

In consideration of the number of very unpleasant side effects a reasonable question is why? Like most drugs subject to abuse, amphetamines produce desirable responses that for some individuals outweigh any associated discomfort or, in gross overdosage, physical distress.

Compulsive users of amphetamines fall into roughly two categories. Individuals who consume therapeutic doses or doses only slightly in excess of therapeutic doses routinely, but not necessarily daily, fall into the first category. Such individuals have learned to rely on the drug to help them cope with the demands of their social environment. Amphetamines produce an elevation in mood and increased alertness. They counteract fatigue and improve the ability to concentrate. Physical performance may be enhanced considerably at times. Perhaps the most insidious perceived benefit is an increase of initiative and self-confidence.

Even though, on occasions, paradoxical responses occur, it is easy to understand how the student, the athlete, truckdrivers and other individuals who receive rewards for either intense or prolonged efforts can be hooked. Consider also the overworked or harassed executive who finds that amphetamines improve the quality and quantity of his work output, while increasing self-confidence and the housewife who may use the drug simply to counteract boredom.

Some of these mildly addicted individuals use the drug for years and don't present any remarkable social problem except occasional distressing loquaciousness. With moderation, amphetamine effects sound good and have a definite appeal. Unfortunately all is not as rosy as it sounds. Users have difficulty sleeping and tend to either become exhausted or to use sedatives starting the classical "upper-downer" cycle. Some find alcohol an effective antidote for the stimulant side effects. Alcohol and sedatives as a whole are really more pleasant drugs and can become a far greater problem than the amphetamines. Actually people don't become physically dependent on amphetamines. They can stop use without any terribly unpleasant responses. But they can and do become physically dependent on alcohol and some even to the sedative hypnotic drugs.

Other problems associated with chronic use are less well defined; however, mental depression and gastrointestinal diseases appear to be relatively frequent concomitants of routine amphetamine intake. Nevertheless, the most important side effect of weight reduction programs in which amphetamine is employed as an adjunct, is chronic compulsive use of moderate doses.

Experts regard even this form of abuse as more often a result of experimentation and subsequent reinforcement of a sensation of need for the drug in order to function, rather than as an iatrogenic medically induced problem. This pathway appears to be characteristic of all drugs of abuse. However, susceptibility to moderate abuse seems widespread and the risks involved are undoubtedly real, even during periods of short-term use adequately supervised by competent physicians.

Self-administration of gross overdoses of amphetamine-like products either orally, by inhalation or by intravenous injection represent a second and extremely hazardous form of abuse. Such activities are restricted preponderantly to members of our "drug culture." Individuals