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Survey of the Narcotic Problem

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New York City Police Department

NEW YORK

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In June, 1923, questionnaires were sent to all physicians and dentists in the state of New York. The one to the physicians asked:

Amount of morphin prescribed in 1922?
Amount of heroin prescribed in 1922?
Amount of cocain prescribed in 1922?
Number of narcotic addicts treated in 1922?
Do you believe that heroin is necessary in your practice?
Do you believe that cocain can be advantageously replaced by non-habit-forming synthetic drugs, such as procaïn or similar preparations?

The one to the dentists asked:

Amounts of cocain used in 1922?
Do you believe that cocain can be advantageously replaced by non-habit-forming synthetic drugs, such as procaïn or similar preparations?

The animating purposes in making these inquiries of physicians and dentists, as to the practical experience acquired in their professional use of habit-forming drugs, were:

1. To determine whether this is a medical issue or a police problem, or both.
2. To gain statistical knowledge as to the number of medical drug addicts treated in this state during a given period of time, from which reasonable approximations or conclusions may be drawn.
3. To ascertain the quantity of narcotics prescribed by the physicians and dentists in the state of New York. No attempt was made to ascertain the amount of narcotics consumed by the public and furnished to the market legitimately through druggists in the form of paregoric, proprietary medicine, etc., nor were hospitals taken into consideration. It was my opinion that

* Read before the Medical Society of the County of New York, Jan. 28, 1924.

addicts treated in hospitals had previously been under treatment in the private practice of physicians. Therefore, in order to avoid duplication, no hospital statistics were gathered.

4. To obtain general information as to the desirability and possibility of the practitioner's substituting non-habit-forming drugs, without lessened efficacy of his service to his patients.

5. To secure information as to the necessity of heroin in the practice of medicine. There was no intention to suggest any restrictions to the constitutional right of the physician to prescribe whatever he deemed necessary to his practice. In the light of the investigations here reported and which may hereafter be made, the profession itself should determine whether the physicians themselves should not unite in declaring heroin an outlawed drug.

6. To ascertain the quantity of cocain used by dentists and physicians; to determine the percentage of practitioners who, in part or wholly, employ synthetic preparations having no habit-forming qualities, and to learn, from those competent to judge, the efficacy of these substitutes.

It was my intention to find out what narcotics are necessary and the extent of their use and, in general, to show through the census the general trend.

Far from attempting to minimize the work of the practitioner, my aim has been to gather information so that the various points of view of the physicians and dentists may be available for mitigating and eradicating evils in connection with the use of habit-forming drugs.

The responses to this appeal from the medical and dental profession have been most hearty, and again furnish exhaustive evidence that the professional man is an altruist in lending his aid in the solution of great public issues. It is to be hoped that the data secured will be helpful in solving some of the vexatious problems that obtrude. The following is a review of the returns received from the questionnaire:

IS DRUG ADDICTION A MEDICAL ISSUE OR A
POLICE PROBLEM?

Some medical men have been of the opinion that all that pertains to this subject should be under the jurisdiction of the medical profession; that drug addiction

is a sickness or a disease, and the addict should be regarded and treated as a sick man. On the other hand, most of those administering the criminal laws, supported by the great majority of social workers, contend that, because such a large percentage of criminals have acquired the narcotic habit, the issue has become one inseparably connected with the regulation of crime.

The returns show that there is a medical narcotic addict who requires narcotics because of physical ailments. This type is obviously one to be handled by physicians, and every barrier should be removed so as not to embarrass the physician in according relief to such sufferers.

The far greater number, however, are the criminal drug addicts whose addiction in its inception and in its continuance is due to vice, vicious environment and criminal associations. The consideration of this class, the figures prove, constitutes a distinct police problem. The so-called medical addict who will not consult the physician, but purchases his narcotics from street vendors and thus supports the illicit traffic in drugs, obviously places himself in the same class as the criminal addict. In about 10,000 arrests and hospital commitments for cure by the narcotic division of the police department during the last three years, it was frankly admitted by 98 per cent. and a fraction that their addiction was due to bad associations; that there was never any medical reason for their using narcotics. The remaining 2 per cent. gave various excuses for first using narcotics, principally some surgical operation or illness. At the time of their arrest there was in this minute percentage almost invariably no reason for their continuing to use narcotics, surely not for the use of heroin and cocain. They buy these on the street, knowing that no reputable physician will prescribe for them. The medical addict usually confines himself to morphin, but the menu of the criminal addict is heroin and cocain. Approximately 95 per cent. of those arrested by the police in New York City are heroin and cocain users. In other parts of the country, morphin is the chief narcotic.

Heroin addiction is, however, rapidly replacing morphin addiction throughout the United States, this spread being more noticeable from seaport cities.

To those addicted to the use of an opium derivative, morphin or heroin is a daily necessity. Cocain does not entail suffering, if withdrawn. Heroin is preferred because of its greater potency; and, because of its smaller bulk per weight, it is more easily smuggled.

NUMBER OF ADDICTS RECEIVING TREATMENT

It has been asserted that the arrests of the police department represent only 10 per cent. of the narcotic addicts in this state; that the greater number of addicts are being treated by the physicians as private patients. I have always taken the opposite position, and controverted the criticisms directed at the medical profession.

This census of the physicians of this state shows that the percentage of medical addicts is almost negligible.

TABLE 1.—*Summary of Results*

Number of physicians questioned.....	14,715
Number of replies received.....	7,559
Percentage of replies.....	51.37
Number of addicts treated during 1922 (as reported by 7,559 physicians).....	775

Those who dispute the police point of view, that narcotic drug addiction is an underworld problem, maintain that there is a very large number of addicts with whom the police do not ever come in contact. They contend that the larger number and better class of addicts are treated by physicians. The replies to this questionnaire definitely settle this point (Table 1).

Further analysis of the answers received to the questionnaire gives the figures presented in Table 2.

It was my desire to make an accurate survey of the medical situation, as I felt that the physician had been stigmatized by the popular idea that he was the cause of the growth of narcotic drug addiction in this country. Some of the addicts included in the total of 775 treated by physicians were not what might strictly be called "medical" addicts; that is, their addiction was traceable in its acquirement to some ailment, or they were suffering from some disease condition that required narcotics. Furthermore, most of the cases reported were of patients under treatment for cancer or other painful disease or of very old persons. No question was asked

as to the ages of addicts, but some physicians furnished additional information, as the following examples show :

- One physician treated seven addicts, "all old people."
 One physician treated eight addicts, "all over 60 years."
 One physician treated eight addicts, "ages of 63 to 76."
 One physician treated eleven addicts, "all over 50, most past 70, one 87."
 One physician treated sixteen addicts, "all suffering from some chronic disease, one under 40, three under 50, others between 50 and 75."

The haunting specter of narcotism has been hyperbolized by propaganda, no doubt well meaning, but, nevertheless, misleading. It is my desire to clear away

TABLE 2.—*Treatment of Addicts*

		No. of Addicts
256	physicians treated 1 addict	256
69	physicians treated 2 addicts.....	138
30	physicians treated 3 addicts.....	90
14	physicians treated 4 addicts.....	56
4	physicians treated 5 addicts.....	20
3	physicians treated 6 addicts.....	18
2	physicians treated 7 addicts.....	14
2	physicians treated 8 addicts.....	16
3	physicians treated 10 addicts.....	30
2	physicians treated 12 addicts.....	24
1	physician treated 16 addicts.....	16
1	physician treated 22 addicts.....	22
1	physician treated 25 addicts.....	25
1	physician treated 50 addicts.....	50
389 physicians treated a grand total of.....		775
94.8 per cent., or 7,170 physicians did not treat any addicts		

the mist that enshrouds this subject, and not to overestimate or belittle its import.

When we look for figures as to the number of narcotic users in the country, or in any section or spot therein, we are given the choice of a wide variety of guesses from many official sources. For New York City these estimates run as high as 250,000.

The United States Public Health Service, in a bulletin issued in 1915, gave 140,000 as its highest estimate of the number of drug addicts in this country. Four years later, 1919, the Congressional committee appointed to investigate this problem stated that the number of drug addicts in the United States exceeded 1,990,000, or 2 per cent. of the population, 4 per cent. of the adults. These are government figures. In addition, the committee viewed the situation with alarm and reported that drug addiction was increasing; that

there was a nation-wide use of narcotics and that they were being used by all classes. I believe that these figures are inexact, but am convinced that the prevalence of narcotic drug addiction in the underworld is nevertheless appalling.

As an instance to show even more definitely the criminality associated with drug addiction and the extent to which it has grown in the ranks of the criminal, I have selected, from the arrest statistics of the Narcotic Division of the Police Department of the City of New York for 1923, a group of 741 persons whose records showed more than five previous convictions, which are summarized in Table 3.

TABLE 3.—*Criminality and Drug Addiction*

	Previous Arrests for Various Crimes	Total
1 person's record showed.....	25	25
1 person's record showed.....	24	24
1 person's record showed.....	23	23
1 person's record showed.....	19	19
1 person's record showed.....	18	18
1 person's record showed.....	17	17
3 persons' records showed.....	16	48
4 persons' records showed.....	15	60
5 persons' records showed.....	14	70
4 persons' records showed.....	13	52
8 persons' records showed.....	12	96
12 persons' records showed.....	11	132
44 persons' records showed.....	10	440
48 persons' records showed.....	9	432
73 persons' records showed.....	8	584
105 persons' records showed.....	7	735
136 persons' records showed.....	6	816
293 persons' records showed.....	5	1,465
741 individuals, previously arrested.....		5,056 times

On carefully checking up our statistics of arrests and commitments to hospitals of narcotic users for the years 1921, 1922, and 1923, totaling 9,637, I found that they represent 8,174 individual narcotic users. I then checked up the criminal records of these 8,174 persons, and, so far as shown by records on file in the International Identification Bureau of Narcotic Criminals, of the New York Police Department, representing 700 cities and twenty-seven nations, these 8,174 individuals had been previously arrested 32,696 times in all sections of the country for every crime on the calendar.

The 8,174 narcotic users were tabulated as: 876 opium smokers (mostly Chinese); twenty-seven hashish users (marahuanna smokers); 379 who used morphin

only, and 6,892 who used heroin separately or combined with cocain. It will be noted that, eliminating the smokers of opium and hashish, 95 per cent. of the narcotic addicts use heroin. Only 2 per cent. owe their addiction to medical reasons.

These figures are exact, as far as criminal records were available, and are extremely illuminating on the great problems confronting the police. They permit us also to arrive at the definite conclusion that the number of drug addicts in New York State (estimates running to half a million) has been grossly exaggerated.

We know that there are drug addicts among the wealthy, in society, on the stage, and in the professional ranks, but their number has also been greatly over-estimated. Some of these have also been arrested by the police. The source of supply of the drugs in these instances is the same, the smuggler and the street vender.

QUANTITY OF NARCOTICS PRESCRIBED

As to the quantity of narcotics used and prescribed by physicians and dentists in the state of New York as an index to the legitimate demand per capita, replies to the questionnaires revealed that in 1922, 7,559, or 51.37 per cent., of the physicians of this state prescribed 1,392 ounces, or 43,296 gm., of morphin, and 30 ounces, or 933 gm., of heroin.

The basis of 1,392 ounces, or 43,296 gm., of morphin used by 7,559 physicians established an average of 5.727 gm. for each physician, which, when applied to 14,715 physicians in the entire state, gives a total of 2,709 $\frac{7}{10}$ ounces, or 84,272, gm., of morphin prescribed by the physicians of this state during the year 1922.

On this basis also, 30 ounces, or 933 gm., of heroin prescribed by 7,559 physicians would give an average of 0.1234 gm. for each physician, which, when applied to 14,715 physicians in the entire state, gives a total of 58 $\frac{88}{100}$ ounces, or 1,815.83 gm., of heroin prescribed by the physicians of this state during the year 1922.

Of the physicians who answered the question, 5,362 stated that they did not prescribe any heroin in 1922.

STATUS OF HEROIN

To the question, "Do you believe heroin necessary in your practice?" 5,711 answered no; 1,201, yes; 404, occasionally, and 239 did not reply.

Under "occasionally" I have grouped a variety of replies which may be best expressed by that word. Most of those prescribing heroin believed it to possess special qualities useful in the treatment of bronchial conditions. Of the large percentage of practitioners answering this inquiry, approximately 80 per cent. deemed heroin a needless addition to their therapeutic armamentarium.

While so small a quantity of heroin was legitimately used by physicians in this state, more heroin is used by the criminal narcotic addicts in New York City than all other narcotic drugs combined. Ninety-five per cent. of the criminal drug addicts arrested in New York City use heroin regularly, adding cocain occasionally or whenever they can get it, and resorting to morphin only when they cannot get heroin. Placing the customers of the illicit narcotic street venders in New York City at a minimum of 10,000, based on arrest statistics, using at the average of 10 grains a day, we have 100,000 grains daily, or 36,500,000 grains, or 76,041 ounces, as the yearly quantity of heroin used by the criminal drug addict in New York City alone, against $58 \frac{38}{100}$ ounces computed as being legitimately prescribed by the entire medical profession of the state. That is why I am seeking light on the subject, trying to find a way to shut off this flow, at the same time respecting the rights of the physician to prescribe.

These replies show that the majority of the addiction cases treated by the physicians are purely medical cases; that these patients require narcotics and are exempt under the Harrison drug act, or are being treated by the physicians in good faith for their cure and not addicts being supplied for their comfort.

As previously noted, my state census shows that these answers represent 51.37 per cent. of the physicians of the entire state of New York, who have treated 775 medical addicts in one year.

From these replies I arrive at the conclusion that, at this ratio, the number of medical addicts in the state of New York is 1,509.

Thus, it is definitely shown that the medical narcotic addict whose number can be estimated and who requires narcotics because of physical ailments is far in the minority in comparison with those whose numbers are

ascertainable through arrest and whose activity is absolutely a police problem.

The questionnaire was sent out last June. Coincidentally, the Portuguese delegate to the Advisory Committee on Traffic in Opium of the League of Nations, proposed, June 5, 1923, "that, in view of the existing medical evidence, tending to show the possibility of completely doing away with the use of heroin in medical and surgical practice, the committee recommended to request our government to appoint a committee of inquiry with a view of ascertaining the possibility of completely abolishing the manufacturing of heroin and its use, and, in the event of the committee of inquiry deciding that manufacturing of heroin could not be done away with entirely, to inquire into its use being limited to certain types of cases, or in particular types of cases."

In the United States Army, the use of heroin has been interdicted by order of the Surgeon General.

In the United States Public Health Service, the use of heroin has been interdicted by the order of the Surgeon General.

In a large number of public hospitals, the use of heroin has been interdicted by order of medical boards and superintendents.

The health commissioners of Chicago and of New York City, simultaneously, thus expressed themselves: "Stop the use of heroin in all hospitals. It serves no purpose that other agents cannot accomplish as effectively, and without the attendant possibility of disaster."

COCAIN

Many physicians and dentists, in a desire to offset the dangers of cocain to their patients and to avoid the entanglement and the annoyance connected with complying to the Harrison Narcotic Law, have gradually substituted in their practice non-habit-forming synthetic compounds having otherwise similar attributes to cocain. Chief among these have been procain.

The answers to the question, "Do you believe that cocain can be advantageously replaced by non-habit-forming drugs, such as procain or similar preparation?" are given in Table 4.

Another question asked of physicians and dentists was: "Amount of cocain used in 1922?" The cards

returned by 7,559, or 51.37 per cent., of the physicians and 4,335, or 60.89 per cent., of the dentists showed: physicians, 610 ounces, or 18,971 gm.; dentists, 1,716 ounces, or 53,368 gm.

An analysis of the replies received from physicians as to the need for cocain and the possibility of substituting some non-habit-forming synthetic product, such as procain, shows that only approximately 17 per cent. of those answering this question considered cocain indispensable. The majority of this 17 per cent. deemed cocain necessary in the treatment of nose and throat lesions, and there were also some ophthalmologists and genito-urinary specialists who preferred cocain when anesthesia of the eye membranes and of the urethral tract is an essential to examination and treatment. Most of the practitioners of these three

TABLE 4.—*Answers to Question as to Replacing Cocain*

	Yes	No	Occasionally	Unanswered
Physicians	5,158	1,280	534	587
Dentists	3,770	253	277	35

groups use cocain topically only, rarely, if ever, prescribing it. Thus, it will be noted that, from these angles of medical practice, the danger of cocain habit forming is negligible. It will be further noted that about 83 per cent. of the physicians answering the inquiry on this point expressed the belief that cocain can be advantageously replaced by non-habit-forming drugs, such as procain or similar preparations.

Members of the dental profession were even more favorable inclined to substitute procain and like products for cocain, there being only 6 per cent. of those answering who believed cocain indispensable.

CONCLUSIONS

1. The narcotic addict exists.
2. His addiction is the result of physical or medical causes in only 2 per cent. of all cases among the thousands observed by the police.
3. In those few instances of true medical addiction treated by the medical profession in the state of New York for the year 1922, the great preponderance show

that they were treated for disease and not for drug addiction.

4. Because of the fact that addiction has its origin or is coupled with crime or with criminal environment in 98 per cent. of the police cases, the problem is in the category of criminology, and therefore comes within the province of the police.

5. The quantity of the various habit-forming drugs purchased by physicians and by dentists is well within the needs of their patients. These legitimate amounts

TABLE 5.—*Summary*

Figures received from 7,559 physicians, or 51.37 per cent. of the total physicians in the state of New York (14,715), and figures received from 4,335 dentists, or 60.89 per cent. of the total dentists in the state of New York (7,119).

Morphin prescribed in 1922 (physicians).....1,392 ounces (43,296 gm.)
 Heroin prescribed in 1922 (physicians)..... 30 ounces (933 gm.)
 Cocain prescribed in 1922 (physicians)..... 610 ounces (18,971 gm.)
 Cocain used in 1922 (dentists).....1,716 ounces (53,368 gm.)

Number of narcotic addicts treated in 1922..... 775

Do you believe heroin necessary in your practice?

	Yes	No	Occa- sionally	Unan- swered
Physicians	1,201	5,711	404	239

Do you believe cocain can be advantageously replaced by non-habit-forming synthetic drugs, such as procain or similar preparations?

	Yes	No	Occa- sionally	Unan- swered
Physicians	5,158	1,280	534	587
Dentists	3,770	253	277	35

Applied pro rata for all physicians and dentists in New York state (population 10,384,144).

Morphin prescribed in 1922 (physicians).....2,709 ounces, or 84,272 gm.
 Heroin prescribed in 1922 (physicians)..... 58 ounces, or 1,816 gm.
 Cocain prescribed in 1922 (physicians).....1,187 ounces, or 36,931 gm.
 Cocain used in 1922 (dentists).....2,818 ounces, or 87,639 gm.

Number of narcotic addicts treated in 1922.....1,509

represent only an infinitesimal proportion of what is trafficked in through underground channels.

6. Heroin has no specific uses in medicine in the opinion of approximately 80 per cent. of the practitioners consulted.

7. Cocain is useful in medical practice as a topical anesthetic in various conditions of the eye, the nose, the throat and the genito-urinary parts. Eighty-three per cent. of the physicians and 94 per cent. of the dentists

whose answers are to hand are of the opinion that cocain can be dispensed with in practice through the use of procaïn or other non-habit-forming synthetic compounds.

8. Underworld addicts have a decided preference for heroin and cocain.

9. The international phase of this question is largely dependent on what the laboratory is likely to accomplish in the near future in the preparation of habit-forming drugs synthetically, and the education of the professions in the use and selection of non-habit-forming substitutes. Sooner or later, heroin, cocain and morphin will be possible of manufacture universally at a far less cost than that which now obtains through growth and treatment of the plants from which they are now derived. When that time comes, supply and demand can be regulated in conformity with economic conditions, plus international agreement as to traffic in these drugs.

10. The sharp distinction between the medical addict and the underworld addict will clear up many of the problems confronting the medical profession and the law-enforcing agencies. This will also destroy many ramifications of the leakage from legitimate sources to the underground criminal strata. There is a whole-hearted cooperation on the part of every state and local governmental department, executive, legislative and judicial, to safeguard the interests of the public.

COMMENT

In the city of New York, narcotism has decidedly decreased during the last three years. This is evidenced by the fact that a beginner is now rarely found among the addicts recently apprehended. Constant vigilance is necessary, for relaxation on the part of the police would result in the immediate influx into this city of thousands of addicts from all over the country, and addiction would claim many new victims.

Only about 10 per cent. of the addicts arrested by the police are women. The percentage of female to male addicts is, however, much greater. They are not so liable to arrest, as comparatively few of them personally make their purchases on the street. It is delivered to them or bought usually through some male addict.

Evidence of the control of the situation is shown by the statistics of the ages of addicts. In 1921, when we were several months without a suitable narcotic law, in New York City, a large number of persons became addicts, mostly in the ages of 18, 19 and 20, and the peak age then was around 25 years. That is to say, there were more addicts giving the age of 25 years than any other age. In 1922, this peak age was 27 years, while this year the ages 27 and 28 are almost equal.

The questionnaire to which reference is made in this paper has added to our available knowledge of this subject. The medical and dental professions have given splendid cooperation, for which I am deeply appreciative. Their aid in securing the data, comprising expressions of opinion based on professional experience, utilizable for lay purposes, will be employed for the purpose of solving some of the questions of the narcotic menace confronting civilization, so that future generations may be free of a curse that has been interlinked with criminality through the ages.