made: (1) the probation officer recommended commitment to Lexington; the court placed the addict on probation and in forty-eight days he was charged with violating the terms of probation because he "reverted to drugs;" (2) the probation officer recommended general hospitalization; the court placed the addict on one year probation and in forty-eight days, he too, violated the terms of probation because of "reverting to drugs;" and (3), the probation officer recommended probation; the court committed the addict to Lexington. Again, it seems that the best plan to follow regarding drug addicts is probation with the condition that the addict go to the hospital for the cure.

Addicts in this study received determinate sentences as well as probation and the distribution is shown in Table VIII.
### TABLE VIII

#### SENTENCE OF ADDICTS

<table>
<thead>
<tr>
<th>Sentence</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>One year and one day</td>
<td>44</td>
</tr>
<tr>
<td>One and one-half years to two years</td>
<td>3</td>
</tr>
<tr>
<td>Two years to three years</td>
<td>4</td>
</tr>
<tr>
<td>Three years to four years</td>
<td>3</td>
</tr>
<tr>
<td>Probationer patients</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

Most of the addicts, forty-four in number, received sentences for one year and one day. Ten addicts received sentences ranging from one and one-half years to four years. Eight addicts were placed on probation with the condition that the addict must go to Lexington for the cure; these probationer patients are usually released after about six months. Also, those addicts receiving sentences for one year and one day, are usually released about nine months after sentence. This type of sentence is considered to be consistent with the desire of the hospital so that there can be a reasonably good opportunity to effect a cure; however, Dr. Vogel states the argument for probation in these words:

The proportion of addict patients admitted as probationers had decreased from 12.8 per cent for the year 1937 to 8.4
per cent for the year 1947. This is a great disappointment inasmuch as we are convinced that a patient who is treated in the institution under the terms of probation has the best opportunity of successful rehabilitation.\textsuperscript{10}

Again, it seems that the best plan to follow regarding drug addicts is probation \textit{with} the condition that the addict go to the hospital for the cure. In comparing percentages regarding probationers committed to Lexington, the writer finds that in this study there are 12.9 per cent of the probationers committed to Lexington from July 1, 1948 to June 30, 1951. This represents an increasing trend toward using probation, which coincides with Dr. Vogel's views on this subject. The fact that the group in this study is a youthful one might account for the increased use of probation as compared with the general addict patient admitted to the hospital. Dr. Vogel expresses that caution be exercised when patients are sent to Lexington:

An earnest plea is made for more patients to be sent to Lexington as probationers. Our conviction is repeated that addicts are usually sick people who need treatment rather than punishment. If the criminality of the addict before the court seems to be secondary to his addiction he should be treated as an addict, whereas if it appears that his criminality would have existed without addiction he should be disciplined as a criminal. In the latter case, he usually should not be sent to the hospitals at Lexington or Fort Worth where his influence would interfere with the rehabilitation efforts of the hospital.\textsuperscript{11}

\begin{flushright}
\end{flushright}

\begin{flushright}
\textsuperscript{11} Ibid.
\end{flushright}
The advantage of being sentenced to Lexington over voluntary commitment assures the hospital of a sufficient length of time to work with the addict in order to effect a cure.

It is our continued belief, as a result of physiological studies of the addict as well as of clinical and statistical observations of our patients, that the period of treatment should be a minimum of four months (for cases of exceptionally good prognosis), with an average of about 6 months and a maximum of 9 to 12 months. These figures do not mean that we are confident that all addicts will stay off drugs. They represent the periods of treatment necessary to give them the best possible chance to stay off drugs.\textsuperscript{12}

Concerning the case of a determinate sentence versus probation, Dr. Reichard states the following:

A determinate sentence has several disadvantages. If the sentence is too short and the patient is discharged with good time he may be under supervision for too short a period. If he relapses, society is subjected to the additional expense of another trial; also the patient is again exposed to the debilitating psychologic effect of arrest, possibly several months detention in jail, and eventually another trial. If the sentence is too long, e.g., 3 to 5 years, he often must remain in a hospital longer than is actually good for him. Long sentences, not suspended, are prone to engender attitudes of hostility so that the addict likely will relapse as a gesture of defiance as soon as he is released. On the other hand, when the offender is placed on probation for a period of 3 to 5 years, his stay in the hospital can be regulated according to his particular needs. If after discharge from the hospital he is able to get along without the drug, well and good. If he relapses he may be returned for another period of treatment, to be followed by an opportunity to adjust on the outside. Relapse while on probation need not carry with it the serious consequences of serving the entire sentence as does violation of parole or of conditional release.\textsuperscript{13}

\textsuperscript{12} Ibid., 47.

\textsuperscript{13} J. D. Reichard, M.D., "The Narcotic Addict Before The Court," Federal Probation, November, 1939, 22.
Sixteen addicts were originally placed on probation; however, only six of these addicts were placed on probation with the condition that they go to Lexington for the cure. Within a period of eighteen days to twelve months, the ten addicts who were placed on probation without the condition that the addict must go to Lexington for the cure, relapsed to the use of drugs. Of these ten probation violators, eight were given determinate sentences and two were continued on probation with the provision that the addict must go to Lexington for the cure. Hence, there is a total of eight addicts who were placed on probation with the condition that the cure be taken.

Concerning recidivism among this study group, the addicts sentenced as probation violators and probationers sentenced with the condition that they take the cure will now be discussed. Of the eight probation violators who were given determinate sentences, the following information is given: six addicts completed their stay at the hospital and returned to the community where they were reported as having completed their supervision period satisfactorily; one addict, after his release had his case closed by the probation office as unsatisfactory; and one addict was still in the hospital receiving treatment as of June 30, 1951. Although this too narrow a base on which to apply this large percentage of success to all addicts, nevertheless, for this study
containing youthful addicts there is found 85 per cent of the probation violators who successfully completed their supervisory period upon their release to the community. It would be interesting to know how many of these individuals reverted to drugs after having completed their supervisory period in the community successfully, however; due to the pressure of time, this important aspect could not be included in this study.

Regarding recidivism among the eight addicts who were placed on probation with the condition that they take the cure, the following information is presented: four addicts completed their supervisory period successfully; three were known to be getting along reasonably well and one addict's case was closed because of an unsatisfactory adjustment. Thus, seven of the eight addicts (87.5 per cent) either made a satisfactory adjustment while under supervision in the community or were doing well enough that they had not come in further conflict with the law. As a word of caution, it might be well to indicate that some of these addicts were again reverting to drugs but due to the difficulty of proving this to be a fact, the addict could have completed his supervisory period designated as "satisfactory" although there might have been serious doubt in the probation officer's mind as to the real adjustment the addict was making in the community.
Twenty-two addicts were released either on parole or conditional release; of this number five were returned to another state, hence little is known about their supervisory status upon their return to the community. Therefore, seventeen will be used as the base in presenting percentages. Among the seventeen known addicts returned to the community either on parole or conditional release, the following information is given: one addict violated the terms of parole and five addicts violated the terms of conditional release, thus, six (27 per cent) of the seventeen addicts are known to have violated the terms of parole or conditional release.

Excluding the five unknown cases in which the addict returned to another state upon his release and twenty-five cases in which the addict remained in the custody of the institution, the following figures regarding recidivism for the total group in this study are shown: of the thirty-two addicts returned to the community, there were eight violators of the conditions regarding release, or 25 per cent. In considering the focus of youth in this study, it appears that these figures compare favorably with Dr. Vogel's figures which includes all ages in his statement: "...35.1 per cent of the men and 36.6 per cent of the women are reliably believed to have relapsed to using drugs.

14 Vogel, "Treatment of the Narcotic Addict By The U. S. Public Health Service," Vol. XII, 48-49.
The findings in this study show that the addicts who were released stayed at the hospital for a period ranging from four to fourteen months with most of them spending a period of six to nine months in order to effect a cure and also to abide by the orders of the court. Apparently then, the youthful addicts in this study were given sufficient time in which to effect a cure.

Some of the addicts in this study had been patients in the hospital prior to the current commitment either on a voluntary basis or for a violation of the law. The records show that forty-seven of the addicts were committed for the first time; thirteen, for the second time; and two were committed for the third time. Of the fifteen who entered the U. S. Public Health Service Hospital more than once, thirteen were sentenced and two were placed on probation with the condition that the addict go to the hospital for the cure.

NARCOTIC DATA

Some general narcotic information relating to the addicts is now presented: the age levels at which the individual became introduced to marihuana and narcotics; statements by the addict regarding his reason for starting to use marihuana; the number of narcotic and marihuana addicts; and, the approximate length of time the addict has been using drugs. Information
showing the age at which the addict became introduced to marihuana is shown in Table IX.

<table>
<thead>
<tr>
<th>Age level</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eleven</td>
<td>2</td>
</tr>
<tr>
<td>Thirteen</td>
<td>3</td>
</tr>
<tr>
<td>Fourteen</td>
<td>7</td>
</tr>
<tr>
<td>Fifteen</td>
<td>7</td>
</tr>
<tr>
<td>Sixteen</td>
<td>8</td>
</tr>
<tr>
<td>Seventeen</td>
<td>9</td>
</tr>
<tr>
<td>Eighteen</td>
<td>3</td>
</tr>
<tr>
<td>Nineteen</td>
<td>3</td>
</tr>
<tr>
<td>Twenty-three</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>19</td>
</tr>
</tbody>
</table>

**Total** 62

The earliest age level at which the addict started to use marihuana is eleven; thirty-four of the addicts started using marihuana sometime between their thirteenth and eighteenth birthday; seven addicts started using marihuana after their eighteenth birthday; and in nineteen cases the age was unknown.
since the records did not disclose this fact, although it was shown that twelve of the nineteen did have a marihuana history. From the table above it appears significant that thirty-one or one-half of the addicts in this study started using marihuana at some time between their fourteenth and eighteenth birthday. It is also significant to note that in the fifty known cases marihuana was used prior to the use of heroin. The findings of this study coincide with a statement made by Dr. Vogel, "Without exception, the teen-age addicts first smoked marihuana more or less intermittently for a period before becoming curious as to the effects of sniffing heroin, which suddenly became highly recommended for pleasure use. The use of marihuana at such an early age creates a desire for pleasure which ultimately ends up with the use of a stronger drug, usually heroin. The harmful effects resulting from the use of marihuana is described by the Vogels:

Although marihuana in itself does not make people commit crimes or become sexually promiscuous, it does indirectly make them irresponsible and sometimes dangerous by releasing inhibitions. Experiments show that the immediate effect of smoking marihuana in some cases is a temporary mental disturbance. The users lose all sense of reality; they have hallucinations and delusions. And of course they must break the law and associate with criminals in order to get the drug.


In addition to its intoxicating effects, the drug is deceptive to the user for it does not result in withdrawal illness when he stops using it, hence leads the unwary to believe that marihuana is not an addicting drug.\textsuperscript{17}

Relating to the addicts' use of marihuana, the addicts indicate associates as being a primary factor. The following statements are taken from the case records which serve to bear out this belief:

"Patient attributes his use of marihuana to associates."

"Patient states that he attributes his delinquencies to his associates."

"Patient states an older boy associate introduced him to marihuana."

"Patient states that he used marihuana because of his environment and the people he was fooling around with. When asked about these people, he said, 'they're the same as I am, regular.'"

It is believed that people who find satisfaction and pleasure in smoking marihuana are not normal people. Concerning this point, the Vogels write:

People who are normally happy and satisfied and make a fairly good adjustment to life do not get pleasure from marihuana. On the contrary, they frequently find it unpleasant. Whether or not a person receives real satisfaction from any addicting drug is usually a fairly good test of whether he is a normal person or has serious emotional difficulties.\textsuperscript{18}

\textsuperscript{17} Ibid., 17.

\textsuperscript{18} Ibid., 16.
The chapter relating to the psychiatric classification and statements from the record will further disclose interesting information concerning the addicts' personality make-up and its relation to drug addiction.

Starting to use marihuana is almost always the first step to the use of stronger drugs. With the increase in age and perhaps a stronger desire to satisfy the body, along with gaining acceptance from associates, the individual begins to use heroin or some similar drug. Table X reveals the age when the addict first became introduced to narcotics.

**TABLE X**

**AGE OF ADDICT WHEN FIRST INTRODUCED TO NARCOTICS**

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fourteen</td>
<td>2</td>
</tr>
<tr>
<td>Fifteen</td>
<td>3</td>
</tr>
<tr>
<td>Sixteen</td>
<td>3</td>
</tr>
<tr>
<td>Seventeen</td>
<td>15</td>
</tr>
<tr>
<td>Eighteen</td>
<td>11</td>
</tr>
<tr>
<td>Nineteen</td>
<td>11</td>
</tr>
<tr>
<td>Twenty</td>
<td>5</td>
</tr>
<tr>
<td>Twenty-one</td>
<td>3</td>
</tr>
<tr>
<td>Twenty-two</td>
<td>4</td>
</tr>
<tr>
<td>Twenty-four</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>
The earliest age at which addicts became introduced to narcotics in this study is age fourteen; the latest age is twenty-four; and in two cases the ages were unknown. From ages fourteen to seventeen there were eight addicts; from ages seventeen to twenty there were thirty-seven; and from ages twenty to twenty-five there were thirteen addicts who started using narcotics for the first time. Significant in the table above is the heavy concentration of addicts in the seventeen, eighteen, and nineteen year groups. Especially outstanding, appears the fifteen addicts in the seventeen age group. The decreasing number of addicts appearing in the table after age nineteen is encouraging. Perhaps this can be attributed to an increase in age. With a corresponding increase in judgement, he is better equipped to handle his daily problems.

In comparing the number of addicts who first started using marihuana and later shifted to a stronger drug, usually heroin, only two of the addicts were known to have remained addicted to marihuana; three addicts reported that they were both narcotic and marihuana users; and fifty-seven addicts indicated that they were addicted to narcotic drugs. The interesting finding here is the fact that in practically every case the marihuana user has in a relatively short time become addicted to strong narcotic drugs. After starting to use narcotics, the individual loses control over himself since his body has developed a physical
craving for the drug which must be satisfied or serious, frightening withdrawal symptoms appear. It is then that the young addict will turn to stealing in order to purchase the needed drug. The length of time the addict has been using the drug is shown in Table XI; it reveals whether the addiction has been going on for some time or whether it is a comparatively recent activity.

**TABLE XI**

**APPROXIMATE LENGTH OF TIME THE ADDICTS HAVE BEEN USING NARCOTICS**

<table>
<thead>
<tr>
<th>Period of time</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four months</td>
<td>40</td>
</tr>
<tr>
<td>Six months</td>
<td>2</td>
</tr>
<tr>
<td>Seven months</td>
<td>1</td>
</tr>
<tr>
<td>Eight months</td>
<td>3</td>
</tr>
<tr>
<td>Nine months</td>
<td>1</td>
</tr>
<tr>
<td>One year</td>
<td>2</td>
</tr>
<tr>
<td>One and one-half years</td>
<td>9</td>
</tr>
<tr>
<td>Two years</td>
<td>9</td>
</tr>
<tr>
<td>Three years</td>
<td>13</td>
</tr>
<tr>
<td>Four years</td>
<td>7</td>
</tr>
<tr>
<td>Five years</td>
<td>8</td>
</tr>
<tr>
<td>Six years</td>
<td>1</td>
</tr>
<tr>
<td>Seven years</td>
<td>2</td>
</tr>
<tr>
<td>Nine years</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
</tr>
</tbody>
</table>
Eight addicts were using drugs for a period of less than one year. Eleven addicts were addicted for a period of one to two years; nine addicts were addicted for a period of two to three years; the largest number (thirteen) were addicted for a period of three to four years; seven were addicted for a period of four to five years; eight were addicted for a period of five to six years; four were addicted from six to ten years; and two were listed as Unknown. The significant feature of the table points to the large number of addicts who have been addicted from one and one-half years to four years, or a total number of thirty-one addicts. This number represents one-half the total number of addicts in the study. This again indicates the relative recency of the problem.

SUMMARY

The significant findings of this chapter can be listed as follows:

1. Of the several ages in the study, age group twenty-two had more addicts appearing before the court than for any other age.
2. Fifty-eight of the addicts are of the Negro race.
3. Fifty-eight of the addicts are residents of the Chicago area.
4. The U.S. Government fiscal years of 1950 and 1951
show a sharp increase of youthful narcotic addicts over the year 1949.

5. Twenty-nine of the addicts were apprehended for mail theft, and later were found to be addicted.

6. Forty-three of the addicts were brought before the court on charges other than narcotic violations.

7. Prior to addiction, records show an average of one arrest per addict.

8. After addiction, records reveal an average of almost three arrests per addict.

9. Forty-four of the addicts were given a sentence of one year and one day.

10. Upon release to the community, probationers violated the terms of release in 12.5 per cent of the cases, whereas the parolees and conditional releasees violated in 25 per cent of the cases.

11. The addict first began to use marihuana sometime between his fourteenth and eighteenth birth-date.

12. The addict first began to use narcotic drugs sometime between his seventeenth and twentieth birthday.

13. The addict, in one-half of the cases had been using narcotic drugs for a period of one and one-half to three years.

14. In every case in which a marihuana history was known with the exception of two cases, the marihuana history preceded
addiction to a stronger drug, usually heroin.

15. Sixty of the addicts were known to be addicted to narcotic drugs.
CHAPTER III

BACKGROUND OF THE PARENTS

This chapter will contain the following information: the persons responsible for the up-bringing of the addict; the size of the family; the level of formal education attained by the parents; the occupation of the parents; the financial status; religious data; and the type of family bond existing between the parents and the addict. These factors will be examined because they are of prime concern and tend to reveal the stability of the home. To some degree they show what parental guidance and moral training were given the addict during his formative years. Table XII shows who assumed the major portion of responsibility for the up-bringing of the addicts in this study.
Both of the natural parents, or one parent and a step-parent, raised the addict in twenty-seven, or 44 per cent of the cases. Outstanding in the table above appears the fact that one or both of the natural parents were out of the home due to death, separation, or divorce. Addicts living under these conditions numbered thirty-five, or 56 per cent of the cases. In the two cases non-relatives were responsible for the up-bringing of the addict; foster home care was used in one case and institutional care was used in the other. Closely related to the kind of care and discipline the addict received in the home can be seen from the table showing the number of children in the family. This

<table>
<thead>
<tr>
<th>Raised by</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both parents</td>
<td>18</td>
</tr>
<tr>
<td>One parent and step-parent</td>
<td>9</td>
</tr>
<tr>
<td>Mother</td>
<td>22</td>
</tr>
<tr>
<td>Father</td>
<td>4</td>
</tr>
<tr>
<td>Relatives other than parents</td>
<td>7</td>
</tr>
<tr>
<td>Non-relatives</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
</tr>
</tbody>
</table>
data does not prove conclusively that proper care and discipline was received or was not received by the addict; it merely indicates the poor possibilities for receiving such training. Table XIII shows the number of children in the family and the ordinal rank of the addict.

**TABLE XIII**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only child</td>
<td>16</td>
</tr>
<tr>
<td>First of two</td>
<td>5</td>
</tr>
<tr>
<td>First of four</td>
<td>3</td>
</tr>
<tr>
<td>First of five</td>
<td>2</td>
</tr>
<tr>
<td>First of fifteen</td>
<td>1</td>
</tr>
<tr>
<td>Second of two</td>
<td>9</td>
</tr>
<tr>
<td>Second of three</td>
<td>4</td>
</tr>
<tr>
<td>Second of four</td>
<td>1</td>
</tr>
<tr>
<td>Third of three</td>
<td>3</td>
</tr>
<tr>
<td>Third of four</td>
<td>2</td>
</tr>
<tr>
<td>Third of five</td>
<td>1</td>
</tr>
<tr>
<td>Third of six</td>
<td>1</td>
</tr>
<tr>
<td>Third of eight</td>
<td>1</td>
</tr>
<tr>
<td>Third of ten</td>
<td>2</td>
</tr>
<tr>
<td>Fourth of four</td>
<td>2</td>
</tr>
<tr>
<td>Fourth of five</td>
<td>3</td>
</tr>
<tr>
<td>Fourth of six</td>
<td>2</td>
</tr>
<tr>
<td>Fifth of seven</td>
<td>1</td>
</tr>
<tr>
<td>Fifth of eight</td>
<td>1</td>
</tr>
<tr>
<td>Fifth of nine</td>
<td>1</td>
</tr>
<tr>
<td>Fifth of ten</td>
<td>1</td>
</tr>
</tbody>
</table>

Total: 52
Every fourth addict was an only child. Thirty, or 48 per cent of the addicts in the study, came from families having less than three children; thirty-two addicts, or 52 per cent, came from families having three or more children, indicating that, in slightly over one-half of the cases, the addict came from homes which experienced much deprivation. See Table XV regarding occupation of parents.

EDUCATION

Since the amount of formal education determines to a large degree the type of employment, and consequently the financial status, the following table is presented.

By the term, Literate, is meant a partial grade school education only. The Unknown group represents those cases in which the educational status of the parents was not found in the records. Nineteen fathers were recorded as literate; one as illiterate; and thirteen as having attended grade school; hence, a total of thirty-three fathers progressed no further than the eighth grade level. Four attended high school; two completed college; and in twenty-three cases the data was not found in the records. Nineteen mothers were recorded as literate, and fifteen as having attended grade school; hence, a total of thirty-four mothers had no more than a grade school education. Seven mothers attended
<table>
<thead>
<tr>
<th>Grade completed</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third grade</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Fifth grade</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Sixth grade</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Seventh grade</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Eighth grade</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Ninth grade</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Tenth grade</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Eleventh grade</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Twelvth grade</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Sixteenth grade</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Partial college</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Illiterate</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Literate</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Unknown</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
<td>62</td>
</tr>
</tbody>
</table>
high school, two had a partial college education, and in nineteen cases the educational status was not found in the records. Obviously, then, the parents lacked sufficient formal education in more than one-half of the cases which would tend to disclose that their opportunities for good-paying jobs and advancement would be definitely limited. The type of occupation in which the parents were employed is shown in Table XV.

**TABLE XV**

**OCCUPATIONAL STATUS OF PARENTS***

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Natural father</th>
<th>Natural mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unskilled</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>Semi-skilled</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Service</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Clerical and sales</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Professional and managerial</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Skilled</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Agriculture</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Housewife</td>
<td>-</td>
<td>22</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

Service occupations include the following: porters, janitors, charwomen, lodging house keepers, domestics cooks, general maids, kitchen workers in hotels, restaurants etc., bus boys, doormen, bartenders, dining car waiters, and watchmen. **Unskilled** work means such jobs as: factory work (labeling, filling, and packing), dock hands, packing house labor, and the lower skills in trades and service occupations. **Clerical and sales** occupations are positions such as: post office clerks, salesmen, file clerks, hucksters, peddlers, office boys, clerks and kindred occupations. **Professional and managerial** positions include lawyers, pharmacists, retail managers, teachers, instructors, musicians and teachers of music, officials and managers. **Semi-skilled** occupations are such jobs as chauffeurs, taxi drivers, truck drivers, certain mechanics and repairmen, pressing apparel, and filling station attendants.

Thirty-one, or one-half of the fathers employed in the **Unskilled, Service, or Agriculture** occupations. Most of these occupations are low paying and this correlates with Table XIV regarding the educational status of the parents. Twenty-six of the fathers were employed in the remainder of the occupations listed. In five of the cases the occupation of the fathers was not found in the records. Mr. Mays and Mr. Nicholson have found in their study of Negro communities data which seems to support the
information found in Table XV. An excerpt from their study is quoted as follows:

The pastors and officers of 575, or 94.4 per cent, of the churches are of the opinion that the overwhelming majority of their members are either domestic servants or laborers, or a combination of the two, and that only 2.4 per cent have memberships in which skilled tradesmen, business and professional people are in the majority.¹

As has been shown in Table XIII that thirty-two of the addicts (52 per cent) came from families having three or more children; it is conceivable that many of these families were living on a marginal economic level.

Thirty-eight of the mothers (61 per cent) had a history of employment either on a part-time or a full-time basis. Of these, thirty (48 per cent) were employed in the Service and Unskilled occupations; four were in the Professional and Managerial occupations; three in Clerical and Sales; and one was listed as working in the Unskilled field. The status of two of the mothers was not found in the records. Twenty-two of the mothers (35 per cent) remained at home, depending on the support of the husband's income, or receiving public assistance. Due to the fact that thirty-eight of the mothers had a history of employment, it may be assumed that many of the addicts were without the parental guidance or supervision so necessary during the years of childhood.

As has been pointed out previously, these addicts are mostly Negroes who come from a rather poverty stricken area. It has been shown thus far that the parents have had little education, relatively low-paying employment, and in many cases the mother was out of the home as well as the father. Professor Sutherland gives a clear account of what it means to have a low income in a segregated community.

Poverty in the modern city customarily means segregation in low-rent areas, where people are isolated from many of the "cultural" influences and forced into contact with many degrading influences. It generally means a low social status, with little to lose, little to respect, and little to sustain efforts at self-advancement. It generally means bad housing conditions, poor health, and invidious comparisons in other physical and physiological conditions. It may mean that both parents are away from home during most of the hours the children are awake, and are fatigued and irritable when at home.2

The relationship between delinquency and economic handicaps particularly in reference to mothers working out of the home is illustrated by the Gluecks in the following words: "Unemployment, irregular employment, child labor, especially of certain types, the employment of mothers---these economic handicaps are relatively frequent among delinquents."3 An effort was made in Table XVI to classify the parents' financial status; it gives some

2 Edwin H. Sutherland, Principles of Criminology, Chicago, 1947, 176.

3 Sheldon Glueck and Eleanor Glueck, After-Conduct of Discharged Offenders, New York, 1946, 68.
indication of the type of living conditions which prevailed in the home of the addict.

**TABLE XVI**

**FINANCIAL STATUS OF PARENTS**

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meager</td>
<td>29</td>
<td>47</td>
</tr>
<tr>
<td>Adequate</td>
<td>22</td>
<td>35</td>
</tr>
<tr>
<td>Superior</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Good</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

These classifications are, of necessity, arbitrarily selected, hence need a word of explanation. If the parents can afford only the mere necessities of life, then the financial status is described as **Meager**. The term **Adequate** is used to identify those families in which there was a sufficiency of the essentials of life, food, clothing, and shelter, but where there was little money for comforts and recreation. The term **Good** in this paper means that these parents were able to provide the
necessities in life plus a reasonable amount of comforts and recreation, and in which the addict did not suffer any real material deprivation during his formative years. The term Superior means that the parents were able to give material needs above and beyond what is normally required.

Forty-seven per cent, or almost half of the study group were deprived of a decent standard of living. Twenty-two were recorded as Adequate; Five as Good; and, six as Superior. The findings in Table XVI then seem to follow logically the results found in Tables XIV and XV regarding education and occupation. Accordingly then, the addicts in most cases came from homes which lacked many of the material advantages for the growing child. Further indication pointing to the low financial condition in the homes is reflected in the number of case histories which show that of the sixty-two cases, there is found a history of public assistance in twenty-two, or 35 per cent, of the cases.

In attempting to arrive at a better picture of the addict, the writer has presented certain aspects regarding the parents' lives. Another important aspect is the factor of religion. Table XVII reveals the religious affiliation of the parents.
<table>
<thead>
<tr>
<th>Religion</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant</td>
<td>42</td>
<td>45</td>
</tr>
<tr>
<td>Catholic</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Jewish</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
<td>62</td>
</tr>
</tbody>
</table>

The large number of Protestants need interpretation. Religion is one aspect of the lives of the parents, and an important one; however, many other influences and factors must be considered before one can point to a particular faith as having more drug addicts than another faith. Mr. Gunnar points out in his book, *An American Dilemma*, that according to the Census of Religious Bodies, of 1936, the various Negro Baptist bodies claim 68.80 per cent of all members of Negro churches and the Methodist bodies 24.65 per cent. Next in size, according to this report is the Roman Catholic Church with 2.43 per cent. Obviously then,

---

the Table above is supported by the census and quite logically one would suspect that since the Negro race is so strongly represented in this study, the majority would be of the Protestant faith. Mr. W. F. Ogburn writes the following in regard to comparing creed to crime:

Similarly, an intensive analysis of the differences in crime rates of the several denominations in Hungary resulted in the conclusions that these differences were due not to the differences in creeds but to the differences in the economic, educational, and family status of the members, to the differences in places of residence, and to the differences in age and sex. 5

Besides noting the particular religious affiliation of the parents there has been an attempt to find what meaning religion held for the parents. The records were rather scanty on this factor, but they contained the following information.

TABLE XVIII
PARENTS' ATTENDANCE AT CHURCH

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>56</td>
<td>48</td>
</tr>
<tr>
<td>Regular</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Occasional</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Never</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
<td>62</td>
</tr>
</tbody>
</table>

5 Sutherland, Principles of Criminology, 194.
It is realized that Church attendance, per se, does not necessarily mean that a person is living according to Christian principles; however, there appears little question that the person who does attend church, indicates at least some interest and desire to be guided by spiritual values. Because there were fifty-six fathers and forty-eight mothers whose church attendance is unknown, it is impossible to base a trend on the data obtained. Whether the lack of information regarding the parents' church attendance is due to inadequate interviewing, or because no knowledge is obtainable under the circumstances, the writer does not know. Though there is little information from which an objective conclusion might be reached, the data in the table does show a correlation to a finding made by Mays and Nicholson who write, "Observation with respect to attendance shows that women are usually in the majority, often approximating a two-to-one ratio. It is the opinion of pastors that there are more women members than men, and that women do more of the church work." The data in the table shows that there are nine mothers to five fathers in regular church attendance; and, four mothers in occasional church attendance as compared to one father.

Another rather important factor remains to be covered

in this chapter. This factor is concerned with the parental ties. By necessity, the terms *Loose*, *Close*, and *None*, are arbitrarily defined; however, they reflect in a general way the type of relationship existing between the addict and the parents.

**TABLE XIX**

**PARENTAL TIES**

<table>
<thead>
<tr>
<th>Ties</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loose</td>
<td>33</td>
<td>53</td>
</tr>
<tr>
<td>Close</td>
<td>21</td>
<td>34</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>13</td>
</tr>
</tbody>
</table>

**Total** 62 100

Although the qualitative nature of the factor regarding the parental ties makes numerical presentation difficult, it is felt that a brief description of each category will aid in making the data found in the table above more acceptable. A *Loose* parental tie is a type of relationship existing between the addict and the parents in which the addict, living either in the home or out of the home, does not get along too well with his
parents. A **Close** parental tie is one in which the addict, even though he is not living in the parental home all the time, expresses good feelings toward his parents. A parental tie which has deteriorated to the point where the addict has found living within the home so unbearable that he moved out of the home because of difficulty with his parents is recorded as having **No** parental ties.

Table XIX shows that in thirty-three cases (53 per cent) the relationship existing between the addict and the parents was described as **Loose**. This indicates that not only did the addict come from a physically depriving environment, but that his emotional life was also effected. In twenty-one cases (34 per cent) the relationship between the addict and the parents was described as **Close**. Thus, although the addict had a good relationship with his parents, other factors entered his life which later led him to the use of drugs. In eight cases (13 per cent) the addict was described as having **No** family ties. It is fairly simple to see the disastrous effects an adverse environment can have on a young person who is adrift in this type of community without the advice and counsel of someone whom he knows really cares for him. Appendix I reveals the deteriorated area from which most of the addicts in this study were born and raised. The map shows that most of the addicts lived in an area bounded by Twenty-Second
Street on the north to Sixty-Third Street on the south, and from Cottage Grove on the east to State Street on the west. This sharply defined area gains added significance since it is only eight blocks wide and forty-one blocks long. Illustrations of the types of parental ties are given to further clarify the definitions listed above. The following excerpts from the case histories illustrate the Close family tie:

Case No. 27.

The father died when the patient was ten years of age. The mother is a devout Catholic and all the children were reared in the Catholic faith. The patient is the only delinquent in the family. He was close to his mother. The ADC agency considered the home one of the better ones they were supervising. The mother stayed home living on ADC assistance so she could be home with the children.

Case No. 29.

Patient's mother died when he was eleven. The father remarried about a year later. The stepmother is a graduate nurse and the relationship of the stepmother to the family has been fairly satisfactory. The family is anxious to help the defendant in every way.

Case No. 40.

The patient describes his mother as kind, pleasant, and understanding, though somewhat strict and religious. Patient claims his folks tried to show him the right way, again and again. He is the only delinquent of eight children.

Case No. 43.

Parents apparently tried to give meaningful supervision. Patient lived with his parents in a private home which was always maintained at a better than average social, economic, and cultural level.
Case No. 54.

The patient states he was very close to his mother, father, and siblings. Siblings have never been in trouble. Patient has never seen his parents quarrel.

The following are excerpts from the case histories illustrating *Loose* parental ties:

Case No. 8.

Parents separated when patient was ten years old. Patient was left to live with a maternal aunt in another State while the mother took an older brother to live with her. Mother and relatives continually criticized subject for failing to achieve as much as his brother.

Case No. 14.

Father died before patient was born. Mother remarried and separated from her second husband. Later, she took on a common-law relationship with another man. Mother died when patient was eight. Patient lived for about three years with his stepfather. At the age of eleven, patient moved to Chicago to live with a sister who was out of the home most of the time working to support her household.

Case No. 17.

Patient was three years old when parents separated. Mother remarried when he was five. Mother was away three or four nights a week playing in a dance band. Stepfather was working and also out of the home. Patient was over-indulged with little supervision during his formative years.

Case No. 42.

Patient is an only child whose father died when the patient was one year old. He was placed with his maternal grandmother and lived with her until fifteen years of age. His grandmother was indulgent and lax in discipline. Patient went to live with his mother when he was fifteen.

Case No. 50.

She is an illegitimate child from a common-law relationship...
which lasted about three or four years. After patient's parents separated the family was dependent on public welfare agencies for support. Apparently, the patient was reared in a very loosely knit disorganized family group. Often the mother worked, leaving the children with various people, therefore supervision was poor.

The following are excerpts taken from case histories illustrating relationships between parents and addict in which the tie is classified as No parental ties:

Case No. 9.
Parents separated some time prior to patient's seventh year. Father an alcoholic. Patient states that his mother was very close to him, and was very good to him until the age of seven years when she died from a heart attack. Father later remarried. Stepmother was harsh and mean to him. The stepmother would tell the father to whip the patient and he would do it without asking any questions. Apparently, neither father nor stepmother took an interest in his further welfare. At age fifteen he went to live with a married woman and her family whom he regards as his closest friends.

Case No. 16.
The father's temperament created a very tense and unhappy atmosphere in the home which caused nearly all the children to quit the home as soon as possible, or to marry young. The patient left home at the age of sixteen to join a band of traveling musicians.

Case No. 56.
For many years there was no one in the home to guide or to assist the patient since the father was killed in an accident when the patient was eight years of age and the mother was out of the home working. The mother was stabbed to death when the patient was seventeen. Any semblance or security vanished with her death.
Case No. 57.

Parents were divorced when the patient was thirteen years of age. Parents continually quarrelled until the divorce. After the divorce, the mother worked out of the home so that he received little supervision or attention. The patient left his home at age seventeen to be on his own.

SUMMARY

The significant facts revealed in this chapter can be listed as follows:

1. In thirty-five cases, or 56 per cent, one or both of the natural parents was out of the home due to death, separation, or divorce.

2. Thirty-two, or 52 per cent, of the addicts came from families having three or more children.

3. Thirty-three fathers and thirty-four mothers never went further than the eighth grade.

4. The father, in most cases, worked either in the unskilled or service occupations.

5. The mother, also in most cases, worked either in the unskilled or service occupations.

6. Almost half of the study group were deprived of a decent standard of living.

7. Forty-two of the fathers and forty-five of the mothers were of the Protestant faith.

8. Records did not reveal the church attendance status in
fifty-six of the cases regarding the father and in forty-eight of the cases regarding the mother.

9. Forty-one of the sixty-two cases show that the family ties between parent and addict were either "loose" or "no."
CHAPTER IV

BACKGROUND OF THE ADDICT

The various sociological factors affecting the life of the addict, such as: neighborhood, associates, education, occupation, marriage, religion, health, and military data are presented in this chapter to find the relationship between these factors and eventual drug addiction. Professor Sutherland relates his thought concerning the study of the causes of delinquent behavior as follows:

Although a multitude of conditions may be associated in greater or lesser degree with the phenomenon in question, this information is relatively useless for understanding or for control if the factors are left as a hodge-podge of unorganized factors.1

Thus far, this paper has concerned itself with such background data as, identifying, court, narcotic, and parental. The data on the addict will now be presented. Table XX identifies the type of neighborhood in which the addict was reared.

1 Sutherland, Principles of Criminology, 3.
TABLE XX

TYPE OF NEIGHBORHOOD*

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deteriorated</td>
<td>49</td>
</tr>
<tr>
<td>Reputable</td>
<td>11</td>
</tr>
<tr>
<td>Superior</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

Classification of the different types of neighborhood are, of necessity, arbitrarily selected; however, in a general way, the conditions of living are revealed by the terms used in the table above. Table XX shows that forty-nine addicts, or 79 per cent, came from a deteriorated type of neighborhood. Some idea of the demoralization prevalent in the community from which the addict lived is expressed by St. Clair Drake and Horace R. Cayton, "There are about 500 policy stations in Bronzeville, 80 poolrooms, 200 taverns, and scores of buffet-flats and dives." Thirteen addicts, or 21 per cent, came from neighborhoods described as Reputable or Superior. Since roughly one-fifth of the

* See Appendix I.

2 St. Clair Drake and Horace R. Cayton, Black Metropolis, New York, 1945, 211.
addicts came from reportedly good neighborhoods, these families would seem to be more responsible since they possessed more of the material advantages of life. Yet, even in these good neighborhoods, there are found youths who became addicted to drugs. Professor Tannenbaum states his views regarding this point in these words:

That is, even in a "good" family, where moral standards are rigid, habits regular, ambitions high, there may still be adequate cause for the child to fall out of the pattern of the family interest because there are insufficient insight and sympathy for his needs, with the consequent conversion of the difficulty into conflict. 3

A study of the types of dwelling indicates that the addict came from an apartment-type home in fifty-one cases, or 82 per cent; in nine cases, or 15 per cent, he came from a single family type home; and in two cases, the type of dwelling is not recorded in the records. Drake and Cayton describe the growth of kitchenette apartment living on Chicago's Southside and show the congestion resulting in these words:

The trend toward kitchenette living was speeded up by the fact that between 1930 and 1938 houses in the "worst" areas were continuously disintegrating or being demolished. The lower classes were being gradually pressed southward into the better apartment-house areas. Building after building in these areas were cut up into "kitchenettes," for an enterprising landlord could take a six-room apartment renting for $50 a month and divide it into six kitchenettes renting at

$8 a week, thus assuring a revenue of $192 a month. For each one-room household he provided an ice-box, a bed, and a gas hot-plate. A bathroom that once served a single family now served six. A building that formerly held sixty families might now have three hundred. The poorest and most unstable elements often inhabited the basements of the kitchenette buildings, where rents were lowest. 4

Since forty-nine of the 62 addicts came from a deteriorated neighborhood, with its crowded living conditions, there appears to be a close correlation between drug addiction and the unsavory neighborhood.

Closely related to the factors of neighborhood and type of dwelling is the factor of associates. In this study, there is found a history of delinquent associates in every case (100 percent) of this study group. This statement is based on the addicts' own account of why he began using drugs. Since drug addiction is like a contagious disease in that one addict will try to recruit another addict, the high number of delinquent associates would tend to be higher than for other types of delinquent activities in which the individual would involve only himself. The writer believes it is pertinent to the study to give several statements from the case records which the addict has stated regarding his associates. Some of these statements are:

4 Drake and Cayton, Black Metropolis, 576.
Case No. 4.

I became addicted to the use of narcotics in 1948 through association with bad companions which made me irresponsible and led to my cashing a check which someone else had stolen.

Case No. 5.

At age fifteen I began associating with undesirable companions.

Case No. 8.

Secured work, working as a valet for a male dancer who was using narcotics.

Case No. 11.

Blames his drug addiction on a girl-friend who also was a drug addict.

Case No. 14.

Sister states, "He was never in trouble in ______. Bad associates and bad women have ruined my brother."

Case No. 17.

Pool room associates on 47th Street.

Case No. 19.

Friends urged him to take drugs which he finally did after a gambling and drinking spree.

Case No. 22.

I was young and foolish and didn't want to be a square.

Case No. 24.

The patient began apparently deviating from the straight and narrow about the age of fifteen, when she began to smoke marihuana cigarettes. She describes this was due to environment and associates, stating that nearly all of the kids in her neighborhood were smoking hops or using heroin intravenously.
Case No. 27.
Says he began using heroin and cocaine about two years ago when friends introduced them to him intravenously.

Case No. 29.
Played as a drummer with several Negro bands in night clubs and taverns. Parents believe he began to use narcotics through association with other musicians.

Case No. 31.
Began using marihuana and narcotics a few months after arriving in Chicago, all due to associates.

Case No. 32.
Influenced by delinquent friends of the older children associates.

Case No. 34.
While in the Army was occasionally given narcotics and began using them primarily due to associates and curiosity.

Case No. 35.
Has associated with undesirable characters since he was in grammar school.

Case No. 38.
Associated with narcotic users and with individuals having criminal records.

Case No. 39.
Went with the wrong crowd.

Case No. 40.
At times has lived in cheap hotels and rooming houses in delinquent South Side neighborhoods.

Case No. 41.
Began using marihuana and narcotics through associates.
Case No. 47.

Associated with musicians in cheap night clubs and dance halls, where he became introduced to the narcotic habit.

Case No. 48.

Wife and associates were addicts.

Case No. 50.

Patient states that associates encouraged her to use drugs. Husband also used narcotics.

Case No. 53.

Mother states, "He always was a good boy. Everyone who knows him will tell you he just got in bad company.

Case No. 58.

She has had no difficulties as a child. Patient was an obedient girl while attending school and was active in church work. After she left school she began to associate with the wrong company and her parents were unable to control her.

Case No. 62.

Patient states he has always been exposed to narcotics and other forms of anti-social behavior. He claims associates were boys with whom he went to school and that some of them were delinquent.

EDUCATION

It is believed that this area of the addict's background is important and can give information about his personality. An attempt is made here to arrive at some factual information, such as: age at which formal education was terminated; grade level completed; and, reasons for leaving school. Table
XXI shows the age at which the addict's formal education was terminated.

**TABLE XXI**

**AGE AT WHICH FORMAL EDUCATION WAS TERMINATED**

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thirteen</td>
<td>2</td>
</tr>
<tr>
<td>Fourteen</td>
<td>1</td>
</tr>
<tr>
<td>Fifteen</td>
<td>8</td>
</tr>
<tr>
<td>Sixteen</td>
<td>20</td>
</tr>
<tr>
<td>Seventeen</td>
<td>16</td>
</tr>
<tr>
<td>Eighteen</td>
<td>8</td>
</tr>
<tr>
<td>Nineteen</td>
<td>3</td>
</tr>
<tr>
<td>Twenty-two</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

Eleven addicts dropped out of school prior to age sixteen. Thirty-six addicts, or more than one-half, dropped out of school some time during their sixteenth or seventeenth years. Eleven addicts left school after age seventeen. In three cases, it was not known what year the addict left school. The fact that
forty-seven or 76 per cent of the addicts left school prior to their eighteenth birthday would lead one to believe that as a group these young people would be poorly equipped to compete for good paying jobs. A further analysis of the educational status of the addicts shows that seventeen, or 27 per cent, had not achieved more than an eighth grade education; of these seventeen addicts, only nine, or 13 per cent, completed the eighth grade. Forty-three of the addicts, or 70 per cent, had at least some high school education; of these forty-three addicts, only ten, or 16 per cent, graduated from high school. One addict completed a year of college work. One addict's status was not found in the record.

In attempting to evaluate the educational achievement of this group with other delinquent groups, the writer finds that this group rates above a group of sixty-six probation violators in a recent study made by a Mr. Wayne Keyser, Probation Officer of the United States District Court of Northern Illinois. In his study, there were thirty-six offenders, or 55 per cent, who had never gone beyond the eighth grade; whereas, in this study, seventeen addicts, or 13 per cent, had not advanced beyond the eighth grade. Also, in Mr. Keyser's study, twenty-six of the offenders, or 40 per cent, had at least some high school education; whereas, in this study, forty-three, or 70 per cent of the addicts, had
at least some high school training. Perhaps, the discrepancy is
due to the focus of this particular study, since only the youth-
ful addicts are being considered in this paper. The reasons for
leaving school are found in Table XXII.

TABLE XXII

ADDICT'S REASON FOR LEAVING SCHOOL

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disinterested</td>
<td>23</td>
</tr>
<tr>
<td>Working</td>
<td>19</td>
</tr>
<tr>
<td>Entered military service</td>
<td>7</td>
</tr>
<tr>
<td>Incarcerated</td>
<td>4</td>
</tr>
<tr>
<td>Using drugs</td>
<td>3</td>
</tr>
<tr>
<td>Pregnant</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
</tr>
</tbody>
</table>

Twenty-three addicts left school because of a lack of
interest; nineteen listed "working" as the reason; seven entered

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5 Wayne L. Keyser, A Study of Sixty-Six Probationers
Against Whom Warrants Were Issued By The U. S. District Court of
Northern Illinois, Unpublished Master's Thesis, Loyola University
military service; four were incarcerated; three were using drugs; three were pregnant; and in three cases, the records did not reveal the reason. Besides the twenty-three addicts listed as Disinterested, ten addicts recording Incarcerated, Using Drugs, and Pregnant as their reasons for leaving school reveals symptoms of disinterest. The probability that parents might be responsible for the child's lack of interest is expressed by E. Franklin Frazier in the following statement:

Without the direction provided by family traditions and the discipline of parents, large numbers of Negro children grow up without aims and ambitions. The formal instruction provided by the public schools cannot make up for the deficiency in family training. In fact, much of the Negro child's lack of interest in education is attributable to the fact that it is unrelated to the experiences in the family. Moreover, the lack of employment opportunities for Negro youth helps to encourage the aimlessness and lack of ambition among Negro youths without a normal family life. Thus family disorganization and social and economic forces in the community unite to create a sense of irresponsibility among Negro youth. Out of such an environment comes the large number of criminals and juvenile delinquents in the cities of the country.  

OCCUPATION

Allied to the data on education is the factor of employment. In this regard, the addict's employment stability and financial resources will also be considered. Table XXIII reveals

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the occupational field in which the addict was employed.

**TABLE XXIII**

**OCCUPATION OF THE ADDICT** *

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>31</td>
<td>50</td>
</tr>
<tr>
<td>Unskilled</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Clerical and sales</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Professional and managerial</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Semi-skilled</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Thirty-one addicts, or 50 per cent, are recorded as having some type of position in the **Service** field. Fourteen addicts, or 23 per cent, are indicated as having worked in the **Unskilled** field. The **Clerical and Sales**, **Professional and Managerial**, and **Semi-skilled** fields accounted for seventeen, or 27

per cent of the total number of addicts in the study. The four addicts listed in the Professional and Managerial need some qualification. Three of this group are musicians and one is a theatrical booking agent, hence, according to the Dictionary of Occupational Titles, they would be listed in the Professional and Managerial group. The fact that forty-four addicts, or 73 per cent, are found in the Service and Unskilled groups seems to correlate closely with Table XXI which shows that forty-seven or 76 per cent of the addicts left school prior to their eighteenth birthday. And in Table XVI there is found fifty-one of the homes or 82 per cent, had at best, only an adequate financial status. Evidently, the low financial status of the parents, which usually forces the families to live in low rent housing areas with its consequent deteriorating environment, has more or less placed its mark upon the addict. In regard to poverty and its relationship to occupation, Professor Sutherland writes, "It generally means that the child is withdrawn from school at the earliest permissible age to enter an unskilled occupation which is not interesting or remunerative and which offers few opportunities for economic advancement." An indication of the addict's employment reliability is shown in Table XXIV.

7 Sutherland, Principles of Criminology, 176.
TABLE XXIV

EMPLOYMENT STABILITY OF THE ADDICT

<table>
<thead>
<tr>
<th>Stability</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>46</td>
</tr>
<tr>
<td>Fair</td>
<td>11</td>
</tr>
<tr>
<td>Good</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
</tr>
</tbody>
</table>

For the purposes of this study, Poor stability refers to those addicts who have had either a very short period of work or no work history whatsoever in the past six months preceding their commitment; a Fair stability record describes those addicts who although not employed at one place for a few weeks at a time, however, did manage to keep employed off and on at various places during the six months immediately preceding their commitment; and, Good stability refers to those addicts who have generally maintained steady employment but due to drug addiction had not been regularly employed during the three or four months prior to their commitment. It appears that the information revealed in the above table, drug addiction and Poor stability go hand in hand. Forty-six are recorded in the Poor grouping; Fair, has eleven; and only five addicts are reported as having employment stability.
classified as **Good**. Regarding drug addiction and reliability, the Vogels state, "Employers soon learn that addicts are undependable as workers. They usually can't stay on a job long, and as their employment record gets worse and worse, they find it increasingly hard to get work."⁸ A study of the financial resources reveals that in the sixty-two cases, none of the addicts had resources which they could claim as "extensive." In only two cases, one addict had $500.00 and the other had $600.00. And in sixty of the cases the resources of the addict is described as "negligible." This finding, then, is consistent with the poor parental background, the lack of sufficient formal education, low-paying employment, and a deteriorated environment.

Besides the factors already discussed, the marital status of the addict might throw additional light on the type of person which is found in this study group. Table XXV gives a distribution of the marital status of the addicts.

---

Forty-one addicts, or 66 per cent, are reported as Single. Twenty-one addicts, or 34 per cent, are reported as Married, Separated, Divorced, or living in a Common-law Relationship. Since this is a comparatively young group of people, a rather high proportion of the unmarried would be expected. There is a rather high incidence of serious marital conflict found among the married addicts in this group. Of the twelve marriages, seven are recorded as Separated and one as Divorced. Concerning marriage and drug addiction, the Vogels write, "In a study made of 1,000 adult addicts, one-third had never been married, with most of these marriages ending in separation or divorce."9

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9 Ibid., 27.
further study into this aspect of the addict's life shows that of the forty-one single addicts, seven had a total of eight illegitimate children and thirteen single addicts had a venereal disease history. There is a total of eighteen addicts who show a venereal disease history. The records also show that no children were born to any of the addicts' having a venereal disease history. Another indication showing the lack of responsibility of this group is the fact that nine of the addicts were living in a common-law relationship at the time of their commitment. Fourteen illegitimate children were born to the addicts living in a common-law relationship. Such findings are largely the result of social disorganization within a community. Drake and Cayton show the meaning of social disorganization in terms of the family:

In the parlance of the sociologist, Bronzeville was suffering from social disorganization. But lower-class family behavior is the product of more basic conditions than the Depression. The instability of Negro lower-class families throughout America was reflected in the high rates of desertion, illegitimacy, and divorce as well as in a great deal of violent conflict within the average lower-class household. 10

RELIGION

Another aspect of the life of the addict is the factor of religion. Data concerning this factor was rather meager when the parental background was being studied, however, there is

10 Drake and Cayton, Black Metropolis, 582.
sufficient information in the records from which, at least, an indication of the addict's interest in formal religion might be revealed. The records show that fifty addicts, or 81 per cent, are of the Protestant faith; ten addicts, or 16 per cent are of the Catholic faith; and two addicts, or 3 per cent are of the Jewish faith. Care should be exercised in interpreting the above statement, as has been pointed out in the narrative regarding Table XVII. From the data found, there appears a close correlation between the religion of the addict and the religion of the parents. The addict's attendance at church gives a general indication of the addict's attitude toward formal religion. Table XXVI shows the status of the addict regarding church attendance.

**TABLE XXVI**

**ADDICTS' ATTENDANCE AT CHURCH**

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occasional</td>
<td>29</td>
<td>47</td>
</tr>
<tr>
<td>Never</td>
<td>21</td>
<td>34</td>
</tr>
<tr>
<td>Regular</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
The terms used to classify the church attendance status of the addict have been, of necessity, more or less selected on an arbitrary basis. Nevertheless, one is able to gather a general idea of the influence formal religion had on the life of the addict. The records do not state the addict's attendance in weeks or months, therefore, five illustrative statements from the case histories are given to clarify the meaning of the three categories listed. Five illustrative cases concerning addicts who claim Occasional attendance is illustrated by the following excerpts from the case histories:

Case No. 3. "Has never been confirmed. Practically no religious attendance."

Case No. 5. "Is an infrequent Protestant."

Case No. 11. "Never maintained regular attendance."

Case No. 17. "Is an indifferent Catholic."

Case No. 59. "Rarely attends synagogue services."

The Never attendance status is illustrated by the following:

Case No. 26. "Reared in the Baptist faith but never attends."

Case No. 29. "Defendant frankly admits that he is not interested in going to Sunday School or Church."

Case No. 33. "Has not attended Church for at least six years."

Case No. 40. "Religion has had no influence in his life for the past several years."

Case No. 45. "Has not attended church for several years prior to leaving home in 1944."
Regular attendance is illustrated:

Case No. 8. "Claims to attend church regularly."
Case No. 19. "States he attends services regularly."
Case No. 35. "Claims to have attended fairly regularly."
Case No. 46. "Attends fairly regularly."
Case No. 53. "Attends fairly regularly."

Table XXVI, therefore, shows that twenty-nine addicts, or 47 per cent, had an Occasional attendance record; twenty-one addicts, or 34 per cent, had a Never attendance record; seven addicts, or 11 per cent, who report a Regular attendance status; and, in five cases, or 8 per cent, the records do not indicate the attendance status. The important finding revealed in this table is the indication that for fifty addicts, or 81 per cent, religion held little, if any, influence in their lives. Because of their lack of regular attendance, they failed to receive the spiritual guidance that would otherwise have been afforded them by the church, and consequently they did not have the benefit of this stabilizing factor. The Reverend Leonard S. Edmonds, in a recent article in Federal Probation wrote, "We who have served as chaplains in correctional institutions know only too well that this failure—the failure to acquire a wholesome religious attitude toward life and life's responsibilities—is a major factor in anti-social
behavior. And in the same article Reverend Edmonds quotes the Reverend George O'Meara, Chaplain at San Quentin penitentiary, regarding religion and delinquent behavior:

Any chaplain who has been interviewing men coming into prison for any length of time realizes what the cause for the fall is. We may give many secondary causes, such as bad homes, broken homes, divorce, bad environment, etc., but there is something deeper than all this. There would be no bad home if there were religion in the community. Men tell us day after day in our prisons that years before they became involved in wrong, they had abandoned the practice of any religion, and we have watched men go out of our prisons after having led fairly decent lives within. We have watched them fall—not so many as the papers would have us think—but enough to make us stop and think again and again. The cause given is usually secondary; The need for money, mixing in with bad company, lack of sympathy, and many others. The real cause will be found in something much more fundamental than these things. If these men were spiritual men, who were living up to the dictates of their consciences, if they were men of prayer, men who were communing every day with God, they would not steal, they would not associate with bad companions; they would be temperate men, and even though the world were to point a finger of scorn at them, they would realize that they were the object of the infinite love of the Master.

Drake and Cayton point out the lack of religious interest among the lower-class adults of Chicago's "Black Belt" in these words:

Slightly over half of Bronzeville's 100,000 lower-class adults claim to be church members. The majority of these identify themselves with the Baptist or Methodist denominations, and are therefore nominally committed to opposing gambling, card-playing, dancing, drinking, fornication, and similar derelictions. A small proportion of the lower-class church group claims membership in a score of other denominations, each having its own distinctive doctrinal emphasis.


12 Ibid.
Although about half of the lower class claims church membership, a careful analysis of church records indicates that fewer than a third of the lower-class adults were actually dues-paying members of any church on the eve of the Second World War. An even smaller number organized the greater part of their leisure time and their emotional life around the church and religion.\textsuperscript{13}

RECREATION

Data concerning the addict's leisure time activities is presented in order to determine the type of recreation participated in and whether there is any connection between the recreational activities and drug addiction. Sports, hobbies, and commercial recreational interests are the specific recreational aspects which will be discussed.

The records show that in thirty-eight cases there is a history of sports participation in one or more of the following sports: soft-ball, baseball, foot-ball, basket-ball, tennis, swimming, and boxing. Little can be said on this point since the degree of participation is not found in the records. However, in a few cases, the addict was found to be an excellent athlete, yet became addicted to drugs. Evidently, sports participation of itself, is not a deterrent to addiction. Also, considering the deteriorated environment in which most of the addicts in this

\textsuperscript{13} Drake and Cayton, \textit{Black Metropolis}, 612.
study were born and reared, the opportunities for supervised recreation would appear to be at a minimum. In twenty-four cases, the records do not reveal any data concerning sports participation.

Concerning the hobbies of the addicts, in thirty-four cases there was no information in the record. In the remaining cases, reading and collecting records or listening to music held chief interest for the addict. Most of the reading pertained to the pulp variety and the music usually related to the jazz type. Of the twenty-eight cases in which the hobby is known, only four definitely appeared to be of a constructive quality and they are listed as follows: (1) scientific articles; (2) philosophical material; (3) needle-work; and (4), wood-working. Apparently then, the addict had little in the way of good hobbies to keep him occupied and interested in creative activities.

As for commercial recreation, the following data is presented: (1) in twenty-five cases, playing pool and attending the movies is the chief form of commercial recreation; (2) in twenty cases, in addition to playing pool or attending the movies, the addict indicated his interest in bowling, dancing, playing cards, frequenting bars and grills, and attending sporting events (3) in nine cases the type of commercial recreational activities is not reported; (4) and in the eight remaining cases, the addict reported his interest in attending night clubs, bars,
foot-ball games, and roller-skating rinks. The significant in-
formation found in the area of commercial recreation appears to
be the very large number of addicts who list playing pool as one
of their chief forms of recreation.

HEALTH

In order to determine whether the study group has any
health disabilities which might have been an influence toward
drug addiction, data regarding the health of the addicts is pre-
sented. Concerning the general physical condition of the youth-
ful addicts in this study, the case histories show their physical
status as follows: (1) sixty cases are designated as being well-
developed and well-nourished; and (2), two of the cases are re-
ported as fairly well-nourished. Thus, sixty of the sixty-two
cases, or 97 per cent, show the addict to be well-developed and
well-nourished. However, the addicts in twelve cases, reveal
various types of physical complaints as shown in Table XXVII.
To what degree these physical ailments have influenced this group
to the use of drugs cannot be determined; however, two of the
addicts stated that they began using drugs because of a bodily
affliction. The statements from the records relating to these
two cases are as follows:

Case No. 1. "He states that he has had an inguinal hernia
for several years and knowing the effectiveness
of heroin in relieving pain he utilized narco-
tics for that purpose."
Case No. 59. "Patient states he was severely wounded in World War II during which time morphine was administered to relieve the pain."

**TABLE XXVII**

**ADDICTS' PHYSICAL DISORDERS**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hernia</td>
<td>2</td>
</tr>
<tr>
<td>Headaches</td>
<td>2</td>
</tr>
<tr>
<td>Chest pains</td>
<td>1</td>
</tr>
<tr>
<td>T. B. condition</td>
<td>1</td>
</tr>
<tr>
<td>Epileptic seizures</td>
<td>1</td>
</tr>
<tr>
<td>Speech defect</td>
<td>1</td>
</tr>
<tr>
<td>Draining bullet wound</td>
<td>1</td>
</tr>
<tr>
<td>Torn stomach muscle</td>
<td>1</td>
</tr>
<tr>
<td>Disabled W. W. II Veteran</td>
<td>1</td>
</tr>
<tr>
<td>Eye operation</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>50</td>
</tr>
</tbody>
</table>

**Total** 62

Although drug addiction might start from a physical ailment in an accidental manner, it does not seem likely that such would be the case in most circumstances. Regarding physical ailments and drug addiction, Dr. Reichard states the following:
It is generally believed that narcotic drug addiction arises as a result of one or several hypodermics given in the course of a disease or post-operatively. Our experience indicates that this accounts for a very small part of narcotic addiction. When a "normal" person, not suffering from pain, is given a dose of an opiate, the effect is unpleasant and distasteful. If a "normal" person suffers from a chronic painful condition for which opiates must be administered, and develops physical dependence, the result is not necessarily a narcotic drug addict. If his physical dependence can be relieved, the person is able to live without recourse to narcotics. If he suffers from marked tension in addiction to the pain, and finds that opiates give him relief from his physiological unhappiness, he may be as the addicts say, "hooked." When we think how many persons receive hypodermics of morphine post-operatively and how few become addicts, we can see the fallacy of the usually held belief. 14

Apparently, although twelve of the addicts reported a physical complaint, the physical disorder was not the determining factor in starting to use drugs.

MILITARY DATA

A search of the records reveals that twenty of the addicts, or 32 per cent, served in the Armed Forces; forty-two of the addicts, or 68 per cent, never served in the Armed Forces. In considering the twenty addicts who served in the Armed Forces, ten received an Honorable Discharge; two received a Dishonorable Discharge; and four received a discharge for other reasons. A

significant point revealed by the study is that 50 per cent of the addicts showing a history of military service were discharged for reasons other than honorable. This would seem to point to an unstable and rather poorly physically equipped group of young adults.

SUMMARY

The significant data found in this chapter is the following:

1. Forty-nine of the addicts, or 79 per cent, come from a deteriorated type of neighborhood.

2. Most of the addicts left school either prior to or during their sixteenth year.

3. Forty-three addicts, or 70 per cent, had at least, some high school training.

4. Most of the addicts enter high school but leave before graduating.

5. Fifty-one of the addicts, or 82 per cent, came from an apartment type dwelling.

6. Delinquent associates were present in 100 per cent of the cases in this study.

7. More addicts stated that they left school because of "disinterest" than for any other reason.

8. Thirty-one addicts, or 50 per cent, were in the Service occupational field.

9. Forty-six addicts, or 74 per cent, were reported as having a Poor employment stability status.

10. Forty-one addicts, or 66 per cent, were recorded as Single.
11. Of twelve married addicts, seven were separated and one was divorced.

12. Fifty of the addicts gave their religious affiliation as Protestant.

13. Fifty of the addicts, or 81 per cent, attended church Occasionally or Never.

14. Pulp fiction type reading and jazz music were the chief hobbies of the addict.

15. Playing pool and attending the movies was the chief form of commercial recreation.

16. Most of the addicts revealed an interest in some type of sports.

17. Sixty of the sixty-two cases showed the addict to be a well-developed and well-nourished individual.

18. Twelve of the addicts complained of physical ailments, however, only two blamed their addiction to the physical ailment.

19. Twenty of the addicts were in the Armed Forces, but only ten received an "Honorable Discharge."
CHAPTER V

PSYCHIATRIC DATA

This chapter presents the psychiatric information concerning the addicts in this study group; the intelligence rating; the degree of insight toward his addiction; and the statements from case histories showing the addict's reason for starting to use drugs as compared to the psychiatrist's statement regarding the addict's behavior. Additional statements from the addict and the psychiatrist are given to place emphasis on the two points of view regarding addiction. Table XXVIII shows the distribution regarding the psychiatric classification found among the addicts.

TABLE XXVIII

PSYCHIATRIC CLASSIFICATION

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate personality</td>
<td>18</td>
</tr>
<tr>
<td>Anti-social personality</td>
<td>3</td>
</tr>
<tr>
<td>Immature personality</td>
<td>3</td>
</tr>
</tbody>
</table>
### TABLE XXVIII (CONTINUED)

**PSYCHIATRIC CLASSIFICATION**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Character disorder:</td>
<td></td>
</tr>
<tr>
<td>Immature personality with passive dependency reaction</td>
<td>3</td>
</tr>
<tr>
<td>Schizoid personality</td>
<td>2</td>
</tr>
<tr>
<td>Sexual deviate, anti-social personality</td>
<td>2</td>
</tr>
<tr>
<td>With immaturity reaction and anti-social tendencies</td>
<td>2</td>
</tr>
<tr>
<td>Schizophrenic reaction latent</td>
<td>1</td>
</tr>
<tr>
<td>Schizoid personality and homo-sexuality</td>
<td>1</td>
</tr>
<tr>
<td>Immaturity with schizoid features</td>
<td>1</td>
</tr>
<tr>
<td>With immaturity and some asocial tendencies mild</td>
<td>1</td>
</tr>
<tr>
<td>Anti-social personality, neurotic adult maladjustment</td>
<td>1</td>
</tr>
<tr>
<td>With immaturity reaction of the passive dependent type and with features of inadequacy</td>
<td>1</td>
</tr>
<tr>
<td>With sexual deviations</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate personality characterized by poor ego defense and immature behavior</td>
<td>1</td>
</tr>
<tr>
<td>Mild with emotional immaturity reaction predominately</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate personality with gross anti-social tendencies</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate personality with immaturity dependency and some hostility and anti-social features</td>
<td>1</td>
</tr>
<tr>
<td>Emotionally immature, adolescent turmoil</td>
<td>1</td>
</tr>
</tbody>
</table>
TABLE XXVIII (CONTINUED)

PSYCHIATRIC CLASSIFICATION

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Character disorder:</strong></td>
<td></td>
</tr>
<tr>
<td>Character neurosis, psychopathic personality</td>
<td>1</td>
</tr>
<tr>
<td>Schizoid, anti-social personality</td>
<td>1</td>
</tr>
<tr>
<td>Immature personality, emotional instability reaction</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate personality, with anti-social features</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate personality, immaturity reaction of the passive-aggressive type</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate personality, with gross immaturity features</td>
<td>1</td>
</tr>
<tr>
<td>Anti-social personality with signs of immaturity and hostility</td>
<td>1</td>
</tr>
<tr>
<td><strong>Maladjustment:</strong></td>
<td></td>
</tr>
<tr>
<td>Simple adult</td>
<td>2</td>
</tr>
<tr>
<td>Simple situational</td>
<td>1</td>
</tr>
<tr>
<td>Acute situational</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
</tr>
</tbody>
</table>

The significant feature revealed in the above table is the fact that fifty-two cases, or 84 per cent, show a Character
Disorder with varying forms and degrees of maladjusted personalities. Four cases, or 6 per cent, shows a Maladjustment; Simple Adult, Simple Situational, or Acute Situational. In six of the cases, or 10 per cent, the psychiatric classification is not in the case histories. The close correlation of disturbed, weak, and emotionally immature personalities to drug addiction points to the conclusion that these youthful personalities are particularly prone to addiction, and especially so, in a disorganized community where loose family relationships and delinquent influences are the normal pattern of living.

In addition to the psychiatric classification, the factor of intelligence appears to be important. Table XXIX gives the intelligence classification as it is recorded in forty-two of the cases.

**TABLE XXIX**

**ADDICTS' INTELLIGENCE STATUS**

<table>
<thead>
<tr>
<th>Intelligence</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior</td>
<td>1</td>
</tr>
<tr>
<td>Bright normal</td>
<td>6</td>
</tr>
<tr>
<td>Normal</td>
<td>15</td>
</tr>
<tr>
<td>Dull Normal</td>
<td>20</td>
</tr>
<tr>
<td>Unknown</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
</tr>
</tbody>
</table>
The records indicate that those addicts having an I. Q. ranging from sixty-seven to 90 are in the Dull normal group; from ninety to 110 in the Normal group; from 110 to 120 in the Bright normal group; and from 120 to 130 in the Superior group. Table XXIX shows that twenty-two addicts, or 36 per cent, had an intelligence rating ranging from Normal to Superior; twenty addicts, or 32 per cent, had an intelligence rating of Dull normal; and in twenty cases, or 32 per cent, the specific I. Q. rating was not in the record. Since there is a fairly good distribution of levels of intelligence, it appears that the addicts in this study group compare favorably with the general population. On this point, Mr. Simon H. Tulchin writes:

Attention is called to the need for considering the nativity and race distributions of institutions when comparisons are made.

The intelligence distributions of the two penal institutions are strikingly similar to those of the Illinois Army draft sample when the several nativity and race groups are compared separately.1

Because twenty of the addicts, or 32 per cent, are reported as having intelligence quotients on the Dull normal level, it appears that these addicts would be more prone to addiction since they are usually the more easily led individuals. On the other hand, there are twenty-two addicts, or 36 per cent, whose level of

intelligence ranges from Normal to Superior, which indicates that factors other than intelligence have tended to influence the teenager or young adult to addiction. The Reverend Leo Kalmer, O. F. M., and the Reverend Eligius Weir, O. F. M., give their view regarding, intelligence, education, and criminal behavior:

Let us not deceive ourselves in a matter so vital to good citizenship as well as so expensive to the commonwealth. Confronted with the mounting rate of criminality precisely among the young, whose day is blessed with such exceptional opportunities, it behooves us to realize that illiteracy and defective education are symptoms in criminology—-they are not causes. The causes lie deeper! 2

Table XXX shows the degree of insight held by the addicts in this study group.

<table>
<thead>
<tr>
<th>Insight</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Fair</td>
<td>18</td>
<td>29</td>
</tr>
<tr>
<td>Poor</td>
<td>40</td>
<td>64</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

In order to clarify the meaning of the terms used in the table above, the following description is given for each of the terms: (1) if the addict can see the basic reason for his use of narcotics, then he is classified as having **Good** insight; (2) if he can see at least partially the basic reason for his use of narcotics, then he is designated as having **Fair** insight; and (3), if he gives only superficial reasons for the cause of his using narcotics, then his insight is described as **Poor**. In this study, only one addict, or 2 per cent, is reported as having **Good** insight; eighteen addicts, or 29 per cent, are classed as having **Fair** insight; and forty addicts, or 64 per cent, are reported as having **Poor** insight; and in three cases, or 5 per cent, the data regarding insight was not found in the records. From this information, it is apparent that the vast majority, or practically every addict in this study, is suffering from some type of personality maladjustment. A prognosis for a permanent cure would, of necessity, be somewhat guarded. Also, in correlating Table XXX with Table XXIX, there is found the fact that although many of the addicts have normal or better than normal intelligence, that almost every one of the addicts has only **Poor** to **Fair** insight into the cause of his addiction. In order to make these findings more meaningful, statements from the case histories are given for starting to use drugs as compared to statements by the psychiatrist concerning the addict's emotional make-up. The
excerpts will contain a statement, first by the addict, then will be followed by an excerpt from the psychiatric study.

Case No. 1. (Statement by the addict.)

"He states that he has an inguinal hernia for several years and knowing the effectiveness of heroin in relieving pain he utilized narcotics for that purpose."

Case No. 1. (Statement by the psychiatrist.)

"At the present time the patient shows a strong desire to compensate for marked feelings of insecurity, has resorted to the use of intellectualization and rationalization of his problem to an abnormal degree, and in attempting to relieve his deep feelings of anxiety has conjectured an ego ideal as the all self-sufficient, confident, emotionless individual."

Case No. 3. (Statement by the addict.)

"Somebody else gave me my first shot and I just followed other people."

Case No. 3. (Statement by the psychiatrist.)

"He is a very immature, dependent, and gullible individual with totally inadequate insight and ability to benefit by experience. Because of his attachment to his mother, he feels some anxiety and guilt for being in an institution."

Case No. 4. (Statement by the addict.)

"The patient has now come to realize the fact that he started to use drugs because he thought he was putting something over on his mother."

Case No. 4. (Statement by the psychiatrist.)

"As a child this patient felt that he could never do what most boys do because of his mother's dominance. He was brought up by a domineering, over-indulgent mother who appears to have created in him a feeling of hostility and resentment toward her which carried over in his treatment toward his wife and consequently his marriage was not a success. The mother has always treated him as a small boy."
Case No. 6. (Statement by the addict.)

"When asked why she used it (heroin), she replied that she used drugs because the crowd did, implying that it was a means of gaining acceptance by them."

Case No. 6. (Statement by the psychiatrist.)

"Routinely acts in an immature manner. Remains a child. Like a child she seeks immediate gratification, reacts to frustration with anger. There is evidence of considerable sexual conflict and also of repressed aggression."

Case No. 22. (Statement by the psychiatrist.)

"This man relied on fantasies for gratification of his needs, being unable to gratify any of these on a realistic basis. It is apparent that the use of drugs allowed him the outlet of not having to face reality and realize his own shortcomings."

Case No. 22. (Statement by the addict.)

"I was young and foolish and didn't want to be a "square.""

Case No. 31. (Statement by the addict.)

"He admits, however, that he did not get along to well "in the street," that is to say, in the neighborhood. Here he had a lot of trouble with boys who thought they were sharp and fast, whereas, he was considered as a country boy."

Case No. 31. (Statement by the psychiatrist.)

"It is thought that in this boy's case merely situation maladjustment is the root of most of his trouble."

Case No. 37. (Statement by the addict.)

"Most of his problems he relates to the fact that he was always extremely small. He says that at the time he was a senior in high school he was only about four feet two inches tall. This made him feel bad and very unhappy. He says that it was partly because of this that he began using heroin, although he has smoked marihuana from time to time for a few years."
Case No. 37. (Statement by the psychiatrist.)

"His specific reading, writing, and spelling disability has played a great part in his psychological problems. The boy says he has no life of his own. The father eavesdrops, tricks him, and really hates him. At times a friend comes to the house who will imitate the son. At this time the father laughs a great deal. The father has not been very sympathetic since the son is on drugs, and has called him a "bum and a rat." The mother is characterized as an all-giving and rather easygoing person. She will do anything for him and help him out. However, she will not stand up very much against his father, and this sometimes makes him angered with her. He also has considerable feelings of inferiority due to his height."

Case No. 38. (Statement by the addict.)

"Patient states he first started on narcotics in 1947 out of curiosity and because so many of his friends were using it."

Case No. 38. (Statement by the psychiatrist.)

"Psychological testing revealed a great deal of anxiety. The patient feels sensitive and inferior since he has never learned to read well and get a satisfactory education. He keeps to himself a great deal and has a vivid imagination with which he plans great things for himself."

Case No. 54. (Statement by the addict.)

"Patient states he does not know why he went on drugs except for hedonistic purposes. States he was offered a shot of cocaine which he took and he liked it so well that he has continued to use this drug plus heroin intravenously since that time."

Case No. 54. (Statement by the psychiatrist.)

"This twenty-five year old Negro male has used heroin and cocaine for a period of eight years and has supported his habit by selling drugs. He was given a three year sentence for selling from Chicago. He has a sincere desire not to use drugs any longer, and it is felt that he will make an effort to stay off drugs when he leaves this hospital. He will make a good institutional adjustment. He is the product of a lower class Negro home which has transplanted itself from the South to a Northern metropolis. His parents
are hard working, honest, and church going. Apparently, his environmental contacts have had a bad effect on him."

Twenty-one additional excerpts are given to further illustrate the various reasons the addicts in this study give for starting to use drugs. They are the following:

Case No. 5.

Patient states he began using drugs because he saw so many addicts frequent the bar in which he was employed.

Case No. 8.

In regards to his drug addiction, he stated that he started using morphine in 1945, being introduced to its use by a friend, who was working in an army dispensary in ________, and thereby was able to secure morphine. When the patient was sent overseas to ________ and later to ________, he associated with a group of soldiers who were using heroin and cocaine, and used it until June, 1946, at which time he returned to the States. He used nothing again for a year, but then secured work, working as a valet for a male dancer who was using narcotics, and again the patient was easily influenced to use drugs himself. Patient stated, "I liked the feeling because I was able to forget everything but myself." He also stated he liked the feeling because it related to an older brother on whom he has hostile feelings.

Case No. 9.

He says that as a youth he always felt that he needed something, a drug, to enable him to talk with other people. He says that people would excite him and make him feel inferior especially women. He tried alcohol then marihuana and finally heroin in order to relieve this feeling. He finally began to use heroin because the rest of the crowd used it.

Case No. 11.

He states he started taking drugs because of curiosity and because of his companions. In fact, he is quite specific in blaming it on one woman who involved him sexually. She, too,
Case No. 11. (continued)

was taking drugs.

Case No. 14.

The boy states that while he was in school in , as a little boy, he was considered very bright and in fact was head of his class. After about the age of ten when he went to Chicago, that is, within a year or two after this, he says he fell in with bad company, and he began to lose interest in school and to skip his classes a great deal of the time, and to spend time running around in the streets.

Case No. 16.

He says he knows he can get along without the stuff and seems to think his use of it was caused by environmental factors. He definitely is inclined to blame his predicament onto an unhappy home situation which caused him to leave home around the age of fifteen.

Case No. 19.

Patient stated that it was after one of his long drinking and gambling sprees, that he began using drugs. His friends had been urging him to try it for some time, but he had resisted, so he says, all their efforts, but once when he was drunk, he was finally persuaded to take a shot, and about a week later, he began to take regular shots, because he was disgusted with everything.

Case No. 28.

Patient states that approximately six months after leaving the army, he began using narcotics because of his associations with other addicts, and because he was seeking a thrill.

Case No. 30.

He began using drugs six months ago through curiosity and associates.

Case No. 33.

He ran around with neighborhood associates all his life. He began smoking cigarettes at the age of twelve; marihuana at
Case No. 33. (continued)

the age of fifteen; and using heroin at the age of eighteen. All these activities were through association with other children and adolescents in the neighborhood.

Case No. 35.

States an older boy associate introduced him to marihuana. He began using drugs for approximately a year and two months, taking 10 to 12 capsules of heroin per day, sniffing most of it, but using some intravenously. He started with marihuana to begin with, and got acquainted with "shooters" (intravenous injections) and started on heroin.

Case No. 39.

He readily admits that his difficulties have been through the use of narcotics and offers no excuses for using them other than that he got with the wrong crowd.

Case No. 40.

Patient intellectualized that he started using drugs through associating with the wrong company.

Case No. 47.

I got in with the wrong people, got surious about drugs, and finally was talked into trying it.

Case No. 49.

Patient states that he first started using heroin and cocaine on his eighteenth birthday. He states he couldn't be a "boot" at his own birthday party. He wanted to be like the rest of the fellows.

Case No. 50.

Patient claims that she used liquor to excess prior to her marriage and that approximately nine or ten months prior to her husband's death she started using narcotics. She has no reason for using narcotics, other than she was influenced by the wrong people.
Case No. 51.

Poor environment factors are blamed by this patient for his habit.

Case No. 58.

She can give no reason for becoming addicted other than many of her associates were using narcotics in various forms and she was influenced by her contacts with them.

Case No. 59.

Patient states he was severely wounded in W. W. II during which time morphine was administered to relieve the pain. Upon returning to the states he continued to use drugs due to associating with musicians in various night clubs.

Case No. 61.

Patient was introduced to the use of marihuana at the age of fifteen through the constant coaxing of his companions. He says that he smoked the marihuana cigarettes daily. At the age of eighteen, again through his companions, he was introduced to the use of cocaine, at which time he began to sniff same. This habit led to bleeding of the nostrils, and he began to inject cocaine. When he could not get cocaine, he would use heroin and later took heroin almost exclusively.

Judging from the excerpts quoted above, most of the addicts give rather superficial reasons for becoming addicted to narcotics, however, this is not to say that associates and environment played an unimportant part.

Besides the statements by the addict, thirteen additional excerpts from the case histories are given to further illustrate the basic underlying reasons for the addict becoming addicted to narcotics. They are the following:
Case No. 8.

This patient is a twenty-four year old Negro male, who has been using heroin intermittently since 1945. He appeared to be essentially a dependent, immature individual who encountered early rejections by his mother and his father. His feelings of insecurity were greatly increased by competition with an older, ambitious, and probably more highly favored brother. The patient has been unable to form any satisfactory goals which are suitable to his basic needs, and it is probable that he used narcotics in an effort to allay anxiety which was developed as a result of his conflicts.

Case No. 10.

We have here a twenty-three year old Negro male who is serving two years probation, who is a product of a very adverse early environment which resulted from the death of his mother when he was four years old, after which he had many other substitutes for short periods of time; however, none of them was satisfactory, and the patient has never been able to work through his psycho-sexual development in a normal fashion. The patient has been taking part in this delinquent behavior ever since his puberty, and except for eighteen months in the Army, has been in difficulty, more or less constantly.

Case No. 16.

It is stated that he was an exceptionally fine boy in earlier years, maintained a good school record and always having his part-time job. Like his older brothers and sisters he received music lessons from his father at a very early age but reportedly did not react well to his father's teaching. He has always been somewhat unstable emotionally and his mother recalls that as a boy he frequently became violently ill whenever his father shouted at him, or her, or members of the family. Mother seems to think he has always felt inferior to his six foot older brother who is an exceptional physical specimen with perfect vision.

Case No. 21.

There are several significant factors in the history of this girl. In the first place, there was no father or other figure of authority in the household during her early childhood. The patient gives a history of prolonged anti-social behavior and institutionalization from the age of twelve to
Case No. 21. (continued)

the age of eighteen. During this time, she had numerous fights and otherwise reacted in an anti-social manner.

Case No. 34.

The patient is a twenty-five year old colored male first admission probationer. The patient's offense was theft of the mails, presumably for the purpose of obtaining drugs. This offense occurred approximately three and one-half months after the patient had become addicted to heroin and cocaine. Prior to this offense the patient had been strictly law-abiding and had faced his marital and social responsibility squarely. This patient comes from a family with considerable better than average educational and cultural background inasmuch as both parents had college educations. In general the patient's adjustment to life situations has been adequate and his ego defenses have proven adequate prior to his addiction to drugs. It would seem that there are certain elements of immaturity in the patient's make-up illustrated by the fact that although his ambitions are laudable, his plans for their achievement are overly optimistic and not absolutely consistent with probability.

Case No. 43.

Mother constantly urging him to study. The father was constantly blaming him for staying up late, for having affairs with women, and in general, instead of sitting down and talking it out with the patient, he would blame him and punish him for this. Therefore the patient developed a great deal of hostility against his home life and felt it would be smart to live this other type of life.

Case No. 45.

The defendant appears to be a weak-willed individual who has no control over her inhibitions.

Case No. 46.

When asked what his main problem was he stated, "bad company and curiosity." I thought there was something in drugs that wasn't there—thought that mental capacity was greater in people using drugs than in those that didn't, but I found out different. I intend to stop using drugs. I was seeking a thrill and it ended up in disaster. I've got to be practical, otherwise I'll be wasting my time. "No defenses are
Case No. 46. (continued)

good, affect is appropriate.

Case No. 49.

He reveals a marked sensitivity and self-consciousness regarding his personal appearance, and regarding any behavior which is likely to lower him in the eyes of the "fast" crowd.

Case No. 52.

During the interview he was dull, apathetic, and rather vague and stated that he felt "unsettled and nervous."

Case No. 56.

The patient appears to be a "wise guy." Basically, he is an immature, insecure individual, who attempts to compensate for his feelings of inadequacy by assuming an aggressive, demanding attitude. His long history of petty anti-social behavior is consistent with the lack of environmental training and restraint. With little emotional feeling, amounting to apathy, the patient states that his mother's death "took everything out of me."

Case No. 57.

This man seems to be an amoral individual who during the interview was only partially successful in concealing evidences of aggressive hostility. His complete confidence is simply a veneer over great feelings of insecurity and anxiety.

In studying the reasons the addict gives for his becoming addicted to narcotics as compared to the impression which the psychiatrist found in interviewing the addicts, there appears strong support for the findings found in Table XXX regarding the addict's insight into his addiction.
SUMMARY

The significant data found in this chapter is the following:

1. Fifty-two addicts, or 84 per cent, show a character disorder with varying forms and degrees of maladjusted personalities.

2. In the cases which indicated the intelligence quotients, a little over half of the addicts have at least normal intelligence.

3. Insight into his addiction is usually poor.

4. Statements by the addict usually reveal a superficial reason for his becoming addicted to narcotics.

5. Statements from the psychiatric impressions reveals the various types and degrees of emotional immaturity which the addicts have in their personality make-up.
CHAPTER VI

CONCLUSION

From an analysis of the various factors regarding the teen-ager and the young adult who have become addicted to narcotics, certain findings appear more significant than others, therefore, they are presented in the following paragraphs.

1. Environmental factors were generally unfavorable for the development of the individual. His parents were usually working in the unskilled or service occupations, hence the family would be in the lower income group. Following logically the lack of a good economic status, the family would have to live in a low rent area. Thirty-eight mothers, or 61 per cent, have a history of working outside the home, thus leaving the children in the care of others or to shift for themselves. Delinquent companions, lack of organized recreation, lack of sufficient education, low-paying occupations, poor employment stability, lack of religious observance, marital discord, and a rather poor military record point to the pattern of unsuccessful adjustment in the formative years of the individuals.

111
2. Another significant finding is the fact that in almost every case, a marihuana history preceded drug addiction. In the two cases reporting addiction to marihuana only, it could reasonably be expected that sooner or later these two youths would have become addicted to heroin.

3. The factor of associates is particularly important since the addicts in this study had been introduced to drugs by associates in almost every case. Although undesirable associates cannot be claimed as the sole reason for the individual's becoming addicted, nevertheless it is one of the main influencing factors. As this study has pointed out, the arrest history of the individual jumps from one arrest prior to addiction to three arrests after addiction. Hence, an individual associating with a law violator, because the addict is very probably resorting to criminal activities to finance his addiction. The addict will often try to sell his friends on the beneficial effect of drugs and peddle narcotics to them.

4. The psychiatric findings reveal more basic reasons for the addict's delinquencies. In fifty-two cases, or 84 per cent, the addict has some type of character disorder; in only four cases, or 6 per cent, the addict had an adult or situational maladjustment; and in the remaining six cases, or 10 per cent, the classification was not found in the case histories. This would strongly indicate that the personality of the addict must be
taken into consideration as well as environmental factors in determining the causation for the addiction. It will be noted that the personality defect has not crystallized, as yet, into a definite neurosis or psychosis.

5. Probation on the condition that the addict go to the United States Public Health Service Hospital at Lexington for the cure is revealed as one of the most satisfactory methods in handling the addict, since this treatment has a high rate of success (87.5 per cent) among the teen-age and young adults. Caution should be exercised in interpreting this finding since there has been a reasonable doubt in the minds of the probation officers that the addict really was off drugs in some of the cases. It would be interesting to study the recidivism of this group after the completion of probation or parole; however, this was not the focus of the study. Another reason for using care in interpreting the finding above, is that although this thesis is concerned with a 100 per cent grouping for a three year period, only sixty-two addicts are in the study, which is a rather narrow base on which to make an authoritative conclusion. Nevertheless, the findings do show positive indication that one of the best methods of treatment for the addict coming before the court is probation on the condition that the addict take the cure at Lexington.

In bringing to focus the many findings in this study, a "composite" addict made up of the highest frequencies found in
the tables and averages will be presented. This type of individual would be a Negro male, twenty-two years of age, given a one year and one day sentence for mail theft, at some time between July 1, 1950 to June 30, 1951. This would be his first commitment to Lexington. He would be apprehended for violating the narcotic laws in approximately one out of every four cases, whereas, he would be apprehended for violating other than the narcotic laws in three out of every four cases. Prior to addiction he would have only one arrest charged against him; however, after addiction he would have three arrests charged against him.

If he was placed on probation without the condition of going to Lexington for the cure, he would violate probation by reverting to drugs and then would be sentenced to Lexington on a sentence of one year and one day. However, if he was placed on probation with the condition that he go to the hospital for the cure, he would remain for a period of six to nine months for treatment at which time he would be released to the community and would complete his probationary period satisfactorily.

He would start using marihuana at some time between his fourteenth and eighteenth birthday, blaming his associates for introducing marihuana to him. He would then shift to using a stronger drug, usually heroin, at some time between his seventeenth and twentieth birthday, again blaming associates for his
addiction. He would be addicted from a year and a half to three years.

He would be one of three children in the family and the home would be broken by death, separation, or divorce. The parents would have an eighth grade education or less, and the father would be a worker in one of the unskilled occupations. If the mother was working, she would be employed in one of the service occupations. The parents' financial status would be classed as meager, resulting in an inadequate standard of living for the addict. The parents would be affiliated with one of the Protestant churches and very little would be known concerning their interest in religion. The family ties existing between the parents and the addict would be termed as loose.

The addict would be reared in a deteriorated type of neighborhood and would live in an apartment dwelling which would be near such detrimental influences as: policy stations, pool rooms, taverns, cheap rooming houses, questionable hotels, and all located in a congested area. The addict would associate with delinquent companions and would drop out of school before his eighteenth birthday. His reason for leaving school would be for lack of interest. With a limited education, he would find employment in one of the service occupations and his employment
stability would be poor. He would be unmarried; however, if he did marry, the marriage would either end in separation or divorce. He would claim affiliation with one of the Protestant churches and he would reveal a definite lack of interest in formal religion since he would attend church only occasionally or would never attend church. He would show interest in the usual sports; however, little is known about his degree of participation in sports. As for hobbies, he would read the fiction magazines and would be interested in collecting records or listening to jazz type music. For commercial recreation, he would attend the movies or play pool. He would be well-developed and well-nourished and in general good health. He would not have a military record, however; if he was a former serviceman, he would only have a fifty-fifty chance of getting an Honorable Discharge.

The psychiatric study at the hospital would classify him as having a character disorder with a specific description of maladjusted personality. He would have at least normal intelligence; however, his insight into his problem of drug addiction would be no better than fair, and more often his insight would be termed as poor.
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V. UNPUBLISHED MATERIAL

APPENDIX I

MAP SHOWING AREA WHERE THE ADDICT LIVED

AT THE TIME OF COMMITMENT
Case No. 4

Genetic Dynamic Development: This 19 year old boy was raised by a father who was an unfaithful husband, and an alcoholic, and a mother who was nagging, domineering, over-indulgent mother. She is described first by the patient as being a nervous individual who was always riding him. The patient expresses his feelings about his mother and father at the present time as being a state of confusion. It is apparent that the patient has a lot of repressed resentment toward his mother which finds expression in his behavior which has been the cause of ill feeling in his mother. The patient has wanted to imitate his father, but has felt that when he does he is not acceptable to his mother. His mother has always impressed on him the fact that when he became like his father he is being bad. The patient states that his mother never had a good word to say about his father. The patient apparently sides with his father, and feels that his father could not have been totally bad. The patient's father apparently was an alcoholic and unfaithful to his wife. The patient describes him as a rather easy going individual. He apparently had kindly feelings toward his father. The Patient's mother always was after the boy to stay in at night, stop playing football for fear that he might get hurt, to work harder on his school work, and to not do the things that most boys in that neighborhood did. The patient resents his mother for so dominating him. The
patient states that his mother always found out what he did, and was always investigating what he did. The patient states that he was never able to do much without his mother finding out. The patient feels that when he began using drugs was the first time he was able to put something over on his mother, a thing which he rather enjoyed doing. The patient feels that his mother thought that he wasn't much good. When he became a member of the varsity football team, his mother did not compliment him but urged him to quit for fear he might get hurt. The patient's father left his mother when he was only five. Because of this his mother had to go to work. Shortly thereafter, she remarried. The patient does not tell much of his relationship with his stepfather. The patient has two sisters; one twenty-one. The one twenty-two is closest to the patient. At the present time is married. The one twenty-one years of age went with her father when his father and mother were separated. He states that she is an unusual girl who never has had much to do with boys. He feels that this sister is always rejected by his mother. She was always exacting toward her mother. Since 1943, this sister has had spells, which consists apparently of her remaining still in one position and having involuntary urination. Apparently the diagnosis in this case is questionable, either epilepsy or psychosis, probably the latter.

The patient has always done well in school, though he
has occasionally played truant. He states that this last year the patient was a good student, especially when he studied, and was in the upper part of his class for the last year. The patient was interested in football and apparently played on the varsity team. He states that he was always friendly, and had plenty of friends.

Since graduation from high school, the patient has always worked for his father-in-law, who owned a cosmetic factory which employed 80 persons. The patient has not worked in the past five months because of drug addiction. He feels that he will be re-employed by his father-in-law, but even if he isn't it does not bother him as he is sure of getting another job with a cosmetic company. The patient believes that he will continue with this same type of work all his life. The patient had five months training in cosmetic chemistry at an extension school after he graduated from high school. At the age of eighteen the patient was married to a girl whom he had known two years. He married her because he felt morally obliged to after having made her pregnant. The patient did not consider that maybe he hurt his wife's feelings by marrying her under such conditions. It is apparent that the patient had done a lot to hurt his wife's feelings since their marriage. The patient is not aware of how well his wife has treated him despite what he had done to her. The patient apparently treats his wife in much the same way as he is
accustomed to treat his mother. The patient left his wife five months ago because of the fact that her mother and sister were nagging him over his use of drugs. After that the patient went to live with his mother. Now the patient wishes he had stayed with his wife rather than to have gone to stay with his mother. His mother treated him the same way she had treated him when he was a young boy. The patient has planned a reconciliation with his wife after leaving here.

The patient has been using intravenous heroin for the past 1½ years. He came to this hospital as a prisoner with an 18 months sentence for mail theft. The patient apparently had not thought of coming until being sent. The patient attributes the cause of his use of drugs to his association with other addicts. Later on, the patient attributes his use of drugs to his wish to put something over on his mother. The patient felt, at first, that he would not become addicted to drugs. The patient is now coming to realize the seriousness of his drug addiction, and apparently is desirous of doing something about it. The patient has expressed a desire for therapy. The patient has now developed some insight into the cause for his drug addiction, and he apparently feels a little bit confused concerning this.
Genetic Dynamic Development: One facet of this patient's personality was revealed when he was questioned about his addiction. He stated that he had been sentenced to a year and a day for forging a check, but that actually he was not responsible since another individual had stolen the check, and he had simply helped him cash it. This episode occurred last Christmas when the patient and his friend were working as temporary employees at the post office in Chicago, where his friend stole the check, telling the patient that it belonged to an aunt. The patient was able to cash the check at the currency exchange, and the following March, he was apprehended by the police. He made bond, but was again picked up for investigation and found to have needle marks on his arm, so that he had violated a previous probation from the State. He states that he had been accused by another individual of burglarizing a house and therefore had been placed on probation. In order to avoid a sentence, he admitted that he was addicted and was sentenced to this institution. While he described these experiences, the patient was extremely defensive, and whenever possible projected the responsibility for his action upon his so-called friend. Interestingly enough, he also added that he came here because his mother thought it would be best for him.

In regards to his drug addiction, he stated that he
started using morphine in 1945, being introduced to its use by a friend, who was working in an army dispensary in California, and thereby was able to secure the morphine. When the patient was sent overseas to ______, and later to ______, he associated with a group of soldiers, who were using heroin and cocaine, and used it until November, 19-- , at which time he returned to the States. He used nothing again for a year, but then secured work, working as a valet for a male dancer, who was using narcotics, and again the patient was easily influenced to use drugs himself. He continued to use heroin until July, 1950, at which time he spent 50 days in the county jail. Upon his release, he again reverted to using drugs. Inquiry about his addiction meant to him led to the reply that he liked the feeling which was related to an older brother, who is ___ years old with whom the patient never got along with too well. The patient stated that his mother moved to ______ where she worked for a year and then finally moved to Chicago, while the patient and his brother remained in _____ in a boarding school. His mother and father separated when he was ten years old. He claims that it was during this time that he and his brother first were unable to get along, primarily because his brother had a superiority complex. He describes his brother as an ambitious, self-centered, egotistical individual, who at the present time is enrolled in a medical school. He states that his mother and other relatives always ask why he could not be
like his older brother. His failure to achieve as much as his brother, he states, is related to the fact that he never had a chance and as soon as he finished high school, he entered the service and after returning home, he no longer had any ambition. When he returned from the service, his mother wanted him to enter a school of pharmacy, which he did for a time, but was unable to make the grade. He states that she was forever praising his older brother, so that it was natural for him to do the opposite that his brother did, and that when his brother attempted to keep him away from a friend, who was using drugs, he found this as a chance to get even with his brother, and started using narcotics once more. The patient recites several episodes in which he and his brother were at odds, which included one episode in which his brother asked by his mother to intervene in an argument the patient had with his girl friend failed to do so, but "moved in on her and then laughed about it." When asked about his feelings toward his mother the patient states that in the last four years they have been very close and more like a brother and sister, and that they go to lodge dances together, and seem to have a good understanding. However, prior to that time, he states that his mother always wanted to keep him in a "child's place and could not see that I was growing up." The patient states that he has seen little of his father since his parents separated. His father was an alcoholic and his parents separated after his father was
caught "messing around with his brother's wife." The patient completed grammar school in ______, and then joined his mother in Chicago, where he completed a year and a half of high school. However, he states that his mother did not feel that he was learning anything, and so sent him back to ______, to live with his aunt, who ran a large boarding house for city children. The patient states that he was happy for this change because he did not make friends easily. He describes his aunt as a very nice person, who was religious, a widow, and superintendent of the Sunday School. The patient completed high school in ______, and states he did quite well, standing at the head of his English class. Upon completing high school he entered the army where he eventually became a first sergeant. Returning home in November of 19--*, he attempted to secure work in the Veterans' Administration, because his mother wanted him to, but because of a cut back in personnel he was unable to get a job. He finally secured work through his mother's efforts with a doctor, but unfortunately his brother also worked for the doctor, going out on calls with him. This patient found this competition too much, so finally gave up the work and then secured a job in a pharmacy through the efforts of a girl friend, whose uncle was a pharmacist. While he was working in the pharmacy, the patient stole cocaine, but was never accused of it. He describes his girl friend as being very nice, attractive, extremely intelligent, and a person who is studying to be a public
accountant, although it is unnecessary for her to do so, since her father owns two night clubs in ____. Although she did not use drugs, she was an alcoholic, the patient replied that he did not trust her. Their relationship broke up about nine months ago when the patient became interested in another girl. He states that he enjoys his sexual relations with both girls, especially with the former, but is unable to go back to her because it would show weakness on his part. He claims that he has had a normal heterosexual adjustment, denying homosexual experiences or phantasies.
Genetic Dynamic Development: The patient was born in Chicago in marginal social, economic circumstances. The patient's father died when the patient was very young. She is an only child. She was raised largely by her mother, who married again when the patient was about 3 years old. The patient describes her step-father as a benevolent figure. She apparently received equal love and affection from both of her parents. She describes no unusual overt relationship to either parent. She apparently was "more closely attached to her mother." Her stepfather worked as a porter in a luggage factory, and apparently was able to provide fairly well for patient and her mother. The patient describes normal early childhood experiences. She completed the tenth grade in school, leaving to go to work at that time. She describes her occupation as waitress, although there is no Social Service confirmation of this occupation in her main line jacket. The patient apparently began deviating from the straight and narrow about the age of 15, when she began to smoke marihuana cigarettes. She describes this was due to environment and association, stating that nearly all of the kids in her neighborhood were smoking hops or using heroin intravenously. After about 2 years of smoking marihuana she graduated to the use of heroin intravenously. She describes no prior delinquency or anti-social record except for one or two pick ups in Chicago for vagrancy and
loitering. It is felt that this patient has been engaged in the practice of prostitution in Chicago, although patient denies this. For the past 4 or 5 years she has maintained her own apartment, and has not lived with her mother or stepfather. She is not able to offer a satisfactory explanation as to how she can support herself in this manner when she gives no steady employment record. She is quite evasive about other intimate details of her life, and is sullen and fairly hostile toward the examiner. It is felt that this patient present the typical character disorder, inadequate personality features with some anti-social tendencies. She is making a good institutional adjustment on a superficial level, but her almost open overt hostility toward figures in authority is evident. It is felt that prospects for rehabilitation and total prognosis in this case are quite poor.
Genetic Dynamic Development: This boy was born in a small town in ______. He lived here until he was about 14 years of age, living mostly with his grandmother, and with one aunt. His mother and father were separated at an early age. He has no brothers or sisters, but while living with his grandmother had numerous playmates among his many cousins. At about the age of 14 he motored North to Chicago with an uncle. His mother had previously gone to Chicago, and here he decided to stay. He lived with his mother for several years, and attended high school in Chicago. He says he got along quite well in school; although once he quit for a year and then returned to school. He admits, however, that he did not get along so well "in the street," that is to say in the neighborhood.

Here he had a lot of trouble with boys who though they were "sharp" and "fast," whereas he was considered as a country boy. It was partly because of his inferiority feelings for his inability to be as "sharp" and "fast" as the other boys that he began using drugs from time to time. He states that drugs have never been a big problem to him, and he was using them only on occasion, although just recently before his arrest he feels he had a small habit and was probably "hooked." Actually, his delinquency has consisted mostly of minor acts of stealing and
shoplifting. He says he did this mostly in an effort to be accepted by the other boys as tough and as "sharp" as they were. This boy has recently married, only a few months before his arrest. He seems very fond of his wife, and says that she is fond of him and has been here to visit him already since he has been here. He had ideas of the future of having a family and staying with his wife and making a home for his family. These ideas seem somewhat more genuine than these usually found among similar people. Whether or not he has very well thought out ideas about straightening out his behavior is not clear, but I believe he does.
Case No. 43

**Genetic Dynamic Development:** This patient was brought up in Chicago in what he considers a good background. His mother was a nurse. His father was a lawyer. He had one older brother, two older sisters. One became a nurse and the other a typist, and the brother became a lawyer. He also had one younger sister. He describes his family life in the following manner. His mother was constantly urging him to study. She felt he had a bright future. However, he felt that he was not adequate to keep up to this bright future, and that since he could not do the best he felt that if he could not maintain the standards which were expected of him, he would give up completely, and turn to something else. He describes his father as being a well educated person but one who had no tolerance. He was institutionalized as a tuberculosis patient for six years of his life. This was between the patient's age of 7 to 14 years. When the father returned from the sanitorium he found that he was entirely different from his childhood conception. His father was constantly blaming him for staying up late, for having affairs with women, and, in general, instead of sitting down and talking it out with the patient he would blame him and punish him for this. Therefore, the patient developed a great deal of his hostility against home life and felt it would be smart to live this other type of life. The patient went as far as the third year in high school and quit.
school even though he had been valedictorian in grammar school. He describes himself as making no effort to achieve any honor throughout high school although he passed without any difficulty those subjects in which he was interested most.

After quitting school he tried to obtain several jobs but always ended up stealing. He felt that he stole mostly because he needed money badly for drugs. After he would receive the drugs and no longer be in physical misery, he would be in mental misery because of the guilt feelings associated with this feeling. He therefore considers himself an emotionally unstable person.

He has spent two 30 day sentences, one sentence of six months, one of eight months, and now this sentence of one year and one day for mail theft. This has been occurring ever since 1946, since he had been on drugs. After serving his last eight months at a jail at home he attempted to move into a new neighborhood and start a new life. Then he discovered that his sexual desires became most predominant, and in order to satisfy them he lived mostly with prostitutes. He felt that he would be unable to go back to his former friends because of his previous addiction, and the guilt associated with that. In an attempt to obtain girl friends he would spend a great deal of time in bars.
This led to drinking whiskey, to smoking marihuana, and consequently to the use of heroin again. His most recent habit has lasted only $2\frac{1}{2}$ months. Throughout that time he worked in a garage. He states that he enjoyed this job a great deal and he feels that he could have made a successful job adjustment had he been able to stay off of drugs.

The patient is single. He has had frequent heterosexual experiences but no steady girl friend. He denies homosexuality.
APPENDIX III

THE SCHEDULE

I. IDENTIFYING INFORMATION:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>Ordinal Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth-place of subject</td>
<td>Birth-place of father</td>
<td>Birth-place of mother</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. THE PARENTS:

Subject reared by:
- Both parents
- One parent and step-parent
- Mother
- Father

Age subject lived in parental home: (under 18)
Age subject lived out of the parental home: (under 18)

Marital status of parents:
- Parents living together
- Separated
- Divorced

Mother deceased
Father deceased
Out-of-wedlock

Age of subject when parents separated

Family ties: (Blood relatives)
- Close
- Loose
- None

Highest grade completed in school by father
Highest grade completed in school by mother

Occupation of father:
- Unskilled
- Semi-skilled
- Skilled
- Service
- Clerical & Sales
- Professional & Managerial

Occupation of mother:
- Other
- Service

139
III. THE ADDICT:

Associates:
   Good character      Questionable      Delinquent

Neighborhood:
   Superior        Reputable        Deteriorated

Housing:
   Apartment   Private home   Number of rooms

Education:
   Grade completed  Age quit school

Reason for leaving school:

Employment status:
   Unskilled      Service
   Semi-skilled   Clerical & Sales
   Skilled        Professional & Managerial

Other

Job stability:
   Poor         Fair        Good

Employed at time of arrest:
   Yes        No

Illegal activities:
Resources:
- Negligible
- Moderate
- Extensive
- Unknown

Marital status of addict:
- Single
- Divorced
- Married
- Out-of-wedlock
- Separated

Number of addict's dependents:

Number of addict's siblings:

Number of addict's children born out-of-wedlock:

Religion:
- Protestant
- Catholic
- Jewish
- Other
- None

Church attendance:
- Regular
- Frequent
- Occasional
- None

Recreation:
- Commercial
- Hobbies
- Sports

Health:
- Well-nourished, well-developed: Yes
- Fairly well-nourished, well-developed: Yes
- Physical complaints:
- V.D. history: Yes
- Blamed addiction to physical complaints: Yes

Military data:
- Yes
- No

Type of discharge:
- Honorable
- Dishonorable
- Medical
- Other

Length of service:

52-20 pay: Yes
- No

IV. PSYCHIATRIC DATA:

Intelligence data:
- Superior
- Dull normal
- Bright normal
- Unknown
- Normal

Insight:
- Good
- Fair
- Poor
- Unknown

Psychiatric classification:

Excerpts from the record on psychiatric impressions:
V. COURT DATA:

Charge: ________________________ Co-defendants: Yes ____ No ____
Disposition: ____________________ Date sentenced: __________________
Pre-sentence report: Yes ____ No ____
Pre-sentence recommendation:
Probation: Yes ____ No ____ Hospitalization: Yes ____ No ____
No recommendation: Yes ____ No ____
Court followed recommendation of the Probation Officer:
Yes ____ No ____
Date committed: ________________ Date released: __________________
Length of time at Lexington: ________________
Patient released to:
Former environment: (same neighborhood, same city) ________________
Different neighborhood, same city: ____________________________
Different city and state: ________________________________
Patient remains in custody as of June 30, 1951: Yes ____ No ____
Upon release, supervisory period completed satisfactorily:
Yes ____ No ____
Violation of probation:
Date of violation of probation: ____________________________
Reason for the violation: ________________________________
Disposition: ____________________________
Time span from date placed on probation until the violation:

Violation of parole:
Date of violation of parole: ____________________________
Reason for the violation: ________________________________
Disposition: ____________________________
Time span from date placed on parole until the violation:

Patient released to:
Former environment: (same neighborhood, same city) ________________
Different neighborhood, same city: ____________________________
Different city and state: ________________________________
Upon release, supervisory period completed satisfactorily:
Yes ____ No ____
Violation of conditional release:
Date of violation of conditional release: ____________________________
Reason for the violation: ________________________________
Disposition: ____________________________
Time span from date placed on conditional release until the violation:

Patient released to:
Former environment: (same neighborhood, same city) ________________
Different neighborhood, same city: ____________________________
Different city and state: ________________________________
Upon release, supervisory period completed satisfactorily:

Previous arrests:
Narcotics: ______ Other ______
Number of arrests prior to addiction: ______
Number of arrests after addiction: ______
Total number of arrests: ______

VI. NARCOTIC DATA:

Marihuana history: Yes ______ No ______
Age of addict when first introduced to marihuana: ______
Number of reefers smoked per day: ______
Length of marihuana addiction: ______
Patient's reason for starting to use marihuana: ______

Family users:
Father ______ Mother ______ Siblings ______ Mate ______
Age of addict when first introduced to narcotics: ______
Length of narcotic addiction: ______
User: Yes ______ No ______
Peddler: Yes ______ No ______
Type of narcotic used at time of arrest: ______
Method of using narcotics:
Intravenously ______ Sniffing ______ Smoking ______
Average daily dosage: ______
Addict's reason for starting to use drugs: ______

Number of times the addict has been admitted to the hospital: One ______ Two ______ Three ______