Read at the Conference of Warden Lewis
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"PROBLEMS IN HANDLING NARCOTIC ADDICTS"

The Harrison Narcotic Act, which became effective in 1915, created new problems for the courts, prison officials, hospitals and health authorities. Previous to this time, the addict was just an addict. Subsequently, he was gradually worked up to the status of a delinquent, a criminal and finally the worst and most dangerous of all criminals. The narcotic hospitals represent a move to bring him back to his proper place in society, namely, that of an unfortunate individual who is sick and needs attention. We started off with a burst of enthusiasm by putting addicts in prison and succeeded very well in increasing the prison population. We also succeeded in distorting public view about addicts so that more and more repressive laws were passed and less and less was done to relieve the addicts who were chiefly concerned. The error of our policy soon became apparent and I am pleased to be able to state that among the first to detect it was Mr. Bennett, your present Director of the Bureau of Prisons. He advocated hospitals rather than prisons, and in 1929, the narcotic hospitals were authorized. I have often had occasion to say that the taking of opium

is not a sin or a crime and it does not of itself lead to delinquency or crime, although criminals and various types of social misfits are especially susceptible to the habit. We, therefore, have real criminals among addicts, along with numerous persons who violate narcotic laws in order to keep up a practice which seems so important to them. There are also many unstable persons and social misfits whose problems are made worse by the narcotic habit and the legal difficulties into which it leads them. Narcotic addiction is a medical problem, but it was found necessary to introduce the legal angles into it that we have today in order to control production and distribution of narcotics so as to prevent the spread of the condition to persons who might otherwise fall victims to it. All of the evidence indicates that various types of unstable people, mostly neurotic and psychopathic individuals, have always constituted the majority of the addicts in the United States. At the present time, at least 90% of addicts belong to the unstable groups. They were unstable before they became addicts. Because of their unstability, narcotic drugs, especially those like opium, are peculiarly attractive to them, and because of the pleasurable

relief they get from these drugs, a large proportion continue to be addicts regardless of efforts made to cure them. Obviously, such a condition does not call for punishment any more than a frank mental disease calls for punishment. His condition calls for the best of treatment. It needs treatment not for the drug taking alone, but for the factors that make the taking of drugs so attractive and so inevitable in many of the cases. Withdrawal treatment, new habit formation, through work, recreation, building up a sound body through good food and exercise and psychotherapy all have a place in the general plan for rehabilitation. I will not go into the details of treatment, some features of which you will see here and perhaps have others explained to you by Dr. Reichard, but I will say before leaving this subject that you cannot cure an addict by punishment and abuse. He must be made to feel that there is something in him that is worthwhile and that you are anxious to bring it out. Abuse has been tried on insane people and on criminals and found not to work. It makes the insane more noisy and troublesome and the criminal resentful against society in general and, therefore, more likely to commit other crimes.

There is an administrative problem that I would like to discuss briefly, namely, The Certification of Addicts. This is desirable because confusion has arisen in the minds of some administrative officers as to when a person is or is not an addict, with the result that there has been uncertainty in some cases as to whether certain persons are eligible for treatment at the narcotic hospitals. There has also been some uncertainty as to when an addict ceases to be an addict. The Act establishing the narcotic hospitals (Public--No. 672--70th Congress) states that "the term 'addict' means any person who habitually uses any habit-forming narcotic drug as defined in this Act so as to endanger the public morals, health, safety, or welfare, or who is or has been so far addicted to the use of such habit-forming narcotic drugs as to have lost the power of self-control with reference to his addiction." Section 10 of this Act states "That any inmate of said narcotic farms ********** shall not be eligible for parole ********** or receive any commutation allowance for good conduct ********** unless and until the Surgeon General of the Bureau of the Public Health Service shall have certified that said inmate

is no longer a narcotic addict as defined by this Act."

Whether a person is or is not an addict must be determined on the basis of knowledge gained about the effect of the narcotic drugs referred to in the Act and of the personality characteristics and social and clinical history of each case under question. This is largely a medical problem that physicians are peculiarly fitted to solve, but nonmedically-trained officers may, by observation of certain signs and consideration of the habits of individual cases, arrive at workable conclusions.

In determining whether or not a patient is eligible for treatment at the narcotic hospitals the attention of administrative officers is called to that part of the definition of "addict" which states "The term 'addict' means any person who ********** has been so far addicted to the use of such habit-forming narcotic drugs as to have lost the power of self-control with reference to his addiction." This part of the definition leaves it open for the legal treatment at the hospital of any person who has been an addict in the past. However, certain convicted addicts may be treated in prisons and it is not desirable to treat at the narcotic

hospitals either prisoners or voluntary patients who have been cured of their addiction years before their offenses or the development of some other disease.

Addiction does not mean physical addiction only. Physical addiction refers chiefly to the peculiar dependence produced by opiates that causes users of these drugs to suffer so-called withdrawal symptoms for a short period after discontinuing the use of opiates. Withdrawal of the other two narcotic drugs (cannabis indica and cocaine) mentioned in the law does not cause these peculiar withdrawal symptoms. However, habitual users of these drugs are just as much addicts as habitual users of opiates.

Addiction to narcotic drugs is more of a mental than a physical thing and the loss of the power of self-control in relation to use of the drug depends more on mental than on physical factors. Likewise, the passing or cure of the withdrawal symptoms does not mean cure of the addiction. This may take months or in some cases years, and it is well-known that some addicts never regain the power of self-control. Forced deprivation with improvement in physical condition of addicts does not necessarily

mean that the addict has been cured of his addiction. Administrative officers will therefore consider these points in deciding whether or not a prisoner should be sent to a narcotic hospital.

Some of the physical signs and symptoms that may be looked for are the obvious withdrawal symptoms, causing suffering, and fresh needle marks, bearing in mind that obvious withdrawal symptoms last only a few days at most after an injection has been given. More important signs, especially in the case of chronic addicts, are scars from abscesses in the site of injections over the upper arms, shoulders, buttocks, or abdomen, numerous small dark colored spots in the same regions from injected drugs and scarring or coloration along the course of veins, especially on the arms. It should here be remembered that the absence of scarring does not mean that the individual is not an addict, as the scarring results mostly from infected needles and, of course, never occurs if the patient ingests the narcotic or smokes it.

A prisoner who gives a history of using narcotics should usually be believed and treated accordingly. Some prisoners may falsely state that they are addicts in order to be sent to a

a narcotic hospital. Others sometimes claim that they have not been addicts in order to be transferred from a narcotic hospital. The latter should always be disbelieved if there is any prior evidence or history that they were once users of narcotics. Determination of whether a prisoner is or is not an addict can be made at the hospital and nonaddicts transferred elsewhere. In order that the determination may be accurate in all cases, administrative officers should give to the hospital all the information they have that bears on the addiction history of doubtful cases.

Prisoners certified by the hospital as no longer addicts so that they can be considered for release by the Parole Board are for two reasons eligible for treatment at the hospital regardless of whether or not they are paroled: (1) Such prisoners <u>have</u> been addicted to the use of habit-forming narcotic drugs, and second: the fact of certification does not absolutely mean that they have regained the power of self-control with reference to their addiction. To keep all addicts at the hospital until it could be definitely determined that they have gained the power of self-control and would never relapse would mean that practically no

prisoner could be released on parole or for good conduct. The regaining of the power of self-control may be assumed after treatment, study, and observation of the patient, but it can only be determined by the actions of the patient after he is released to an environment where narcotics are accessible. Likewise, patients who violate parole or the conditions of their release, but have not relapsed to the use of narcotics, may be returned to a narcotic hospital. They have been addicted to the use of habit-forming drugs and the fact of violation of laws and rules, the observance of which would have insured their continued freedom, shows that they are not completely adjusted emotionally and their habit reactions have not been reformed to a healthy self-control stage.

In line with the foregoing, persons who have been convicted of offenses against the United States after about eighteen months of abstinence from narcotics should not be sent for treatment to the narcotic hospitals, and some who have been abstaining for less than eighteen months should not be sent to the narcotic hospitals. Conditional release violators should not be returned after two years unless they have relapsed to narcotics. Some who

have relapsed within this period may properly be treated elsewhere, but released addicts who have become drunkards may be returned from parole or conditional release as addicts regardless of the time that has elapsed, because it is very well-known that in these cases the drunkenness is merely a substitution for the addiction. It shows that their power of self-control has not been regained and that the patient is still an addict within the meaning of the law.

Marihuana or cocaine users who have used these drugs more or less regularly for as long as two months should be considered addicts and treated at the narcotic hospitals, regardless of abstinence for several months due to residence in jail. These people are psychological addicts who may be benefitted by appropriate treatment. The sporadic use of marihuana or cocaine, such as week-end indulgence, is not sufficient to justify labeling such users as addicts and they should not be sent to the narcotic hospitals.

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