

Sedatives

Are they an A.A. problem?

An A.A. Publication

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Alcoholics Anonymous has but one purpose:
To help the sick alcoholic recover if he wishes.

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Alcoholics Anonymous has no opinion on any
controversial subject, nor does it oppose anyone.

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FOREWORD

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THE SUBJECT, and often the problem, of "sleeping pills" or sedatives is becoming increasingly interesting to members of Alcoholics Anonymous, according to letters received at both the A.A. General Service Office and *The A.A. Grapevine*.

Although some A.A.s are of the opinion that the problem of sedative addiction or near-addiction is of no concern to alcoholics, many others feel that the widespread use of these drugs in the treatment of active alcoholism, or as a substitute for alcohol, justifies the distribution of information on the subject.

The five articles in this pamphlet, written by A.A.s and published in *The A.A. Grapevine*, are presented for your information. Four of the articles were written by laymen who have either experienced or observed disastrous sedative addiction. One article was written by an A.A. doctor.

Opinions expressed in these articles are the opinions of the individual authors and do not necessarily reflect the opinion of Alcoholics Anonymous.

EVIDENCE ON THE SLEEPING PILL MENACE

"JOHN DOE was found dead in bed early this morning. Death was attributed to an overdose of sleeping pills."

The words, "overdose of sleeping pills," have been appearing with increasing frequency of late in the daily press. The story behind them is not always one of intentional suicide. Often it's the story of an accidental death — and often the victim is an alcoholic.

Sleeping pills have also been the subject of urgent warnings to both doctors and laymen in medical journals and popular magazines. For the alcoholic, the warnings should be regarded as special "danger signals."

Barbiturates are defined in the Federal Food, Drug and Cosmetic Act as habit forming. For the alcoholic especially, rigid control of such sedatives is vital, and the special danger is the fact that the alcoholic is not likely to control self-administered sedatives any better than he controls alcohol.

There are, of course, other pills or liquids besides phenol barbital, barbital, amytal and other derivatives of barbituric acid which can be dangerous when self-administered. Among the more familiar hypnotics, for instance, is paraldehyde, which also is defined in the federal law as habit forming.

There are still other types of drugs which should not be used without both competent and conscientious medical supervision. Benzedrine is one that can be mentioned and there are many others — so many that all cannot be included in this summary. And so many, that the only safe guide for the alcoholic is never to forget that the use of drugs in any association with alcohol, or the effects of alcohol, may have unpredictable results.

The purpose in this article is not to point the finger of blame. The fact is that responsibility for the conditions which are causing alarm must be shared by many — by the careless doctor who prescribes sedatives too casually; the greedy druggist who sells them illegally; the out-and-out dope peddler; lax law enforcement agents and indifferent lawmakers; and, finally, the individual who buys the pills.

Obviously there is imperative need for correction to prevent abuses. Hope that corrective measures are forthcoming may be found in the mounting agitation for better laws and better law enforcement, and in the concern being expressed by medical authorities.

In the meantime, however, the danger remains. Promiscuous use of sedatives is a fact. It's easy to get pills. At this point, therefore, it's an individual matter in which the buyer should beware.

Anyone who still doubts the risks involved may be awakened by even a brief review of current discussion and reports in various publications. For example, the American Medical Association has issued a booklet containing reprints from issues of *The Journal of the American Medical Association*. The opening paper in this booklet is entitled, A STUDY OF THE PROMISCUOUS USE OF THE BARBITURATES, by W. E. Hambourger, Ph.D., of Cleveland, reprinted from the April 8, 1939, edition of *The Journal*. Excerpts follow:

"At a meeting of the American Medical Association in June, 1937, a resolution was introduced on the 'Evils from Promiscuous Use of Barbituric

Acid and Derivative Drugs. . . . The evils of these drugs include habit formations, toxic cumulative action, their substitution for alcoholic beverages for drunken episodes, their use for successful as well as unsuccessful suicidal attempts, their improper use being recognized as the causative factor in many motor accidents and their improper use being a recognized etiologic factor in some criminal assaults. . . .”

HUGE AMOUNTS SOLD

Dr. Hambourger summarizes this chapter of his paper with six points, two of which are particularly significant to alcoholics:

“1. More than 1,200,000,000 grains of barbituric acid derivatives were sold in the United States in 1936. . . .”

“6. The number of suicides by barbiturates has shown a definite upward trend. . . .”

At one point in the second chapter of the paper, Dr. Hambourger stated:

“. . . . That the constitutional heritage of the individual is an important factor in the development of barbiturate habit is, however, amply demonstrated. . . . Curran (F. J.) says: ‘Any substance . . . which through its central action tends to soften the emotional stresses and to render less tedious the everyday experiences of life may be a factor in the development of habituation. . . . There is much evidence to support the thesis that the administration of sedatives and hypnotic drugs to the emotionally unstable is fraught with the possibility of inducing habituation. . . .’”

An editorial from *The Journal* also is reprinted in the booklet. Two of its most significant paragraphs follow:

“The barbituric addiction is particularly vicious. Members of the medical profession will certainly not believe that barbiturates are free from the possibility of addiction. . . .”

“The Council on Pharmacy and Chemistry has long adopted the attitude that the practice of using nonvolatile substances as anesthetics, especially in inexperienced hands, is not safe. . . . More rigid enforcement of restrictions on the prescribing of these potentially dangerous drugs has the wholehearted approval of the Council and of *The Journal*. . . .”

In *The New York State Journal of Medicine*, October, 1943, may be found other pertinent discussions in a report on a conference, “Treatment of Poisoning by the Barbiturates.” Here are a few excerpts from the record of the conference:

FATALITIES INCREASE

“Dr. Milton Helpern: . . . The statistics of the Chief Medical Examiners’ Office, which are compiled annually, show a definite increase in the number of fatal poisonings by the various barbiturate compounds. . . . There are a few instances in which an alcoholic individual has taken a large dose of barbiturates, and it is questionable whether or not, although the act was deliberate, the intent was that of suicide. . . . In most suicidal cases, the individual takes barbiturate medication which has already been prescribed for him. There seems to be a rather indiscriminate or careless prescribing of barbiturate compounds for patients who are suffering from chronic alcoholism, nervous disorders, and depressions. . . . The patient should not be

given or allowed to accumulate an amount of barbiturate which if taken at one time would be sufficient to cause death. . . .”

Among lay publications which have published articles recently on the use of barbiturates is *The Reader's Digest* which in its May, 1945, issue printed a condensation of an article, "Sleeping Pills Aren't Candy," by Rita Halle Kleeman, that appeared originally in *The Saturday Evening Post*. Excerpts from this article follow:

"We would be outraged at the suggestion that we are becoming a nation of drug fiends. Nevertheless, as long as 1939 there were enough users of sleeping pills — 'barbiturates' to the doctors, 'goof balls' or 'red devils' or 'yellow jackets' to the addict — to account for the sale of 2,200,000 doses a day. Today, with the worries, griefs and readjustments of lives and hours caused by the war, the figures show that we are using almost three times as much.

"In New York City, there were five times as many accidental deaths from their use, or misuse, in 1942 as there were in 1937. In San Francisco, accidents from them increased to 150 per cent from 1940 to 1944.

"Their continued use leads to shattered nerves and to strange psychological effects, varying from stimulation in certain combinations to drowsiness, coma and death. All these dangers are heightened when the drugs are taken by people with kidney trouble or in combination with alcohol. . . ."

SALES OFTEN ILLICIT

Included in recent references to the subject in the daily press was a news story in the *New York World-Telegram* which reported:

"There has been an alarming rise in deaths from barbiturates, or sleeping pills, which are being sold illicitly. . . ." Dr. Thomas Gonzales, chief medical examiner, said today. "War neurotics and alcoholics, attempting to soothe shattered nerves, have helped increase sales," he declared.

"It is entirely too easy for persons who want to quiet jangled nerves to obtain these hypnotics. Alcoholics, attempting to recover from a prolonged spree, dope addicts who cannot obtain narcotics and even worried parents of servicemen are purchasing these tablets. . . . What percentage of reported deaths are accidental or how many are suicides cannot be determined. But one thing is certain — we must have more stringent laws covering hypnotics if we would curb the illicit trade. . . ."

PILLS AND 12th STEP WORK

THE WIDESPREAD, unsupervised use of the barbiturate group of drugs, luminal, seconal, nembutol and numerous other derivatives, has created, especially in the last decade, a public health problem which has deeply concerned the medical profession, police, health authorities, and many public-spirited lay people.

The acknowledged inadequacy and lack of uniformity in state and even municipal laws regulating their sale has made it comparatively easy for venal and uninformed people who want to obtain them. All too many otherwise intelligent people use them with a liberality that can only mean they are ignorant of their dangers.

We in A.A. should take a grave and serious interest in the subject, particularly as we come across it in our 12th Step work. It is a startling and uncomfortable fact that 48 per cent of the victims of fatal or non-fatal poisoning by barbiturates admitted to Bellevue Hospital (New York City) were also alcoholics. (Please read that carefully; it does not say that 48 per cent of alcoholics take pills.)

The problems of the pill-taker are the same as those of the alcoholic and the pill-taking alcoholic is just as incapable of safely using pills as he is of drinking — he simply doubles his risks. Just as the alcoholic in drinking dulls his awareness of the unpleasant realities of life so does the pill-taker, in perhaps a more insidious manner, reach the stage of fantasy where only pleasant visions, if any, are allowed to obtrude on his consciousness. Unfortunately while pursuing this, to him, laudable objective, the alcoholic winds up dead drunk; the pill-taker on the other hand winds up poisoned. The results are identical; one drinks it and the other swallows it. It hardly requires the brain of an Einstein to figure out what happens when an alcoholic combines the two.

Alcoholics resort to pills to get over a hangover, to prolong a binge in order not to have a hangover, or to fight the insomnia which is a product of their alcoholism. Much too frequently, they are introduced to this form of therapy by their doctor, who is either unaware that they are alcoholic or unaware of alcoholism. Just as frequently, it is the fellow who is always around, that well-known character, the well-meaning and completely misinformed friend.

In defense of the doctors it should be pointed out that the barbiturates with proper precautions are useful and effective drugs. Doctors are realizing more and more that alcoholics should not be given the opportunity to dose themselves for an unlimited period. Active alcoholics, drunk or sober, should never have access to unlimited doses of barbiturates. Acting on the usual assumption that if a little is good, a lot is better, they often step up the dose or the frequency of doses. When drinking, they almost invariably forget when they took the last dose or how much they did take. The result is a tragedy or a near tragedy and, make no mistake about it, in a city of any size these are daily occurrences. (In a very limited experience, I have personally witnessed this four times.)

There is no defense for well-meaning friends and particularly A.A.s who cannot help but be aware of the dangers involved, especially if they have

had any experience with 12th Step work. They are completely ignorant of such factors as drug idiosyncrasy, early signs of poisoning, and the most important and variable of all, the margin between the therapeutic dose and the toxic dose. This margin is different for each and every one of the members of the barbiturate group and when the patient has also been drinking it is extremely difficult and usually impossible for even an experienced physician to estimate it.

When, in the course of 12th Step work, you run into prospects who need medication or who have been dosing themselves, you should turn them over to medical supervision. A prospect in that condition is not able to grasp or comprehend what you are driving at. To steer the prospect to this supervision is a self-imposed obligation and occasionally the prospect, because of gratitude will give you an opportunity to approach him on A.A. Do not delude yourself, however, in feeling that when you give medicinal or custodial care, you are doing A.A. work — your job only begins when the other ends.

Should you have a prospect who is a habitual user of pills bear in mind the following revealing fact: A recent study of chronic users of barbiturates showed that 70.9 per cent of the pill-takers were found to be psychopathic personalities. These unfortunate individuals need to sober up, of course, but they also need intensive psychiatric help. Their drinking and their drug taking is a symptom, *not* a disease. We in A.A. should only concern ourselves with individuals whose *disease* is alcoholism.

THOSE "GOOF BALLS"

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MORPHINE, codeine, chloral hydrate, luminal, seconal, nembutol, amytal, these and kindred drugs have killed many alcoholics. And, I once nearly killed myself with chloral hydrate. Nor is my own observation and experience unique, for many an old-time A.A. can speak with force and fervor on the subject of "goof balls."

Excepting an infrequent suicide, nobody uses these drugs in the expectation of death. To many alcoholics, still in the drinking stage, they represent blessed relief from the agonies of a hangover.

Some of us, perfectly sober for months or years, contract the habit of using sedatives to cure insomnia or slight nervous irritability. I have the impression that some of us get away with it, too, year after year, just as we did when we first began to drink alcohol. Yet experience shows, all too often, that even the "controlled" pill-taker may get out of control. The same crazy rationalizations that once characterized his drinking begin to blight his existence. He thinks that if pills can cure insomnia so may they cure his worry.

Now a word about the use of morphine by physicians. Sometimes, a general practitioner, not knowing his patient is already loaded with barbiturates, will give a morphine injection. A friend of mine died like that. Sober about three years, he got into an emotional jam. Pills led to alcohol and this combination to still more pills. His doctor found an excited heart. Out came the needle and a few hours later out went a very good friend.

Another close friend, sober three years, also fell on evil days—pills and liquor. At the end of about three weeks of this diet he was placed one evening in a sanitarium. Nobody told the doctor there about the pills with which his system was already loaded. The patient was "eased" with a shot of codein. Before daylight he was dead.

Near the end of my own drinking career I had an alarming experience. Chloral hydrate was prescribed for one of my terrible hangovers. The doctor warned me to stick rigidly to his dosage. But I kept possession of the bottle. While my wife slept quietly beside me I reached under the mattress, took out the flask, and guzzled the whole business. I had a narrow shave. Moral: when a doctor gives a legitimate sedative prescription don't let the alcoholic have the bottle.

As a matter of fact our friends, the doctors, are seldom directly to blame for the dire results we so often experience. It is much too easy for alcoholics to buy these dangerous drugs, and once possessed of them the drinker is likely to use them without judgment. Sometimes his well meaning friends, unable to see him suffer, hand him pills themselves. It's a very dangerous business.

EFFECT IS ACCUMULATIVE

It's even dangerous to give a suffering alcoholic a drink if he is already loaded with pills. Years ago I had an experience of this sort. We had an "alkie" in tow whom I shall call Slim. He finally consented to go to a hospital. On the way he had a few—but only a small quantity compared to his customary capacity. Just before we reached the hospital Slim's speech suddenly got very thick and he passed out. I had to get a porter to help him to a cab. As he could usually manage a couple of bottles a day when active, I couldn't understand this performance at all. Arrived at the hospital, Slim was still slumped in his seat and I couldn't move him. Our good friend, Dr. Silkworth, came out and peered in the cab door. One look was apparently enough. Said he to me, "How is this man's heart?" Confidently I replied, "He's got a heart like an elephant. Told me so himself. But I don't see how he got drunk so fast. I gave him very little liquor." Out came the doctor's stethoscope. Turning then to me, he said "Not much use bringing this man in here. He can't last long. What else has he been taking besides liquor?" Stunned, I replied, "Nothing, that I know of."

Very gingerly an attendant carried Slim inside. Out came the stethoscope again. The doctor shook his head, saying, "This poor chap has been loaded with barbiturates for days. When you gave him alcohol, even a little, it fired off the accumulated charge of sedative he had in him. See how blue he is? His heart isn't really working much. It's just jittering. I can't even count it."

The doctor rushed to the phone and called Slim's wife. To my horror she confirmed the fact that he had been taking heavy doses of amytal for about 10 days. The doctor gently told her she had better hurry, else she might be too late. Then he called a famous heart specialist for consultation and told him to hurry too. They laid Slim on a bed upstairs. The great specialist came and drew out his stethoscope. At once he looked very serious and motioning us out into the hall, he said he would leave a prescription but that he did not think my friend could possibly live through the night. Dr. Silkworth agreed.

THEN A MIRACLE

During these proceedings I had been praying as I never had prayed before. After the two doctors had pronounced the death sentence on Slim I told them of my prayers and explained, cheerfully as I could, that I had been reading Dr. Alexis Carrel's book, "Man the Unknown," in which prayer was described as effecting miraculous cures. The great specialist took his leave. Dr. Silkworth and I went downstairs to wait for the prescription to come in. A boy finally brought two capsules from the drugstore. The doctor looked at them, saying he hated to give them, they were so powerful. We went upstairs and as we stepped off the elevator we saw someone coming down the hall jauntily smoking a cigarette. "Hello, boys," roared Slim, "what am I supposed to be doing in here?"

Never, so long as I live, shall I forget the relief and astonishment which spread over the doctor's countenance as he quickly tested Slim's heart. Looking at me, he said "This man's heart is now normal. Fifteen minutes ago I couldn't count it. I thought I knew these alcoholic hearts pretty well. But I've never seen anything like this—never. I can't understand it." What miracle saved Slim, no one can say. He left the hospital in a few days, without ill effects from his experience.

As for me—well, I guess I learned my lesson then and there. No more "goof balls" unless the doctor says so—not for me. No thank you!

SEDATIVES EASY, AND DEADLY, TOO

AN ARTICLE in a lay publication, warning against the use of sedatives in acute intoxication, may seem rather superfluous. The law states that no one may give narcotics, sedatives or hypnotics, except on a doctor's orders; therefore, sedatives should present no problem to the A.A. member doing 12th Step work. In spite of the law, however, it is surprising the number of A.A.s who think nothing of giving their prospect, or patient, one or the other of the barbiturates, when they think it necessary.

As A.A. members increase their periods of sobriety, increase their A.A. reading, and increase their 12th Step work, their knowledge of alcoholism cannot help but increase. What some forget, however, is that an increasing knowledge of the disease does not mean an increasing knowledge of its treatment—except its A.A. treatment.

Some years ago Dr. Foster Kennedy, in discussing an address given by Bill to a group of medical men (reprinted in *Medicine Looks at Alcoholics Anonymous*) stated, "I have no doubt that a man who has cured himself of the lust for alcohol has a far greater power for curing alcoholism than has a doctor who has never been afflicted with the same curse." That this statement is true, no one who has been in A.A. for any time, or who has any knowledge of the spread of A.A. during the past 12 years, can doubt. But when Dr. Kennedy spoke of "alcoholism" he was actually referring to "alcohol addiction," the illness that has as its main symptom compulsive drinking. It is the compulsive drinking that the A.A. "12th Stepper" is treating, or rather, showing the patient how to treat himself.

"Alcoholism" includes many more problems than just "alcohol addiction." One of these problems is acute alcoholic intoxication, in other words—a "drunk." This particular phase of alcoholism often faces us during our 12th Step work; and it will usually tax our tolerance, patience, understanding and ingenuity if we are to handle it properly. This is especially so when the patient, his family, or both, flatly refuse to have a doctor called in; and this often happens.

Regardless of how much knowledge or experience we may have in A.A., we must never forget the fact that, while we may be arrested alcoholics ourselves, while we may be veteran "12th Steppers," while we may have helped many patients find the road to recovery; we are not doctors, not even "doctors of alcoholism." We have no knowledge of drugs, the indications for their use, their contraindications, their actions, their dosage, their dangers, or how to treat the patient if he should show a bad reaction to them. The only drug of which we have knowledge is alcohol itself.

THOSE VIOLENT CASES

Joe Doakes, a new prospect, has telephoned or written to the box asking for help. Or Joe has contacted us some days ago, has been interviewed a number of times, and has decided to take the A.A. treatment; Mrs. Joe telephones, frantically, that he has come back from town in terrible shape, and she can't do anything with him. Another Joe has been in A.A. for some time, may be one of our best friends, and has a relapse (slip); we are called to straighten him out.

When we arrive at the house we find that Joe is definitely "tight." He may be violent. Perhaps he is abusing the kids, or his wife, or is smashing the furniture. It certainly won't quiet him down or sober him up to talk A.A. to him. Another drink, obviously, is only going to make him tighter; unless we can get enough into him to make him "pass out," and this type of treatment is not entirely without danger; if he does pass out he may be still more difficult to handle when he "comes to." Joe, although he is falling all over the house, may insist that he is "going places and doing things." Joe and Mrs. Joe insist that no doctor be called. We can, of course, smack him in the jaw and put him to sleep — if we are the husky type. This treatment, however, apart from the dangers of a broken jaw or missing teeth for Joe and a broken hand for us, isn't going to be very popular with Mrs. Joe; and Joe is not going to be very enthusiastic about it when he wakes up.

What to do? — Well, we can't let him suffer, and we can't let his family suffer; why should we suffer? Let's give him a couple of "nebs," or "blue heavens," or "blue bombers," or whatever our particular choice of knock-out drops may be. After all we've used them before, we've seen older members use them, and they seem to work fine. Joe'll soon get to sleep, we can leave a few more for Mrs. Joe to give him if he wakes up too soon or too jittery (and we won't get a call in the middle of the night). Tomorrow, after Joe has "slept it off," or partially so at any rate, we can see him and have a good heart to heart, down to earth A.A. talk, and perhaps get somewhere.

To a medical man the number of "12th Steppers" who travel armed with a "mickey" (pint), and one or other of the barbiturates (nembutal, sodium-amyltal, seconal, tuinal, phenobarbital, or what have you), and dish them out to "drunks" whenever in their judgment, it seems advisable (or the easiest

way out), or leave them with the wife to give later, is nothing short of alarming. It is like giving a small boy a high-power, loaded, rifle to play with.

Sure, in the majority of cases it works fine. The patient goes to sleep for a while, wakes a bit jittery and his wife gives him one or two more and he goes back to sleep again, waking still later well on the road to temporary sobriety. All very nice; no one has had to sit up with him (or on him); no one has a "shiner"; no more furniture has been broken; he hasn't managed to get out and run up more taxi bills — or smash up his car — or himself — or meet the "Law" and spend the night in jail; the family has had a moderately restful night (and so have we); and we're very popular with everyone. Everybody feels fine (the patient perhaps not so much so), and the whole family is "sold" on A.A. and the fine fellows in it.

But — does it always work this way? — The answer is very definitely no!

OTHER REACTIONS

What will be the family's reaction if, after our capsule, the patient becomes much more violent instead of going to sleep? How popular are we going to be if he goes into a coma, with the resulting ambulance and frantic emergency treatment at the hospital — if the doctor gets to the house in time? Supposing, while he is "out" under our capsule he has a heart attack, dies, and an inquest becomes necessary? What if he, later on, develops into a barbiturate addict?

You say — "That can't happen here!" It not only can, and does, but it has probably happened in far more cases than anyone realizes. Very frequently we pick up our newspaper and read of someone who has died "from an overdose of sleeping tablets." Nearly all of these sleeping tablets are one or other of the barbiturates, and they can be much more dangerous to the person under the influence of alcohol than they are to the person who simply can't sleep.

Barbiturates, in fact all sedatives and hypnotics, are dangerous drugs. If they were not, the law would not say that they cannot be administered except under a doctor's orders, nor would it be necessary to have a prescription before we can get them from the drug store. True, they have a comparatively wide margin of safety; and for this reason some druggists are rather lax in supplying them, and even some doctors are a bit careless in giving out prescriptions. Nevertheless, should we give an intoxicated alcoholic, or anyone for that matter, a "blue bomber" (sodium amytal) on our own, and should that person die, we might be just as guilty of manslaughter as we would be if we got drunk and killed someone with our car — and the coroner's jury and the law would very possibly take just that view.

What are some of the dangers of these barbiturates? One is that the presence of alcohol in the body may slow up the absorption of the drug. The desired action does not take place, so we decide that this patient has more tolerance than normal and needs a bigger dose. Over a period of time he may have several such doses. Then, as the alcohol in his system decreases, the body suddenly starts to absorb the drug which has been lying peacefully in the stomach or intestines; all at once our patient has several doses acting at once — and the results may be disastrous.

There is another possibility, more likely in the case of an A.A. member who has relapsed (a slipper), than in the case of a new member. Somehow the wires get crossed and a number of A.A.s are called. After our visit and sedative someone else turns up. Joe doesn't mention our visit — he may not even remember it — and he gets another capsule or so. Perhaps it becomes necessary to call a doctor; he doesn't know of our medicine, so — some more capsules, or perhaps a hypo. The result is the same — an overdose. (I heard of one A.A. member who had given his "patient" a couple of capsules without much effect, and finally a doctor had to be called. Before he arrived this "doctor of alcoholism" said to his intoxicated patient, "Don't tell the Doc I gave you anything, if he gives you something just don't take it.")

There are people who are very susceptible to all the barbiturates, and a very small dose will be too much. There is no way of recognizing these, even for a doctor, but he has the knowledge and the facilities to give immediate treatment.

With some patients the barbiturates, in the presence of alcohol, cause intense excitement instead of sedation, and they become almost insane. Others have a definite allergy to them, and if given a dose may develop all sorts of things.

A patient under the influence of a sedative may swallow his tongue, and choke to death before expert help arrives. Some patients may have a heart condition that we don't know about; while under our sedative they may have a heart attack and die.

Many people are not aware of the fact that sometimes barbiturates can cause a definite hangover. This may be even more unpleasant than an alcoholic hangover, and if there are the two together it can be very bad.

Finally there is the question of addiction. Barbiturate addiction is a definite condition, and one that can be very difficult to treat. The alcoholic is much more susceptible to becoming an addict than is the normal person. He has used alcohol for years as a crutch to help him avoid the unpleasant things of life and as an escape from his problems. He is introduced to one of the barbiturates as a crutch to help him over the jitters; and he finds that, not only does it help him over this trial, but it will partially give him the same escape that alcohol does — and another addiction has been started.

Yes, all sedatives are dangerous drugs, except in the hands of the expert. None of them should *ever* be given, except on the specific orders of a doctor. No "12th Stepper" should have them as part of his "emergency kit." If our patient cannot be controlled by tact, reasoning, patience, or even a little mild violence — (you don't have to knock him out; sitting on his chest may be excellent treatment and the exercise may be good for you at the same time), then you must insist, whether it's a new contact or a "slipper," that a doctor be called.

On this question of sedatives it might be of interest to know that many doctors are getting away from the use of sedatives in the treatment of acute intoxication, and even in the treatment of delirium tremens. Other treatments are being tried, and some of them seem definitely to be superior to sedation. None, however, are for the layman to use. Our job, in 12th Step work, is to show the patient that there is a "way out" of his troubles, and to try to show him the road to recovery. The treatment of complications — such as acute intoxication — must be left to the doctors.

DOES A PILL JAG COUNT AS A SLIP?

I KNOW a person who is planning to celebrate three years of "sobriety." He hasn't had a drink in three years. He has been a sturdy member of A.A., often a speaker. For the past eight months, however, he has been using pills secretly. On a number of occasions, he has appeared at meetings and elsewhere under the influence of these drugs. Has he had a "slip?" Can he honestly celebrate three years of "sobriety?"

The answers to these questions seem obvious, but it is surprising how many persons celebrate A.A. anniversaries, although they continue to use pills. In New York and other large cities it is by no means unusual of persons to claim long periods of sobriety while they stagger around under the strange influence of goof balls.

Personally, I think a pill jag is worse than a slip. Surely it is more dishonest. Psychologically, the pill baby has a worse time than the garden variety drunk who says to hell with it and grabs a bottle. Physically, he has a much worse time. Drugs are not eliminated from the body as quickly as alcohol and he suffers more. He has no one but another pill baby to discuss his problem with, even if he feels so inclined. He soon takes to the benzedrine habit to combat the sedative-induced depressions. Inevitably, he winds up in the old squirrel cage: goof balls, hangover; hangover, benzedrine; benzedrine, hangover; hangover, goof balls, and so on until he hits bottom.

Let's look at goof balls. Like many other medicines, they come in tablet, capsule or liquid form. They come in all colors, even in stripes.

The drunks have tagged them with many nicknames. Narcotic users quickly discovered that most of them would "cook up" in a spoon for injection to bring almost instantaneous relief to jangled nerves. Drunks discovered almost as quickly that they would bring at least temporary escape from the shakes, insomnia or "that depressed feeling."

Until recently, such pills as barbital and benzedrine could be purchased over the counter at the corner drugstore. Now most states require a prescription. In some states only the first prescription is required. The purchaser simply takes the box back to the store for refills. In other states barbiturates must be obtained by prescription but benzedrine and, curiously, paregoric may be bought over the counter.

In New York, where habit-forming drug laws are strict, all of these drugs may be purchased from bootleg druggists and doctors. Prices, depending on the supply, vary from 10 cents to 50 cents apiece.

And so it is quite easy to get goof balls. In fact, many A.A.s, sympathizing with fellow drunks, carry a supply of pills with them on 12th Step calls. It doesn't occur to these persons that they are not only practicing medicine without a license but may be endangering the lives of their prospects!

The reason doctors warn against indiscriminate use of these drugs is the fact that the average layman doesn't know anything of the history of his "patient." All too often, the patient may have taken a handful of pills *before* his rescuers appeared on the scene. When he receives more of the same, he may die from an overdose.

The A.A. who gets sober on the Program has no need for pills. He will have days when he feels the need for a lift in spirits; when he thinks that he needs "something to sleep." He avoids alcohol in any form because he knows that he can't take the first drink. And yet the dry jitters persist. If he knows nothing of pills, he solves his problem by "toughing it out" or by getting together with other A.A.s to "talk it out."

If he knows about goof balls, he may end up by using them. He rationalizes that pills are not alcohol and that he, an alcoholic, can take pills without any of the bad effects. If he resorts to these drugs and finds temporary relief, he may very well be on his way to becoming an addict.

Some doctors distinguish between "addiction" to and a "dependency" on drugs. But it is absolutely true that goof balls, like alcohol, develop a tolerance in the body of the user. The more you use, the more you need. The period of relief from the drug shortens and the user compensates by using larger doses. Just like whiskey, only the name and the effect are different.

Now let's look at the effect of pills on the user. Some persons become elated after a pill or two. Their reactions sometimes are similar to reactions from alcohol. Others appear only to be quieted for a period by pills. Symptoms of overdoses are drowsiness, lack of coordination, disorientation and a general appearance of "goofiness." The hangover eventually becomes just as severe as an alcoholic hangover, but it lasts longer. If the drug is withdrawn immediately, patients may go sleepless for a week.

It has been said by observers that pills bring out all of the "worst qualities" of the individual. Be that as it may, the reaction is progressive and soon the user suffers violent withdrawal symptoms. Because there is no odor on the breath of the pill baby, he is often at a loss to explain his eccentric behavior. For this reason, he becomes all the more secretive, guilt-ridden and frustrated.

In my opinion, an A.A. who deliberately gets charged up on pills has slipped. He cannot honestly claim to have been on the A.A. Program during the period in which he used pills.

That the pill habit is dangerous — indeed, far more dangerous than the alcohol habit — is an accepted medical fact. There are many cases of users who suffered permanent brain deterioration. One case on record describes a doctor who built up a secondal habit to 60 grains a day. He was hospitalized for eight months before he began to show signs of slow improvement.

Another curious effect of pills on the body of the user is the fact that pill addicts lose all interest in the sex urge. The drug not only incapacitates the addict but destroys the desire. This effect often is the factor that brings about the discovery of the habit in a husband or wife.

The A.A. who takes to pills is trading the devil for the witch. If you are using pills, openly or secretly, don't try to convince anyone that you're still sober or living the A.A. way of life. It just ain't so.