

### JUNKIE

Joe Havel, a 54-year-old administrator in a Midwestern university, was asked to tell the story of his struggle to give up cigarettes. He has not smoked at all for 2 years, following a 6-week treatment with a nicotine patch that was prescribed by a colleague who runs a smoking cessation research program.

Mr. Havel began smoking when he was age 18, usually smoking one or two packs a day. Beginning in his late 30s, he vowed to stop every morning, but said that by 9:30 A.M., "It was over and I was lighting my first cigarette of the day." When he was age 45, under a lot of pressure from family, friends, and his cardiologist, he asked his colleague to prescribe an antidepressant that has been used to help smokers break the habit. Over 4 days the dosage was gradually increased, and he did not smoke. On the fourth day he began to feel like he "was on an LSD trip." His surroundings seemed unreal, and "people opened and closed their mouths, but no words came out." Frightened about what was happening to him, he stopped the drug abruptly. For the next few weeks he still felt drugged, but did not smoke. Back to normal, he began smoking again and was soon up to a pack or two a day.

Over the next 5 years there was more social pressure for him to stop smoking. Smoking was outlawed in his office building, and his wife and doctor were relentless in their badgering. He also began to notice that he was short of breath when he walked up a few flights of steps. Again he asked his colleague for help, and this time was given a nicotine patch. "I had always thought that I smoked because it was a part of my life, but then I got the patch and didn't need to smoke, and in that moment I realized I was a junkie."

For the 6 weeks that he wore the patch, life was "beautiful." He was happy, productive, and focused, and did not crave cigarettes. He gave up the patch after 6 weeks, as prescribed, and for months thereafter felt "cranky" and without his usual *joie de vivre*. "One day I was reading an ad for an antidepressant, and I had all the symptoms!" In addition, he began to have frequent, mild, viral infections, which he had never experienced before.

Two years later he is still not smoking, and no longer has symptoms of depression yet feels that something is missing: "The period, the comma, and the exclamation point are missing from my life."

### Discussion of "Junkie"

Because the acute effects of nicotine do not include the maladaptive behavior that is characteristic of intoxication from other drugs commonly abused, such as alcohol or cocaine, it is only recently that the similarity between dependence on nicotine and other abused drugs has been recognized. Mr. Havel referred to himself as a "junkie" because he recognized that he was as dependent on nicotine as any heroin user might be on heroin. He was repeatedly unable to cut down or control his smoking, he smoked all day, and he smoked despite the knowledge that it was causing him physical problems. Therefore, for many years, Mr. Havel had Nicotine Dependence (DSM-IV, p. 243).

Periodically, as Mr. Havel sought to cut down on his smoking, he tried to avoid withdrawal symptoms by using an antidepressant or by using a nicotine patch that slowly administers a low dose of nicotine into the bloodstream.

Although Mr. Havel is glad that he has been able to kick his nicotine habit, like many other successful former addicts, he misses the pleasure that the drug once gave him. Mr. Havel has apparently never had a Major Depressive Disorder. Research has indicated that tobacco users with such a history find it much harder to give up the drug.

### LOW LIFE LEVEL

Louise Larkin is a pale, stooped woman of 39 years, whose childlike face is surrounded by scraggly blond braids tied with pink ribbons. She was referred for a psychiatric evaluation for possible hospitalization by her family doctor, who was concerned about her low level of functioning. Her only complaint to him was, "I have a decline in self-care and a low life level." Her mother reports that there has indeed been a decline, but that it has been over many years. In the last few months Louise has remained in her room, mute and still.

Twelve years ago Louise was a supervisor in the occupational

therapy department of a large hospital engaged to a young man. He became increasingly disorganized, wandering in mismatched clothing. She was fired and police were called to hospitalize her, which was in shambles, filled with police information is available from this hospital and from which she was discharged on prescription, for an unknown medication.

After her discharge, her family pulled herself together and embarked again on life, but she became more withdrawn and less fun to watch watching TV and cooking. Her cooking combinations of ingredients, such as bread, them, and then eating them alone in her room would eat her meals. She collected her room with stacks of them. Often when she would quickly grab a magazine and in fact she had apparently just been stopped bathing and brushing her hair, although she denied loss of appetite, she lost 20 pounds. She would sleep at night enuretic, wetting her bed frequently with a pungent odor of urine.

On admission to the psychiatric hospital, she tightly clasped in her lap and avoided eye contact. The doctor interviewed her. She answered questions suspiciously or guarded, but her affect was flat, mood, delusions, or hallucinations. Her responses were increasingly idiosyncratic and irrelevant. In response to a question about her straying, she did not wish to discuss recent events. In decline in functioning, she said, "The more you're younger." Asked about it, she said, "It's true, but if one knows the writers it would be directed in a comical way." In response to the mantra, "I'm safe. I'm safe."