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amphetamine abuse had contributed to the precipitation of the more florid schizophrenic process. These three had marginal schizoid or latent schizophrenic adaptations prior to the use of amphetamines, but after initiation of drug use they deteriorated rapidly. Four out of the five who were diagnosed as schizophrenic repeatedly used LSD in conjunction with amphetamines—a factor that further complicates the picture. In general, the five diagnosed to be schizophrenic were younger (average age: 21) than the other eight persons, whose average age was 29.

Some Other Factors

In addition to the predisposing personality, several other recurrent factors were apparent in these histories. These factors included: 1) an acute (repeated drug use over several hours) large dose of amphetamines or a dramatic increase in the amount used; 2) loss of intellectual awareness of the delusional nature of thought, precipitated either by sleep deprivation or by alcohol and sedatives—in some cases, psychotic thinking appeared to be potentiated by LSD and other psychotomimetics; 3) amphetamine-induced suspiciousness, delusions, fear, and panic, as well as emotional lability and impulsiveness; 4) a solitary life-style with little chance for cross-validation of delusional thinking; 5) mutual enhancement of suspiciousness and paranoid ideas with other "speed freaks" (often, however, individuals in a "crash pad" will act as a check on one another, pointing out to an individual that he is becoming too paranoid); 6) carrying a concealed weapon; 7) armed robbery as a means of supporting drug use; and 8) conflict over drug dealings.

The acute nature of the amphetamine abuse was a significant factor in six cases. Three persons with low tolerance took large amounts of amphetamines over a period of a few hours; all three developed paranoid panic states. Two other persons who had been chronically abusing amphetamines dramatically increased the dosage for the two to three days prior to the homicide. (Thus absolute amphetamine intake was not as important as its relationship to the level of tolerance.) It was noted that in these states of acute panic the individual often attached his paranoid thought to almost

anyone. More specifically, the amphetamine abuser might attack a total stranger, who just happened to be passing by on the street, because of a sudden, intense, delusional feeling about the person.

In the cases of assault, robbery, and attempted homicide, as well as those of homicide, the use of alcohol or sedatives appeared to be a significant factor in at least a third of the individuals. The main problem appeared to be a loss of intellectual awareness of the nature of the drug-induced paranoid thinking and a lowering of impulse control. Reports on several persons who have committed quite serious assaults indicate that when combining amphetamines with other drugs, staggering amounts of alcohol or sedatives can often be consumed. Without the amphetamine use, the individual would have passed out. In contrast to usual amphetamine use, most of these high-dose combination users have little, if any, memory of the events associated with the assault. Sleep deprivation was also a major factor leading to decreased intellectual awareness. In several cases, there was a gradual evolution of a paranoid system involving the victim; then, following a period of alcohol intoxication or chronic loss of sleep, the amphetamine abuser acted on his delusions.

Failure to maintain intellectual awareness of the nature of the drug-induced paranoia is a common denominator involved in many of the factors listed. For instance, several of these subjects appeared to have lost intellectual awareness because they lived alone and had little chance to cross-check their delusional thinking. A long-term solitary life-style seems particularly significant in fostering this effect. Quite often, such people become fearful and hallucinatory at night. Many of them were actually loners and outsiders, even though they were actively involved in the drug scene. Scapegoating of these outsiders is not unusual. One 27-year-old Caucasian man who used large doses of speed intravenously, along with LSD, developed an acute state of paranoid panic, which was potentiated by his group of Negro companions. Although he overinterpreted the gestures and behavior of those around him, it was a fact that the group of "speed freaks" he was running with did treat him as an outsider and often threat-