

Single and Multiple Drug Opiate Users: Addicts or Nonaddicts?

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ATENTION has been increasingly focused on the users of multiple drugs by drug abuse researchers. Several authors have stated that, viewed in long-term trends, the single drug user is being replaced by a multiple drug user whose intake might include heroin, amphetamines, barbiturates, and psychedelics—either in combination or on successive occurrences (1-4). The question of multiple drug use becomes more complicated if the multiple drug users are, in fact, addicted to the drug or drugs they are taking.

In a 1966 study in New York City, Abeles and co-workers noted that multiple drug use was increasing and that many persons were addicted to opiates and barbiturates (3). The problem of multiple drug use is exacerbated because treatment for withdrawal from one type of drug, such as heroin, may lead to the neglect of withdrawal stress from another type of drug, for example, barbiturates. As Abeles and co-workers pointed out, if one neglects the withdrawal symptoms caused by barbiturates, the patient may suffer serious convulsions which can result in death (3).

Freedman also noted that many of today's addicts are multiple drug users. He contends that a decade ago the addict was generally using only

one drug whereas today addicts “. . . are frequently multiple drug users whose intake includes codeine, barbiturates, amphetamines and various combinations of these drugs simultaneously with heroin” (1a).

Markham, too, stressed that a “spree” user has entered the drug scene (4). His definition of spree users corresponds to the concept of multiple drug users in this paper. Markham contends that discovering whether or not multiple drug users are addicts is not merely an academic exercise; rather, it is important because of the stigma attached to persons labeled as addicts by our society (4).

Although they do not deal specifically with multiple drug users who are addicts, there have been several recent articles concerning the increase in multiple drug use. Scher, for example, observed (5):

So varied, complex, and changing is drug use, depending on shifting styles of use or abuse, altering availability, the introduction of new agents, changing group structure, membership, or mores in one location or different sections of the country, as well as police or legislative intensification, that the picture is one of kaleidoscopic twists, and turns at any particular moment.

Winick stated that drug users today have milder habits and are more likely to include experimenters with polysubstitutes. Persons participating in this type of drug use “. . . might use heroin, barbiturates, tranquilizers, codeine and marihuana on successive days” (6).

The World Health Organization's Fourteenth Report on Mental Health also recognizes the increase in multiple drug use. The expert committee stated, “Drugs are often used in combination; for

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example barbiturates together with heroin or with alcohol" (2a). The report stresses three types of transfer from drugs (2b):

(1) the shift from one drug to another producing a particular type of dependence (opium to morphine to heroin); (2) the shift from a drug producing one type of dependence to another producing a closely related type (barbiturates to alcohol); (3) the shift from a drug of one type of dependence to another of a substantially different type (barbiturates and amphetamines).

In view of the growing concern in the literature about multiple drug addicts, the determination of similarities and differences between the patterns of single and multiple drug users appears to be important for several reasons.

1. The few studies previously mentioned notwithstanding, there is a scarcity of studies about the multiple drug user and the processes through which a person moves from single to multiple drug use.

2. Even fewer studies are concerned with whether or not the multiple drug user is, in fact, addicted.

3. Certain types of drug users can be functioning members of society while others cannot.

Brotman and Freedman observed, for example, that the opiate user could be a productive member of society despite his addiction to the drug. However, they stated that persons addicted to barbiturates, amphetamines, or alcohol cause more serious problems to the community because these are physically more damaging to the person than the opiates (7). This difference clearly suggests that directors of drug treatment programs should seriously consider whether or not their patients are addicted, and if so, to what drug or drugs.

Our exploratory study was based on information collected from a sample of opiate users. We considered selected characteristics of single and multiple drug opiate users and whether or not the single and multiple drug opiate users were addicts or nonaddicts.

The Sample

Data were obtained by questionnaire from an availability sample of persons in the nalline testing program in Chicago, Ill., and Oakland, Calif., and from drug users incarcerated in the Santa Rita Rehabilitation Center, Pleasanton, Calif. Drug users from these areas included persons on parole, probation, or incarcerated. All were contacted in 1963. Additional persons became a part of the population in 1965, when a group of pa-

tients at the Public Health Service Hospital, now the National Institute of Mental Health Clinical Research Center, Lexington, Ky., completed the questionnaire (8).

In all instances participants were assured anonymity, and only willing respondents participated. Conspicuously incomplete questionnaires were discarded because we believed that persons who did not take the time to be reasonably complete in finishing the entire questionnaire would not give reliable answers.

This study is based on secondary analyses of the data, and the information was originally collected to study the nalline test as a narcotic control device. However, when the expense and difficulties involved in obtaining data of this type are considered, secondary analysis seems justified.

Originally 306 persons filled out the questionnaire. Because we were concerned only with those persons who had used opiates, persons who had not used an opiate and those for whom the type of drug or drugs used was not determinable, were not included. The sample was therefore reduced to 213. If the number of responses was less than 213 because of nonresponses, percentages were taken to the base 213 minus the number of nonresponses.

We, of course, do not claim that our sample is representative of all opiate users. In nonrepresentative situations of this sort, Goode suggested that the sample be described in detail (9). In the following section, selected characteristics of the single and multiple drug user in our sample were examined.

Selected Characteristics

In this study, a multiple drug user was defined as a person who indicated he had used two or more identifiable drugs during the previous 5 years. Marijuana was not considered a drug for this purpose. For comparison, multiple drug users were classified as users of two drugs, three and four drugs, and five or more drugs.

Our data permitted us to consider the range and variety of drugs used, but it did not allow any assessment of extent of use. The exposure to the drugs identified by the respondents may have been fleeting, relatively intense, or an episode of longer duration. We are sure, however, that the exposure was sufficient for the person to remember his experience with the particular drug.

Of the 213 persons in our sample, 95, or 45 percent, were single drug users, and 118, or 55

percent, were multiple drug users. Fifty-one persons, or 24 percent, of the sample were two-drug users. Forty persons, or 18 percent, were three- to four-drug users, and 27 persons, or 13 percent, had used five or more drugs. The persons who used three and four drugs were combined into one category because of the small numbers. Only 22 persons had used three drugs, and only 18 had used four drugs.

Variables used to identify similarities and differences of single and multiple drug users were race, age, sex, marital status, education, and types of drugs used.

Race. One hundred and twelve, or 53 percent, of the persons in our sample were Negro. Sixty-six or 31 percent were white, and 32, or 15 percent, were of other races. The racial composition was not unusual; since the sample was composed of drug users known to the authorities, we would expect a high proportion of Negroes.

Examination of the various drug use patterns indicated that 55, or 59 percent, of single drug users and that 37, or 74 percent, of the two-drug users were Negro. As the number of drugs used increased, the racial composition shifted with white persons dominating the users of five or more drugs. The three- to four-drug use category was fairly equally divided racially, with 17, or 43 percent, Negro, and 18, or 45 percent, white. The five or more drug use pattern, on the other hand, had only three Negroes, 11 percent, while 21 subjects, 78 percent, were white. Thus single and two-drug users were predominately Negro while the three to four and five or more drug users were composed of more whites than Negroes.

Age. The age of persons in the sample ranged from 19 to 61 years, with a mean age of 30.1, and a median age of 30. The mean and median ages suggested that we were dealing with drug users who were older than those typified in most of the literature dealing with drug users.

The median age of single drug users was 30.5, while the two-drug users had a median age of 31. For the three to four and five or more drug users, the median shifted slightly to a younger age group; both groups had a median age of 29. Although not a drastic shift, it appeared that the extreme multiple drug users, who had used three or more drugs, tended to be younger than single drug users.

Sex. The sample was predominately male; 176, or 85 percent, were male, whereas only 30, or 15 percent, were female. Regarding single and mul-

multiple drug use, 75, or 43 percent, of the males and 15, or 50 percent, of the females used only one drug. These percentages do not suggest that there is a great deal of difference between the sexes in the number of drugs used.

Marital status. The marital status of our participants was distributed relatively equally. Seventy-nine, or 37 percent, of the persons participating were single, while 69, or 32 percent, were either married or widowed. Sixty-five, or 31 percent, were either separated or divorced. Controlling for number of drugs used, distinctive clusters were apparent for each category of drug users. Forty-four, or 46 percent, of the single drug users were single while 27, or 28 percent, were married or widowed.

The two-drug users, however, were concentrated in the married or widowed category with 24, or 47 percent of them, appearing in this cluster. The users of three to four and five or more drugs were concentrated in the separated or divorced category with 16, or 40 percent, using three to four drugs and 12 persons, or 44 percent, using five or more drugs. Thus the single drug users tended to be single, although persons who were using three or more drugs clustered in the separated or divorced category.

Education. Twenty persons, 9 percent of the total sample, had a formal education through grade school or less. The majority, 110 or 52 percent of the respondents, had had some high school, while 48, or 23 percent, had completed high school. Thirty-four persons, or 16 percent, had had at least some college training.

Controlling for drug use patterns, 62 persons, or 63 percent of the single drug users, had had a formal education consisting of some high school or less, although 26, or 27 percent, had completed high school. Only seven, 7 percent of the single drug users, had attended college.

The two-drug user was similar to the single drug user in that 86 persons, or 72 percent, had had some high school or less. Persons using three to four and five or more drugs tended to be better educated. Although 23, or 58 percent of the three- to four-drug users, had had some high school education, only nine, or 33 percent, of the five or more drug users fell into this category.

In terms of attending college, nine, or 23 percent of the three- to four-drug users, had attended college, while 13, or 48 percent of the five or more drug users, had attended college. The extreme multiple drug users, those in the five or

more drug category, tended to have more formal education than did the single and two-drug users.

Types of drugs. The distribution of drug use patterns in relation to number of drugs used is presented in table 1. The sample was unusual because of the 118 multiple drug opiate users, 73, or 61 percent, were concentrated in the opiate-amphetamine category. This concentration is in contrast to statements by some authors who indicated that multiple drug-opiate users are most apt to be of the opiate-barbiturate type (3, 10).

Only six persons in our sample were opiate-barbiturate users. We noted that 13 of the 15 who said they had used opiates, amphetamines, and barbiturates were all five or more drug users.

Determining Addiction

Our sample was composed of either volunteers at Lexington or of persons who were currently or recently parolees or probationers under State supervision in the nalline testing program, a device used to control opiate users. Taken at face value and considering that all our respondents admitted using opiates might in itself be sufficient to infer that all were addicts. This position is tenable with regard to persons who had committed themselves to Lexington. But certainly neither the use of opiates nor placement in a narcotic control program is tantamount to addiction.

We were specifically interested in using self-designated criteria of addiction which would appropriately operationalize Lindesmith's approach using the data at hand. Pivotal features in Lindesmith's definition of addiction are the addict's tendency to relapse and his craving for opiates. Specific data available which reflect these central features were the responses to the questions, "How many times have you attempted to kick your habit?" and "What kind of drug do you prefer?" In developing the rationale for using these questions, it will become clear that they do reflect Lindesmith's theory of opiate addiction.

Drug preferred. We assumed that a response to the question, "What kind of drug do you prefer?" would indicate addiction. If a person is addicted to an opiate, it is reasonable to assume that he will prefer an opiate. As Lindesmith points out (11a):

The hook in addiction arises not from the euphoria which the drug initially produces, but from the beginner's realization that the discomfort and misery of withdrawal is caused by the absence of the drug and can be dispelled almost magically by another dose of it.

Authors of other studies of opiate addiction have reached similar conclusions. Wikler contends that the opiate addict will use other intoxicants when opiate drugs are not available, but the addict will habitually return to the use of opiates in

Table 1. Kinds of drugs used by single and multiple drug opiate users

Number drugs used	Opiates		Opiates-barbiturates		Opiates-amphetamines		Opiates-amphetamines-barbiturates		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1.....	95	100	0	0	0	0	0	0	95	100
2.....	14	27	1	2	36	71	0	0	51	100
3 and 4.....	8	20	3	8	27	68	2	0.05	40	100
5 or more.....	2	7	2	7	10	37	13	48	27	100
Total.....	119	56	6	3	73	34	15	0.07	213	100

Table 2. Specific drug preference of single and multiple drug opiate users

Number drugs used	Opiate preferred, addict response			d.f.	Nonopiate preferred, nonaddict response		
	Number	Percent	Chi-square ¹		Number	Percent	Probability
1.....	50	89	33.02	1	6	11	<0.001
2.....	22	58	0.66	1	16	42	>0.05
3 and 4.....	20	74	5.33	1	7	26	<0.05
5 or more.....	22	92	15.04	1	2	0.08	<0.001
Total.....	114	—	31

¹ The correction for continuity was made on all chi-squares. All expected frequencies were equal to *N* divided by 2.

spite of the expense and the legal and social difficulties surrounding their use. As evidence for this position, Wikler states, "A pharmacologically determined need for the drug (an opiate) develops very early in the organism and this need can be satisfied only by the use of opiate-like agents" (12).

Maurer and Vogel report that "addicts to the opiate drugs may take bromides in excess if unable to obtain the drug of choice." They emphasize, however, that ". . . no case is known of an addict to an opiate drug willingly substituting bromides for opiate drugs" (13).

From the aforementioned discussion, it seemed clear that the single drug user who was addicted to opiates would in turn express a preference for an opiate over all other drugs. By the same token, if we observed that a large number of multiple drug users in our sample preferred opiates over other drugs they had used, it would be reasonable to assume that they too were addicted. If the single drug user or the multiple drug user expressed a preference for a nonopiate drug, we assumed he was not an addict.

In determining drug preferred, only drug specific responses were used. Persons who did not respond to the question and those who indicated they did not prefer any drug were excluded. We believed that by taking this conservative specification of the drug preferred, we could have more confidence in our results than if we had to guess the meaning of a "none" or "no preference" response to the drug preferred question. This procedure resulted in some "losses," particularly in the single drug category (tables 1 and 2). Using this procedure assured us that we were dealing with only those persons who admitted to preferring a specific drug.

Losses on the drug preferred question were

considerably higher than they were on the variable attempts to "kick" the habit which is considered subsequently (tables 2 and 3).

Attempts to kick habit. If the persons in our sample were addicts, one would expect to find an association between the patterns of drug use and the attempts, on the part of the user, to kick the habit. As Lindesmith states (11b,c):

The addict's desire to be cured is readily understood as a consequence both of the social stigma attached to addiction and of the fact that the habit becomes a burden when the beginning euphoria vanishes and physical dependence is fully established.

. . . He attempts to quit because he accepts the general public disapproval of addiction and wishes to remove himself from the pariah category.

Thus, if single and multiple drug users were addicts, a substantial number from each category would have attempted to kick the habit at least once. If, on the other hand, the multiple drug users in our sample were not addicts, we would not expect a high proportion to have attempted to kick the habit.

Statistical Procedure

To determine addiction, we examined the frequency distributions within each of the various drug use patterns according to the selected addiction criteria. Where appropriate, we applied the chi-square test to each pattern to determine whether or not there was a statistically significant difference between those who gave addictive responses and those who did not. If a statistically significant majority of the persons responded in the addictive category of the variable, we concluded they were addicts.

If the result of the chi-square goodness of fit test, however, was not statistically significant at the 0.05 level, closer attention was given to the

Table 3. Attempts to kick habit of single and multiple drug opiate users

Number drugs used	1 or more attempts to kick habit, addict response			d.f.	No attempts to kick habit, nonaddict response		
	Number	Percent	Chi-square ¹		Number	Percent	Probability
1.....	64	74	19.55	1	22	26	<0.001
2.....	36	73	9.88	1	13	27	<0.01
3 and 4.....	29	76	9.50	1	9	24	<0.01
5 or more.....	20	74	5.33	1	7	26	<0.05
Total.....	149				51		

¹ The correction for continuity was made on all chi-squares. All expected frequencies were equal to *N* divided by 2.

appropriate percentage distributions and the logical validity of the working definition involved. This procedure was followed for each of the working definitions of addiction.

Results

In determining addiction, we examined each drug use pattern both independently and in combination with each of the addictive criteria.

Single drug user. A statistically significant number of single drug users' responses indicated addiction, when the variables "drug preferred" and "attempts to kick the habit" were examined (tables 2, 3). Fifty, or 89 percent, of the responding single drug users preferred an opiate and 64, or 74 percent, had attempted to kick the habit at least once. Using these variables as criteria for addiction, the single drug user was classified as an addict.

Two-drug user. A significant number of the responding two-drug users gave an addictive response to the variable "attempts to kick the habit" (table 3). Thirty-six, or 73 percent, of the two-drug users have attempted to kick the habit at least once. In terms of drug preference, the majority, 22 or 58 percent, of the responding two-drug users preferred an opiate, an addictive response (table 2). This number was not, however, a statistically significant proportion of the two-drug users.

Three- and four-drug user. A statistically significant number of the three- to four-drug users gave addictive responses to the variables—drug preferred and attempts to kick the habit (tables 2, 3). Twenty, or 74 percent, of the three- to four-drug users preferred an opiate, while 29, or 76 percent, had attempted to kick the habit at least once. These results indicated that the three- to four-drug user was addicted.

Five or more drug user. A statistically signifi-

cant number of the five or more drug users gave addictive responses when the dimensions drug preferred and attempts to kick the habit were considered (tables 2, 3). Of those persons using five or more drugs, 22, or 92 percent, preferred an opiate while 20, or 74 percent, had attempted to kick the habit. We inferred from these responses that the five or more drug user was an addict.

Combined criteria. Recognizing that the loss of cases will be greater in number, data are given in table 4 considering the combined criteria of addiction and the combined criteria of nonaddiction. If a person prefers an opiate and has attempted to kick the habit at least once, he would be more likely to be an addict than if he were classified an addict by only one of the criteria. If a person prefers a drug other than an opiate and he has not attempted to kick the habit, his chances of being a nonaddict, in Lindesmith's terms, would be greater.

Using the combined criteria for addiction and nonaddiction, of the original 213 subjects, 90, or 42 percent, were classified as addicted. Only 12 persons, or 6 percent, were classified as nonaddicts (table 4). Our loss of subjects was substantial. Only 102 persons could be clearly identified as addicts or nonaddicts. Nevertheless, in examining the percentage distribution of persons who do meet the two criteria for addiction or nonaddiction, the addicted category was greater regardless of the number of drugs used. The difference between the addicted and nonaddicted responses was statistically significant for all categories except the two-drug users. None of the single or the five or more drug users were in the nonaddictive category.

To summarize, when the two criteria of addiction were used, all drug use groups were composed mainly of addicts. It is important to note, however, that there were nonaddicts, that all the

Table 4. Addict and nonaddict single and multiple drug opiate users, combined criteria

Number drugs used	Prefers opiates and at least 1 attempt to kick habit, addict response			d.f.	Prefers nonopiates and no attempt to kick habit, nonaddict response		
	Number	Percent	Chi-square ¹		Number	Percent	Probability
1.....	38	100	36.03	1	0		<0.001
2.....	18	69	3.16	1	8	31	>0.05
3 and 4.....	17	81	6.86	1	4	19	<0.01
5 or more.....	17	100	15.06	1	0		<0.001
Total.....	90	88			12		

¹ The correction for continuity was made on all chi-squares. All expected frequencies were equal to *N* divided by 2.

nonaddicts were multiple drug users, and nonaddicts were most apt to appear in the two-drug use category.

Discussion

Using each of the addictive criteria independently, investigation of the data revealed that a statistically significant number of persons, in each pattern of drug use, responded in the addictive category of attempts to kick the habit. Furthermore, each of the drug use patterns, with the exception of the two-drug user, had a statistically significant number of persons responding in the addictive category of drug preference. Despite the lack of statistical significance, the majority of the two-drug users did prefer an opiate.

When we considered addiction and nonaddiction, using the combined criteria, all patterns of drug use were represented by a commanding proportion of addicts. It should be noted, however, that slightly less than one-half of our original sample met the combined criteria for addiction or nonaddiction.

Conclusion

Information collected from 213 opiate drug users was examined in an exploratory study to determine the extent to which they were single and multiple drug opiate users and to identify the similarities and differences between these two groups. Single and multiple drug users were markedly different in their marital status, formal education, and racial composition. Most of the single drug users had never been married, although the persons using three or more drugs were apt to be either separated or divorced. The amount of formal education increased as the number of drugs used increased. In terms of race, the single and two-drug use patterns were predominately Negro. In the three- to four-drug use category, whites outnumbered Negroes, and in the five or more drug use pattern, the whites clearly dominated the group.

More similarities than differences were observed when the drug use patterns were examined by age, sex, and kinds of drugs used. Multiple drug users were slightly younger than the single drug users. Males dominated all drug use patterns, but as the use in number of drugs increased, the proportion of females in each pattern increased. Of the 118 multiple drug users in the sample, 73, or 61 percent, were in the opiate-amphetamine category.

We observed that, in terms of addiction, the modal percentage distribution for all patterns of drug use fell in the addicted category when the criterion of "opiate drug preferred" was used as an indication of addiction. The difference between the addictive and nonaddictive responses was not statistically significant for two-drug users. When "kick the habit" was examined, all patterns of drug use were clearly concentrated in the addicted category. We thus concluded that as measured by the two criteria independently, all categories of drug users were composed of a majority of addicts.

Using a more inclusive definition of addiction based on the two criteria for addiction and nonaddiction combined, the percentage distribution for all drug use patterns was dominated by addicts. It is noteworthy that all of the nonaddicts were multiple drug users. No single drug user fell into the nonaddicted category.

When the criteria of addiction were used independently, regardless of the number of drugs used, there were always a few nonaddicts. When the combined criteria were used, there were nonaddicts in the two- and three- to four-drug use categories. Regardless of how one approaches the data, there were, however, some opiate users who were addicted and some who were not. Accepting the criteria of addiction and nonaddiction used in this paper, it was apparent that the results had implications for treatment programs designed to assist drug addicts.

Accepting the view that a person tends to conform to the image others have of him, the data suggested that caution and restraint should be used in placing all opiate users in treatment programs which in fact define them as addicts. Such a procedure might well have a self-fulfilling effect. Denzin, for example, has presented evidence of this process in the patient-therapist situation (14).

Our data suggested that the danger was most apt to apply to the multiple drug user, particularly persons using two, three, or four drugs. For those drug users who do not define themselves as addicts, placement in a treatment program which changes their self-image to that of an addict clearly has greater disadvantages than advantages. If one accepts Lindesmith's contention that an addict cannot be cured, it seems much better to let a few drug users escape treatment programs than to increase the chance that more addicts would be created.

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Data collected from 213 opiate users were used in an exploratory study to determine the extent that they were single and multiple drug users and to identify their similarities and differences. Special attention was given to Lindesmith's definition of addiction, pivotal features of which are the addict's tendency to relapse and his craving for opiates. Self-designated criteria were used to de-

termine whether or not a drug user was an addict and his pattern of drug use. Using the criteria both independently and combined produced percentage distributions dominated by addicts. Regardless of how one approaches the data, there were some opiate users who were addicted and some who were not.

The implications for treatment programs are apparent. Accept-

ing the view that a person tends to conform to the images that others have of him, the data suggest that caution and restraint should be used in placing opiate users indiscriminately in programs which define them as addicts. Rather, it may be better to allow a few addicts to escape treatment than to increase the chance that the programs are creating more addicts.