STATE OF NEW YORK

STATE COMMISSION OF PRISONS

Special Report on

DRUG ADDICTION

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REPORT OF SPECIAL COMMITTEE OF
THE STATE COMMISSION
OF PRISONS

1924

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of the
State Commission of Prisons

TO THE STATE COMMISSION OF PRISONS:

At a meeting of the State Commission of Prisons held June 3, 1924, the undersigned were appointed a committee to study and investigate drug addiction, and report. After investigating conditions in penal and correctional institutions, interviewing a large number of drug addicts in these institutions, conferring with medical and lay experts, and examining the proceedings of legislative hearings, and State laws and proposed laws, we respectfully report:

I

DRUG ADDICTION—ITS NATURE AND TREATMENT

THE DRUGS

Addiction to narcotic drugs is world-wide. It tends, in many instances, to destroy its victims physically, morally and spiritually. It wrecks men and women, homes and families, and leaves in its trail poverty, crime and death. Such an appalling condition demands public regulation and correction.

The term "Narcotic Drugs" is generally applied to opium and cocaine and their derivatives. Experts, however, limit Narcotic Drugs to opium and its derivatives. The derivatives of opium, most dangerous in addiction are morphine, heroin and codeine.

Opium, in prepared state, is generally smoked or eaten.

Morphine is an alkaloid of opium, taken generally in powders or by injection or snuffed.

Heroin is a synthetic product of morphine—morphine-diacetylate and is generally taken as a powder or by injection or snuffed.

Codeine is an alkaloid of opium, used generally in medicine and rarely by addicts.

Opium is the coagulated juice of the poppy plant and is cultivated in East India, China, Persia and Asiatic Turkey.

Cocaine is an alkaloid derived from cocoa leaves, produced principally in Peru, Bolivia and the Island of Java. It is taken as a powder or by injection or snuffed.

Hashish, otherwise Cannabis Indica or Cannabis Sativa, is made from the juice or resin of the East Indian variety of common hemp.

Cocaine and Hashish are not strictly classified with opium and its derivatives as habit-forming drugs. They do not create similar pathological conditions in the body, and as an addiction are relatively easy to overcome. Except when differentiated, opiate drug addiction is referred to in this report.

THE ADDICT

Drug addicts belong to no distinct class or station in life; they are numbered among the socially highest and lowest; many of them are in the professions and prominent in business and financial affairs. A large proportion of them come from or fall into the underworld.

Addiction is acquired gradually, sometimes accidentally, often thoughtlessly and most often through curiosity or ignorance or indifference.

The accidental addict is the product of its administration or prescription for disease or surgical operations. Given to relieve pain over a period, it seizes the unfortunate in its inexorable grip. Men and women tamper with drugs to "quiet the nerves", or stimulate themselves for hard work or social functions, and find themselves enslaved. At one time, patent medicines containing opium were frequent cause of addiction.

Thoughtless youths "sowing their wild oats" become addicted before they realize the consequence of their acts. Men or women entering upon or leading a life of vice and dissipation resort to drugs in search of new sensations or to assuage remorse, or in recovering from the effects of alcoholic excesses.

Bad companionship is a frequent cause. Most of the addicts interviewed said that they learned to take the drugs from companions and friends. Girls are deliberately enticed into addiction so they can be immorally exploited. Husbands and wives addict each other. Drug sellers and peddlers persuade persons to take the drug to increase the traffic.

The claim so often heard—that drug addiction springs from viciousness and decadence—is not sustained by the facts. Addicts who have the money to secure it, take the drug for many years without disclosing external signs, either physically or by conduct or character.

The degree to which addiction deteriorates the moral character when the drug is obtainable is uncertain. Secret indulgence and deceit must have a deteriorating effect. When the drug is not obtainable or the addict has no money to buy it, he loses his ethical sense. The craving for it obliterates moral restraints and obligations.

It is useless to make an estimate of the percentage of addicts in respectable life as compared to the underworld. So much concealment exists that accurate records are not obtainable. The only definite records are those who come into criminal courts and public hospitals.

Likewise, any estimate of the total number of addicts is largely guess work. Estimates made by investigating bodies and experts range from 1,000,000 in the country (report of special committee appointed by Secretary of Treasury March 25, 1918) to 150,000 (estimate of Kolb and Dumetz) and from 100,000 (estimate of Whitney report 1917) in the State to 30,000 (State Department of Narcotic Drug control 1920).

The addict invariably says that he receives no pleasure from the drug except some stimulation in the beginning. "He has got to take it"; "he takes it to keep normal"; "he prays to break from it but cannot".

The increasing dosage and cost of the drug consume his earnings. He takes the money from his family and his food. He works for his drug, and after excessive use, when he becomes too enfeebled or unstable to keep a position, he sinks into dependency or resorts to crime.

DRUG ADDICTION A DISEASE

What is this terrible scourge which incapacitates and destroys its victims? On the surface it appears to be a moral weakness in the addict. It is called a "vicious habit", for which he is held responsible. He is branded as a "dope fiend" and a moral leper.

Investigation and clinical research have revealed that drug addiction is a disease with definite symptoms and pathology. A report to the American Public Health Association 1919 over the signatures of such distinguished experts as Dr. C. E. Terry, Dr. Oscar Dowling, Dr. Ernest S. Bishop and Lucius P. Brown, describes its symptoms as follows:

> "A Narcotic Drug addict is an individual in whose body the continued administration of opiate drugs has established a physical reaction or condition or mechanism or process which manifests itself in the production of definite and constant symptoms and signs and peculiar and characteristic phenomena appearing inevitably upon the deprivation or material lessening in the amount of the Narcotic drug and capable of immediate and complete control only by further administration of the drug of the patient's addiction. In general, the symptoms, signs and phenomena consist of a sense of restlessness and depression followed by yawning, sneezing, excessive mucous secretion, sweating, nausea, uncontrollable vomiting and purging, twitching and jerking, internal cramps and pain, marked circulatory and cardiac inefficiency, irregularity of pulse going from extremes of slowness to extremes of rapidity, with loss of tone, face drawn and haggard, pallor deepening to grayness, exhaustion, collapse and, in some cases, death."

The introduction of the narcotic poison gradually forms in the body an antidote or mechanism or process which tolerates its taking and increases and neutralizes its effect. After the mechanism or process or antidote is formed, the withdrawal of the drug produces the intense agony and suffering described (Bishop's " The Narcotic Drug Problem" p. 42).

The Whitney Committee appointed by the New York State Legislature, after a protracted investigation and careful study, unanimously reported to the legislature in a report dated March 1, 1918:

> "It has been conclusively established to our satisfaction that drug addiction however established is not of itself a vice, but is rather a disease and one that afflicts not alone the low and criminal but afflicts honest intelligent people in all walks of life."

Since drug addiction is a disease, it should be so treated. A duty is imposed on the public, as expressed by the Whitney Committee:

> "It is the function of the State so far as it can be reasonably done to prevent the contraction and spread of the disease and furnish to the afflicted, within reasonable limits, such general public facilities as will aid in enabling them to obtain permanent relief."

The commitment of addicts not charged with crime to prisons or so-called correctional institutions is an extraordinary way of treating sick persons. Carelessness, indifference, ignorance and misconduct are responsible for a good deal of the tuberculosis and most of the venereal diseases. Few persons would have the temerity to advocate throwing them into prisons or correctional institutions when they come to the public soliciting treatment in their misery.

ITS TREATMENT

Two methods of treatment for drug addiction are generally adopted in institutions known as the complete withdrawal, or "Cold Turkey", and the gradual reduction methods.

Addicts in the complete withdrawal method are entirely cut off from the drug and given supportive treatment, such as cathartics, bromides, strychnine and baths. In the gradual reduction method they receive each day, by injection or by mouth, a decreasing amount of the drug over a period of from five to seven days and also supportive treatment.

During the process of withdrawal, unless most addicts of the delinquent class are under custody or restraint they cannot be trusted to cooperate and will leave the institution or surreptitiously secure the drug. When free from the drug for several weeks they begin to improve rapidly and after a varying period appear normal, gaining health and flesh. When in this condition they invariably assert that they are cured and will never return to the drug. Unfortunately, as soon as they become free nearly all of them, sooner or later, become readdicted.

A peculiar feature of the disease showing that the mechanism or antidote in the body is arrested and not eradicated is, if the addict's body again receives the drug after he is supposed to be cured, he must again undergo withdrawal manifestations and suffering.

The return of the addicts to the drug discourages persons interested in their welfare. It creates the opinion that the opiate addict is hopeless and doomed. When an addict has been free from the drug for a long period and has shown every evidence of loss of desire, readdiction in view of his terrible experience is generally attributed to lack of will power, shiftlessness or mental inferiority. Some authorities claim that such cases have not been properly treated.

Complete withdrawal treatment is not regarded as scientific or humane by experts. If the physical conditions described are created in the

body, it is reasonable that the system should be gradually adjusted to the withdrawal of the drug. The wrench and shock to the organism of sudden withdrawal, aside from the agony suffered, must be dangerous. Dr. George E. Petty, one of the greatest experts on the disease, in his book, "Narcotic Drug Disease and Allied Ailments" p. 41, says: "The abrupt withdrawal of an opiate from patients addicted to its use, without first preparing the patients' systems for such withdrawal, is not only dangerous to life but barbarous."

A just criticism of the medical departments of many institutions which use the gradual reduction method is in the *en masse* treatment of a large number of inmates. They are all given the same daily dosage. It is unreasonable that a person who has been taking over an ounce a week should receive the same reduction as one who has been taking fifty grains a week.

Patients under treatment for drug addiction should be given the individual diagnosis and treatment that patients afflicted with other diseases receive. Each case should be separately studied and the dosage and supportive treatment adapted to the individual's symptoms and needs.

When the addict leaves the hospital he is debilitated and physically unfit to perform his duties normally in the community. If he returns too soon he is likely to become readdicted in short order. He should spend a period in the open or be sent to a farm colony where he will be built up physically and be put in condition to do his work and to exercise a fair degree of self control.

II

PUBLIC EFFORTS FOR DRUG CONTROL AND SUPPRESSION

NEW YORK STATE

New York State has at present no law regulating the sale, use and distribution of narcotic drugs. The only procedure is under the Federal statutes and the Sanitary Code of New York City. The story of this predicament is one of conflicting interests, group agitation, contention, and confusion.

Cocaine first received public attention. The penal law was amended in 1907 by a section creating prohibitions and regulations, and imposing penalties. After a number of amendments the substance of the law was incorporated in the second Whitney Act in 1918 and became part of Article 22 of the Public Health law repealed in 1921.

The revelations of the extent and misery of drug addiction aroused public sentiment and brought about the enactment in 1914 of the Harrison law in the Nation and the Boylan in the State, which amended Article 11 of the Public Health law.

The Boylan law, among other provisions, regulated the sale of opiate drugs, required doctors, dentists and veterinarians to give a signed prescription, and druggists or any sellers at retail to receive such prescriptions

before sale, regulated the purchases and sales of hypodermic syringes or needles, defined methods of keeping and filing prescriptions and records, forbade doctors to issue prescriptions except for disease, injury or deformity, directed that the names, ages and addresses of all persons treated or receiving prescriptions be kept on record for five years, prescribed an official order blank to be furnished by the State Commissioner of Health, defined illegal possession and provided for the treatment of addicts in hospitals. Violations of any of the provisions of the law were made a misdemeanor.

The administration of the law excited and frightened the doctors who assumed that they were forbidden to administer and prescribe narcotic drugs to patients and stirred up a storm of protest in medical, pharmaceutical and commercial drug circles. Doctors who had been treating addicts stopped and peddling of smuggled drugs increased. Addicts crowded into hospitals which were not equipped for their treatment. Numerous arrests were made and convictions in large numbers were secured.

The protests, controversy and opposition led to the appointment of a legislative committee in 1916, known as the Whitney Committee, to study conditions and recommend legislation. This Committee took a good deal of testimony, held public hearings, and made several enlightening reports. A law known as the first Whitney Act was enacted in 1917.

The Whitney Act incorporated the principal provisions of the Boylan law, modified restrictions on doctors, dentists and veterinarians and permitted local boards of health to prescribe and dispense drugs free to addicts under regulations of the State Board of Health.

The succeeding year the law was amended by the second Whitney Act and a department of Narcotic Drug Control was created under a Commissioner who was empowered to make regulations. Public clinics for the treatment of addicts were opened and abused, varying with the degree of intelligence with which they were administered. Doctors and druggists claimed that the regulations of the Commissioner were oppressive.

The protests and agitation for new legislation and for the repeal of existing legislation continued. Many bills were introduced and stormy hearings held.

The criticism of the Narcotic Drug Control administration, the violent dissension, the contradictory bills introduced, and the inability of the experts to agree, induced the legislature to pass the principal bills pending and refer them all to the Governor.

The Governor in 1921 vetoed them all and also signed a repeal of the Whitney law, leaving the State without any regulatory legislation and without penalties for the sale, use and distribution of drugs except under the Federal laws.

At the last session of the legislature the Kennedy-Weinfeld bill, prepared by a committee of the State Bar Association, received the endorsement of some public officials, some public and private organizations and individuals who have been active in efforts to secure the regulation of narcotic drugs.

The bill as finally amended permitted doctors and veterinarians to prescribe, administer and dispense and dentists to administer and dispense in good faith in the course of their professional practice only and placed the manufacture and sale and possesion of habit-forming drugs and hypodermic syringes under definite restrictions and prohibitions, required the filing of records, and defined a procedure for the commitment to correctional and charitable institutions of persons voluntarily seeking treatment, and of persons charged with crime, and provided for the establishment of a State Laboratory and Analyst of drugs under the State Commission of Health. It did not establish control or regulation over the various institutions. Violation of any of its provisions was made a misdemeanor.

The bill contained two objectionable provisions. The commitment to correctional institutions of addicts voluntarily seeking public treatment, and their subjection throughout the State to treatment and criminal contacts such as they receive in correctional institutions in New York City, is not a humane way of treating diseased persons who commit no crimes. The correctional institutions available are reformatories, penitentiaries and workhouses in which the criminal associations and inadequate treatment will do infinitely more harm to the addicts than any good accomplished by their temporary removal from society. Misdemeanor does not impose severe enough penalty to attack and suppress the illegal sale of habit-forming drugs.

Conditions in New York State are badly mixed and obscured by divergent views and selfish interests. There are five distinct groups in the open which it has been impossible to reconcile and unite on an effective law. Doctors, dentists and veterinarians want no unreasonable interference with their freedom of practice. Druggists, pharmacists and manufacturers and commercial drug interests want no unreasonable restraint on traffic and sale. Police and prosecuting authorities insist that drug addiction is a pernicious vice which should be treated in prisons and suppressed by the criminal courts. Parties interested in private hospitals and sanitariums are reported promoting legislation which will drive addicts, who would otherwise seek ambulatory treatment from doctors, into hospitals. Finally, there is the social welfare group, including disinterested organizations who are trying to secure sane and effective legislation.

Sinister undeground and secret forces are said to be at work plotting to keep conditions as they are, or so confused that drug peddling and and smuggling can thrive and large illicit gains he reaped by social jackals who organize and supply the drug-peddling traffic.

NEW YORK CITY

When the State goverment failed to meet the necessities of the situation and left the State, so far as the State law was concerned, at the mercy of the drug traffickers, the Commissioner of Health of New York City framed and promulgated on July 25, 1921, Article 8-A of the Sanitary Code.

Section 132 declares that the unauthorized possession, sale, distribution, prescribing, administration or dispensation of cocaine, opium or any of their derivatives or Cannabis Indica or Sativa or their derivatives, is dangerous to the public health and a menace to public welfare. Section 133 prohibits the unauthorized possession, sale, distribution, administering, prescribing or dispensing of any of the drugs designated. Section 134 enumerates the authorized acts of trades and professions provided the requirements of the Harrison Act are fulfilled.

Section 135 prohibits the unauthorized possession of hypodermic syringes or needles. Section 135 (a) specifies exemptions. Section 135 (b) defines the procedure for the commitment to hospitals or correctional institutions maintained by the City of addicts voluntarily seeking treatment or addicts charged with or convicted of crime. Section 135 (c) makes fraud and deceit a violation of the Article. Section 135 (d) makes violation of any of the provisions a misdemeanor.

Addicts charged with the violation of any of the provisions of the Article are arraigned and disposed of in the Court of Special Sessions.

Addicts seeking voluntary treatment are committed to institutions by the Magistrate's Court.

A narcotic Drug division was organized by the New York City Department of Police January 1, 1921, and placed under the direction of Dr. Carlton Simon, Deputy Commissioner of Police. The enforcement of the drug provisions of the Sanitary Code was delegated to this division and a corps of detectives was assigned to it.

Dr. Simon has accumulated the largest collection of finger prints, photographs and records of drug addicts in existence, and has prepared excellent case histories of the addicts.

The following table is a statistical resume of the work of the department. A material reduction in the total number of cases reported should be made for repeaters:

1921	Total arrests and commitments to correctional institutions	3,086	
	Total sent to hospitals	637	3,723
1922	Total arrests and commitments to correctional institutions	3,149	
	Total sent to hospitals	522	3,671
1923	Total arrests and commitments to correctional institutions	2,663	
	Total sent to hospitals	497	3,160
1924 to July 1st	Total arrests and commitments to correctional institutions	1,513	
	Total sent to hospitals	123	1,636
	Grand Total		12,190

All addicts applying for treatment at any of the public departments of New York City or to the courts are referred to the Narcotic Drug division for investigation. Selected addicts with no criminal history are sent to the Metropolitan Hospital for treatment, and others with a criminal history were sent (up to August, 1924) to the Kings County Hospital. All others are regularly committed and transferred to the Workhouse for men on Riker's Island or the Workhouse for women and Correctional Hospital on Welfare Island, except a comparatively small number of women committed to the New York State Reformatory for Women at Bedford Hills.

Hospital conditions are not satisfactory. Bellevue and Allied Hospitals do not receive addicts except some self-committed women on the way to Bedford Reformatory. The Metropolitan does not have legal custody and is not supplied with attendants and equipment to handle troublesome cases. Many of the addicts walk out before termination of their treatment.

Most of the addicts sent to the Kings County Hospital were held until discharged. The Department of Public Welfare reports that 254 were received in 1922, 398 in 1923, and 148 up to July 1, 1924, The treatment of drug addiction has been discontinued since August, 1924, leaving the Metropolitan Hospital the only public hospital to which addicts are sent in New York City.

The following statistics of self-committed addicts were furnished by the Magistrates' Court:

	MEN	WOMEN	TOTAL
1922	582	90	672
1923	496	80	576
1924 to July 1st	315	55	370
	1,393	225	1,618

The Court of Special Sessions is the barometer of the extent of the use, sale and possesion of the drugs by the underworld. All prosecutions of drug offenses under the Sanitary Code are brought there. Drug addiction cases constituted in 1921—17.3%; 1922—19.5%; 1923—16.3%; and up to July 1, 1924—17.04% of the entire business of the court.

The following table, furnished by the Chief Judge of the Court, shows the number of convictions under the various State laws and the Sanitary Code up to July 1, 1924:

Boylan Law			1st & 2nd Whitney Law					
1914	1915	1916	1917	1918	1919	1920	1921 to 5/13	1921 after 5/13
1415	1503	1686						
			1283	540	846	1266	599	1190

Sanitary Code		
1922	1923	1924 to 7/1
2211	1926	955

The average percentage of males convicted up to 1921 was 83.2, females 16.8. During 1921, males 91.9, females 8.1. During 1922, males 90.5, females 9.5. During 1923, males 88.06, females 11.94. During 1924 up to July 1st, males 85.75, females 14.25.

The following table of ages, prepared by Judges Cornelius F. Collins, is taken from his report to the State Conferrence of Magistrates:

Year	Age (Average)	Percentage	Percentage 21 yrs. and under	Percentage under 21 yrs.
1916 ----------	23	48.12	28.27	18.91
	24	54.29		
1917 ----------	26	54.6	20.1	12.3
	27	57.		
1918 ----------	25	49.7	16.2	10.5
	26	54.15		
1919 ----------	26	51.7	12.6	6.5
	27	56.1		
1920 ----------	25	46.5	17.8	8.2
	26	53.5		
1921 ----------	26	44.8	12.32	6.16
1922 ----------	29	50.5	8.2	4.7

No compilation of ages and percentages was made during 1923.

An examination of above statistics shows that the number of addicts prosecuted materilly decreased under the Whitney acts and increased under the enforcement of the provisions of the Sanitary Code; that the number of female addicts which decreased about one-half in 1921 and 1922 have gone back in 1923 and the first half of 1924 almost to the high percentage before 1921; and that the average age of the underworld addicts has been gradually rising to 1923 and the percentage of the young addicts of the age of 21 and under materially falling.

III

DRUG ADDICTS IN PENAL AND CORRECTIONAL INSTITUTIONS

Many drug addicts are inmates of penal and correctional institutions. Most of them are committed for crimes and offenses relating to the use and sale of drugs under the Sanitary Code of New York City, or are convicted under the Harrison Act, or some other United States statute, and sentenced by Federal judges to state or county institutions.

A large number of addicts are sentenced to prisons for commission of crimes which have no connection in law with drugs. Denizens of the underworld and delinquents are addicted to drugs to a greater extent than other persons, due to their reckless and indulgent lives and abnormal and subnormal personalities.

STATE PRISONS, REFORMATORIES AND COUNTY INSTITUTIONS

A large proportion of the drug addicts sentenced to Sing Sing and Auburn are transferred to Clinton Prison, which is in the Adirondack mountains far removed from centers of population, and the inmates have less outside contacts than in the other prisons.

The following table shows the number of drug addicts received in Auburn, Clinton and Sing Sing prisons and their percentage to the total admissions to each institution, so far as the records are available, since June 30, 1916. As admissions and not commitments are given, the addicts in Clinton Prison transferred from Auburn and Sing Sing prisons are counted twice and their percentage duplicated in the Clinton figures. A comparatively small number of addicts are committed from Clinton district each year:

Year Ending June 30th	AUBURN Admissions	Addicts %	CLINTON Admissions	Addicts %
1917	671	..	559	..
1918	827	4†	767	..
1919	509	10†	599	..
1920	685	6†	672	..
1921	675	27—4.0	844	88—10.4
1922	999	23—2.3	936	79— 8.4
1923	546	27—4.9	738	66— 9.0
1924	671	21—3.1	917	86— 9.4

Year ending June 30th	SING SING Admissions	Addicts	%	AUBURN—WOMEN Admissions	Addicts	%	TOTAL Adm.	Adc.
1917	1071	4*	0.4	29	2*	6.9	2330	6
1918	1197	11*	0.9	37			2828	15
1919	1073	16*	1.5	34			2215	26
1920	1490	33*	2.2	42			2889	39
1921	1414	93*	6.6	35	1*	2.9	2968	209
1922	1613	132*	8.2	40	2*	5.0	3588	236
1923	1113	70*	6.3	40	3*	7.5	2437	166
1924	1330	88*	6.6	31			2949	195

† Discharged prisoners listed as addicts.
* Addicts listed in hospital.

Great Meadow is a transfer prison solely. Addicts are rarely transferred to it and statistics are not kept.

The gradual reduction method, with special treatment, is used in Auburn Prison for men and women. The complete withdrawal method except in extreme cases requiring medical treatment, is used in Clinton, Sing Sing and Great Meadow prisons.

The New York State Reformatory at Elmira is the only State reformatory for adult males. Males between the ages of 16 and 30, convicted of felony and a small number convicted of misdemeanor, are committed under an indeterminate sentence. Returned prisoners are those brought back for violation of parole. United States prisoners are committed by Federal courts under a definite sentence.

The following comparative statement of drug addicts in proportion to the population was furnished by the Superintendent of the Reformatory:

	1914	1917	1918	1919	1920	1921	1922	1923
New Men	1,223	603	617	750	681	710	801	560
Returned Men	101	99	88	76	62	58	129	120
Definite Men (U. S.)	6	2	21	23	13	2	2	5
Drug Addicts—New	--	--	2	--	--	--	1	4
Drug Addicts—Ret.	19	38	39	26	15	20	17	14
Drug Addicts—Def.	5	10	6	12	6	4	4	8
Total Population	1,330	704	726	849	756	770	932	685
Total Drug Addicts	24	48	47	38	21	24	22	26
Percentage of Drug Addicts	1.804	6.81	6.473	4.475	2.777	3.116	2.36	3.80

The complete withrawal method of treatment is used.

The New York State Reformatory for Women at Bedford Hills and the Albion State Training School at Albion are reformatories for women between the ages of 16 and 30, convicted mostly of sex and minor offenses.

An arrangement was made in 1920 to commit selected self-committed drug addicts from New York City for 100 days to the Bedford Reformatory. As complete withdrawal treatment is practiced, some extreme cases were accepted at Bellevue Hospital for a short time on the road to Bedford. The self-committed women are kept in the hospital for two weeks and mingled with the other inmates for the balance of the hundred days. The Reformatory reports that the self-committed cases were in 1921—51; 1922—30; 1923—28; and for the six months up to July 1, 1924—16.

Records of drug addicts were not preserved at the Albion State Training school. The management reports "during the past year we had about five cases; during 1922-1923 one case." The gradual reduction method with additional treatment is in use.

The county penitentiaries outside of New York City are Albany, Erie, Monroe, Onondaga and Westchester. Statistics of drug addicts are not taken; the complete withdrawal method, except in Onondaga County Penitentiary, is used. All of the institutions have hospital rooms in which the worst cases receive attention. Occasionally, when a patient is violently or dangerously ill the doctor administers the drug.

Addicts committed to the 57 county jails outside of New York City, either under detention or sentence, receive the same treatment and diet as the other prisoners. The complete withdrawal method, with a few

exceptions, is used. Jail doctors are paid small compensation and do not feel that they should furnish the drug or spend much time on addicts. County jails have limited, and some of them have no hospital rooms. The addict in the county jail is a pitiable object unless he receives the drug from the outside. His food is distasteful and he rarely has the physical exercise in the open which he sorely needs.

NEW YORK CITY INSTITUTIONS

The penal and correctional institutions of New York City consist of the Penitentiary on Welfare Island, the Workhouse and Correction Hospital for women on Welfare Island, the Municipal Farm on Riker's Island, the Reformatory Prison on Hart's Island, The New York City Reformatory for male misdemeanants at New Hampton, and the Women's Farm Colony at Greycourt.

The Penitentiary functions as a clearing house for all adult sentenced males. They are taken to it in the first instance and transferred to the institution for which they are considered best fitted. The Correction Hospital acts as a clearing house for all adult sentenced females.

The Municipal Farm at Riker's Island is set apart exclusively for the confinement and treatment of male drug addicts. Female drug addicts are treated and confined in the Correction Hospital and Workhouse.

Drug addicts passing through the clearing houses are of three general classes: Those who are committed under the Sanitary Code for the illegal use, possession or sale of the drugs; those who are convicted of other crimes; and those who have committed no crime but are self-committed under the Sanitary Code.

Riker's Island in the East River, originally 63 acres, has been enlarged by the dumpings and refuse of the city to 350 acres. Everything about it is raw and uncouth. It is primarily a poorly equipped prison. The inmates are housed in wooden dormitories; one of the dormitories is called a hospital. A former Commissioner of Correction described the buildings, which have not since been improved, as "hopelessly crude, inadequate, objectionable and unsafe".

Offenders steeped in crime, addict drug peddlers, self-committed addicts who have committed no crimes, young and old, the bad and the good, are all commingled together. The population ranges from three hundred to four hundred.

All of these inmates suffering from a disease needing specialized treatment have the services of only one doctor and no civilian nurse. The treatment is necessarily *en masse*. The gradual reduction method is given by injections over six days. The addicts remain about twelve days in the hospital and are then transferred to the general dormitories.

Women drug addicts are assigned to the Correction Hospital—a new name for the ancient Workhouse on Welfare Island. The south wing continues to be the workhouse for women; the north wing, formerly the workhouse for men, has been made over into a hospital. The wards are pleasant and incomparably superior to the accommodations for men on

Riker's Island. The treatment is *en masse*, similar to that given on Riker's Island. The inmates receive injections gradually reduced over seven days; they are permitted to convalesce in the hospital for about seven days more and are then transferred to the workhouse section and commingled with the workhouse inmates.

The self-committed or non-criminal addict, is treated the same as the criminal addict. The mingling of the various classes of women is abominable.

To illustrate the character of the associations, 595 women, consecutively committed to the Workhouse early in 1923, were convicted of the following offenses: Two hundred twenty prostitution, 103 intoxication, 100 drug addiction, 58 disorderly conduct, 44 petty larceny, 43 vagrancy, 12 miscellaneous, 9 violation of parole, 6, grand larceny. One hundred forty-five had served previous sentences of from two to four times; 94 from five to ten times; 57 from eleven to twenty times; 31 from twenty-one to fifty-one times; over 60% had venereal diseases.

Any decent woman applying for treatment of drug addiction after one hundred days of seeping in this mess must become thoroughly contaminated and degraded. If there be any force in the argument that self respect and moral fibre are necessary to strengthen the will to resist future desire and temptation for the drug, this treatment of the self-committed defeats its purpose. Self-respect and moral fibre must be destroyed. Of course these women invariably return to the drug.

Male addicts who are convicted of crimes after a period on Riker's Island are transferred to Hart's Island. The self-committed addicts remain the hundred days on Riker's Island. About forty per cent of the inmates on Hart's Island are drug addicts. Addicts suffering from tuberculosis are transferred to Hart's Island in the first instance. When treatment is necessary addicts receive the gradual reduction method or, as the doctor prefers to call it,—the rapid reduction method over a period of five days by mouth instead of by injection.

Drug addicts are not transferred to the Reformatory for young misdemeanants at New Hampton or the Women's Farm Colony at Greycourt. Young addicts are sent to Riker's Island and later transferred to Hart's Island.

The City Prison, Manhattan, otherwise known as the "Tombs", receives, including repeaters, about two thousand drug addicts each year. Prisoners held for the higher criminal courts and Special Sessions Court who do not give bail, are detained in it. They are all segregated in a special section of the prison which has no hospital accommodations. The doctor administers the gradual reduction treatment by mouth to prisoners in their cells, giving to each addict as much individual treatment as his time will permit. The average age of drug addicts charged with felony received from September 15th to October 21, 1924, was 30-3/4 years. No previous record has been kept.

The following data and statistical tables are taken from statistical tables and statements presented by the New York City Department of Correction at the hearing before the Ways and Means Committee of the House of Representatives on the Porter heroin bill, April 3, 1924, and from statistics received from the wardens of the institutions.

During the year 1923, 2663 drug addicts were committed to the correctional institutions of New York City; 1292 were classified as workhouse prisoners and 351 penitentiary prisoners convicted under the Sanitary Code. The balance were convicted of other crimes and criminal offenses. All of the 1292 were transferred to Riker's Island and the Correction Hospital. In addition to the 2663 there were a large number of addicts who were convicted of felonies and misdemeanors and sentenced to State institutions, and United States prisoners convicted in the Federal courts.

The 1292 (1093 men and 199 women) convicted under section 133 of the Sanitary Code (possessing and selling) and committed under section 135 (self committed for treatment) had records as follows:

	MEN		WOMEN		TOTAL		TOTAL
Treated	*Sec.* 135	*Sec.* 133	*Sec.* 135	*Sec.* 133	*Sec.* 135-133		*Sec.* 133-135
1st time	101	235	13	32	114	267	381
2nd time	70	164	8	28	78	192	270
3rd time	61	120	8	20	69	140	209
4th time	37	77	7	11	44	88	132
5th time	30	48	5	12	35	60	95
6th time	27	39	4	15	31	54	85
7th time	15	17	3	7	18	24	42
8th time	11	10	2	8	13	18	31
9th time	11	7	1	3	12	10	22
10th time	3	1	2	--	5	1	6
11th time	1	3	1	1	2	4	6
12th time	3	2	--	1	3	3	6
13th time	--	--	1	1	1	1	2
14th time	--	--	--	1	--	1	1
15th time	--	--	1	1	1	1	2
18th time	--	--	1	--	1	--	1
20th time	--	--	--	1	--	1	1
Total	370	723	57	142	427	865	1292
Repeat (per cent)	75	68	77	71	73	69	71

The 427 self-committed persons (370 men and 57 women) had the following records:

No. times treatments were received	*No. receiving treatment*	*No. having previous record for possessing and selling*	*No. having previous record for offenses other than drug offenses*
1st time	210	115	77
2nd time	114	40	29
3rd time	48	6	23
4th time	31	9	13
5th time	10	5	5
6th time	9	1	5
7th time	5	--	1
8th time	--	--	10
9th time	--	--	1
12th time	--	--	1
13th time	--	--	1
16th time	--	--	1
Total	427	176	167

The 865 persons convicted of possessing and selling (723 men and 142 women) had the following records:

No. of times Committed	*No. Committed*	*No. having previous treatments*	*No. having previous record for offenses other than drug offenses*
1st time	484	185	151
2nd time	232	57	79
3rd time	96	13	32
4th time	30	3	32
5th time	19	1	13
6th time	2	1	11
7th time	1	--	3
8th time	--	--	2
9th time	1	--	--
10th time	--	--	1
12th time	--	--	1
14th time	--	--	1
19th time	--	--	1
Total	865	260	327

The following drug addicts were received at Riker's Island from January 1 to July 1, 1924, all males:

Self-committed without previous record	68	
Self-committed with previous drug record	91	
Self-committed with previous criminal record	108	
		267
Number admitted for definite sentence		381
Number admitted for indefinite sentence		240
		888

The average ages were as follows:
Self-committed 34 years 8 months.
Definite sentences 30 years 5 months.
Indefinite sentences 31 years 7 months.

The following drug addicts were received at the Correctional Hospital and Workhouse from January 1 to July 1, 1924, all females:

Self-committed without previous record	6
Self-committed with previous drug record	35
Self committed with previous criminal record	35
Number of addicts committed on definite sentence	93
Number of addicts committed on indefinite sentence	7
	176

The average ages were as follows:

Self-committed *yrs.*	33
Sentenced addicts *yrs.*	32

The above statistics do not indicate constructive results. The best that can be said is that a large number of drug addicts and drug peddlers are temporarily removed from the community and that the majority of them keep coming back to the institutions again and again in a sort of endless chain. They also show that many of the self-committed have no previous criminal record; and that the average ages of addicts received at Riker's Island and the Correction Hospital from January 1, 1924 to July 1, 1924, were higher than the last report of the Court of Special Sessions in 1922.

DRUG SMUGGLING IN PENAL AND CORRECTIONAL INSTITUTIONS

The smuggling of drugs into prisons was at one time a common practice; numerous inmates became addicted in the prisons. The inmate drug peddler was a recognized type; drugs were brought in and attempts were made to bring them in by every conceivable trick; the most common way was through dishonest employees.

The harsh conditions of the old prison system created a desire for drugs to relieve monotony and suffering. Drugs found their way into prisons in proportion to the insanitary housing and repressive management of the institution. The improvement in sanitary conditions, excercise, recreation and humane management has diminished smuggling. A community or public sentiment is developing in some of the institutions which is operating to make inmate drug peddling offensive and even unsafe.

All the State prisons and reformatories report a minimum of smuggling; little evidence of it could be found. While the opportunity exists as in the past, it has certainly diminished. The transfer of drug addicts to Clinton Prison has been a material factor in discouraging it.

The situation is somewhat different in New York City. The institutions are close to the drug traffic and to friends and associates. Rumors

and stories of extensive smuggling are current which are not verified. Management is doing its utmost to suppress smuggling; when discovered severe punishments are imposed. Reports of management are that the institutions were never so free from drugs as at present.

The supervision exercised over county penitentiaries is not as strict as over the State and New York City institutions. The number of addicts confined is comparatively small, and if smuggling exists it is well concealed.

It is said that county jails are sieves for drugs and that any addict with money can procure them. No proofs of these statements have been furnished and it does not appear upon our inspections. The free and easy methods in many of the jails may permit smuggling if worth while. Jails in rural districts are removed from centers of the drug traffic and the inmates have not the money nor are of the kind to attract smugglers or receive gratuities.

IV

RELATION OF DRUG ADDICTION TO CRIME

Drug addiction under some conditions contributes materially to crime. Aside from convictions for violation of the Sanitary Code of New York City and of the Federal statutes it is the responsible cause of the commission of many serious crimes.

The statement that every drug addict is a potential criminal is not strictly true. Every drug addict who is unable to buy or secure the drug, however, is a potential criminal because of his suffering. Many addicts who are able to obtain the drug and control the dosage live respectable and useful lives.

The addict who has no money to buy, or who cannot secure the drug, becomes a menace to society. Addict after addict interviewed in the State prisons and jails said that they committed highway robbery, burglary, forgery and larceny so they could obtain the drug.

Women sell themselves into prostitution or white slavery to insure the steady supply of the drug. Procurers, keepers of disorderly houses and white slavers deliberately seek to secure such control.

The records of 237 drug addicts convicted of felonies and sentenced to the State prisons were examined at Clinton prison in September, 1924; they were all committed, with a few exceptions, since January 1, 1921. Do their offenses reflect the effect of drug deprivation in contributing to the more serious crimes during the past four years?

The following tables prepared from the prison records give their crimes classified as involving the person or property, the number of their previous convictions, their color, age at time of commitment, the prisons to which they were originally committed, the total of each crime group, percentages computed by crime group and percentage of previous convictions, and ages in groups under 21 years; 21 to 30 years; 31 to 40 years; and over 40 years.

SHOWING CRIMES FOR WHICH THE DRUG ADDICTS WERE CONVICTED

Crimes Against Persons	*Auburn*		*% Gr.*	*Clinton*		*% Gr.*	*Sing Sing*		*% Gr.*	*Total*		*% by Groups*
Assault 1st degree	--			4			4			4		
Assault 2nd degree	--			4			8			12		
Att. Assault 2nd degree	--				4	12.5	1	13	7.1	1	17	7.2
Bigamy and Perjury	--			--			1	1	0.5	1	1	0.4
Manslaughter 1st degree	--			--			4			4		
Manslaughter 2nd degree	--			--			2			2		
Murder 2nd degree	--			--			3	9	4.9	3	9	3.8
Rape 2nd degree	--			1	1	3.1	--			1	1	0.4
Total	--				5	15.7		23	12.6		28	11.8
Crimes Involving Property												
Arson 1st degree	--			1	1	3.1	--			1	1	0.4
Burglary 1st degree	--			--			2			2		
Burglary 2nd degree	--			--			2			2		
Burglary 3rd degree	5			2			29			36		
Burglary 3rd degree G. L. 1st	1			--			--			1		
Burglary 3rd degree G. L. 2nd	1			3			--			4		
Burglary 3rd degree G. L. 3rd	1			--			1			2		
Burglary 3rd degree Pet. L.	--	8	36.3	2	7	21.9	1	35	19.1	3	50	21.1
Att. Burglary 1st degree	--			--			1			1		
Att. Burglary 2nd degree	1			--			1			2		
Att. Burglary 3rd degree	1	2	9.1	--			20	22	12.0	21	24	10.1

Table Continued

SHOWING CRIMES FOR WHICH THE DRUG ADDICTS WERE CONVICTED

	Auburn		% Gr.	Clinton		% Gr.	Sing Sing		% Gr.	Total		% by Groups
Forgery 2nd degree	1			2			1			4		
Forgery 3rd degree	--			--			1			1		
Att. Forgery 2nd degree	--	1	4.5	--	2	6.2	1	3	1.6	1	6	2.5
Grand Larceny 1st degree	1			3			8			12		
Grand Larceny 2nd degree				6			24			31		
Att. Grand Larceny	--	2	9.1	--	9	28.1	20	52	28.4	20	63	26.6
Receiving Stolen Property 1st	1	1	4.5	--			--			1	1	0.4
Robbery 1st degree	3			5			15			23		
Robbery 1st and Grand Larceny	--			1			--			1		
Robbery 2nd degree	1			1			7			9		
Robbery 3rd degree				1			6			8		
Att. Robbery 1st degree	--			--			2			2		
Att. Robbery 3rd degree	1	6	27.3	--	8	23.0	--	30	16.4	1	44	18.6
Att. Forgery and Bigamy	1			--			--			1		
Burglary 1st & Assault 1st	--	1	4.5	--			1	1	0.5	1	2	0.8
Total		21	95.5		27	84.3		143	78.1		191	80.6
Miscellaneous Crimes												
Carrying concealed weapons	1	1	4.5				14	14	7.6	15	15	6.3
Possessing burglar's tools	--						2	2	1.1	2	2	0.8
Aiding an escape	--						1	1	0.5	1	1	0.4
Total		1	4.5					17	9.3		18	7.6
Grand Total		22			32			183			237	

SHOWING THE NUMBER OF PREVIOUS CONVICTIONS

	Auburn	% Gr.	Clinton	% Gr.	Sing Sing	% Gr.	Total	% Gr.
1 Previous conviction	3	13.6	12	37.5	39	21.3	54	22.3
2 to 5 pre. convictions	10	45.4	9	28.1	96	52.5	115	48.5
More than 5 pre. con.	1	4.5	1	3.1	13	7.1	15	6.3
Total	14	63.6	22	68.8	148	80.9	184	77.6
Showing Color								
Black	2	9.1	2	28.1	22	12.0	33	13.9
White	20	90.9	23	71.9	161	88.0	204	86.1
Total	22		32		183		237	

SHOWING THE AGE OF DRUG ADDICTS, WHEN COMMITTED

Age	Auburn	%	Clinton	%	Sing Sing	%	Total	%	by Age Groups
18	..		..		2		2		
19	..		1		1		2		Under 21 yrs...
20	..	0.0	1	6.2	4	3.8	5-9	3.8.	
21	1		1		6		8		
22	..		2		8		10		
23	..		..		11		11		
24	..		2		14		16		21 to 30
25	4		1		9		14		inclusive
26	1		2		12		15		
27	..		2		15		17		
28	2		1		17		20		
29	1		1		9		11		
30	2	50.0	4	50.0	6	58.5	12-134	56.6	
31	..		2		7		9		
32	1		..		8		9		
33	1		..		9		10		31 to 40
34	..		3		4		7		inclusive
35	1		1		7		9		
36	..		1		6		7		
37	..		1		2		3		
38	1		2		1		4		
39	..		..		6		6		
40	3	31.8	..	31.8	1	27.9	4-68	28.7	
41	1		1		1		3		
42	1		..		5		6		
43	..		..		2		2		
44	..		1		1		2		
45	..		..		1		1		Over 40 yrs.
46	..		..		2		2		
47	1		1		2		4		
48	..		..		1		1		
49	..		..		..		..		
50	1		..		1		2		
51	..		..		1		1		
52	..	18.2	1	12.5	1	9.8	2-26	10.9	
Grand Total	22		32		183		237	100	

Among the condemned murderers who have been committed to the death cells in Sing Sing Prison during the years that all condemned prisoners in the State have been sent there, Dr. Amos O. Squire reports only one known drug addict.

Eleven drug addicts were inmates of Elmira Reformatory in September, 1924; they were convicted of the following crimes: Robbery 2nd degree, 2; burglary 2nd degree, 1; burglary 3rd degree, 1; grand larcen 2nd degree, 2; attempt forgery 3rd degree, 1; attempt burglary 3rd degree, 1; attempt forgery 2nd degree, 1; possessing burglary tools, 1; unlawful possession of drugs, 1.

An analysis of the above statistics shows that crimes and attempt to commit crimes involving property, namely,—burglary, grand larceny robbery and forgery—constitute 80.1% of the crimes tabulated. If the related crimes of possessing burglary tools and concealed weapons were added, they make 87.2% of the total. One hundred per cent. of the drug addicts in Elmira Reformatory committed or attempted to commit robbery, burglary, larceny, forgery and possessing burglary tools and drugs. The statistics further show that crimes against the person which do not involve property are not as numerous as sometimes reported and that murder is rarely committed under the influence of the drug.

From the nature of the crimes it can be reasonably deduced that a large proportion of the crimes were committed by the addicts for the purpose of securing means to buy the drug of their addiction and, assuming that some of the addicts were felons before they became addicts, that the suffering caused by deprivation of the drug increased their criminal activities.

The number of attempted crimes (50 out of 237) indicates that addicts physically debilitated or in the grip of withdrawal suffering proceed in a blind and futile way to commit crime. Some of the attempts described by addicts interviewed were absurd.

The table of ages shows that the addicts were relatively mature when they committed their crimes; 56.6% were between 21 and 30 and 28.7% between 30 and 40 years of age. As most of them, however, were recidivists, their addiction and criminal careers must have begun at an earlier age. A period of deprivation of their drug elapses after addiction before many addicts are reduced to the desperate state of mind and body and circumstances which leads them to commit crime.

The criminal addict is evidently a recidivist; 48.5% had from two to five, 22.8% one, and 6.3% more than five previous convictions.

Negro addicts were 13.9% of the total. The addicted criminal negro is generally a bad man; he appeared among the most depraved characters interviewed.

Even if drug craving was only partially responsible for the felonies tabulated, it is certainly contributing to a dangerous condition of lawlessness in the community.

V

EFFECT OF DRUG ADDICTION ON HEALTH

Drug addiction under some conditions preys on health. While cocaine does not create the pathological condition and withdrawal sufferings that occur in the body of the opiate addict, its immediate effect is more acute. It affects the respiratory organs and heart and wrecks the nervous system, producing, when used to excess, hallucinations and, at times, paralysis and insanity.

The excessive use of opiate drugs attacks the respiratory organs, stomach and heart. Their over administration inhibits the functions of the intestines and glands. The addict does not eat adequately and becomes emaciated and enfeebled. Out of the 237 addicts whose records were examined at Clinton Prison, 17.3% had tuberculosis.

Careless and reckless injections of drugs are responsible for dangerous abcesses and sores; some shocking cases were observed. Syringes become infected; glass eye water-droppers and other instruments are resorted to when syringes are not at hand.

Excessive use of opiate drugs produces sexual sterility. Babies of addicted mothers are born addicted and many of them die in collapse in the interval before they receive the drug in the mother's milk (statement of Dr. C. E. Terry before Committee on Foreign Affairs hearing, February, 1923, on House resolution No. 453 and testimony of Dr. Ernest S. Bishop before the Whitney Committee December 21, 1917.)

Among the 237 addicts received at Clinton Prison, only 10.9% were over 40 years of age, which supports the claim that underworld or criminal drug addicts die at a comparatively early age.

VI

DRUG PEDDLING

Peddlers sell drugs on the streets and in secret haunts in every part of the State; the large cities are full of them. New York City is a hotbed of drug peddling. The drugs are smuggled into the country on ships coming from Europe and over the Mexican and Canadian borders. A large quantity is concealed in a small space. Notwithstanding the vigilance of the Federal agents, sufficient drugs are coming in to supply all demands. Arrangements are made in foreign countries with officers or sailors on ships or with special agents to deliver the drugs to identified persons. It is reported that organized rings or gangs are engaged in the traffic.

The drugs are generally paid for by the persons to whom they are delivered: these are generally the larger traffickers who adulterate the drugs by adding milk and sugar and sell them to peddlers. The peddlers adulterate them further and do them up in small papers called "decks", or small vials, and in one-half and one ounce receptacles.

Heroin is sold in "decks" or small vials costing $1.00, $1.50, $2.00, $3.00 and $5.00 to the addicts who cannot afford a larger quantity, and in allotments of one ounce and one-half ounce to addicts who have more money. An ounce costs from $25. to $65., depending upon the amount of adulteration or the necessity of the addict. Many addicts interviewed used an ounce or more a week and paid from $25. to $95. a week for their drugs.

A fraternity exists among underworld addicts; they flock together and help each other to secure the drug. If the peddler knows the addict he will deliver it to him personally; if he does not know him or distrusts him, the money must be paid and the drug is surreptitiously passed to the addict by a third person.

Addicts said that the drug is sold on the streets in all parts of New York City and "they could buy it as easily as chewing gum". It is reported that sales are openly solicited. Conviction of drug sellers is difficult, as addicts will rarely tell on peddlers. They have a distorted sense of gratitude or group solidarity or fear of withdrawal suffering and reprisals if their only supply is shut off, and proof of the actual selling must be presented before conviction can be secured. Most of the peddlers are convicted of the possession of drugs.

Heroin is ordinarily peddled because of its easy adulteration. Over 95% (Judge McAdoo reports 98%) of the addicts who are arrested in New York City and a large proportion of the addicts throughout the State use heroin. Some of the worst underworld addicts take both heroin and cocaine. They say they prefer heroin because it has more of a "kick" and is "pleasanter."

VII

A REMEDIAL PROGRAM

The narcotic drug evil is so widespread and insidious that the most strenuous and united action will be necessary to control it. So long as large commercial profits can be made off the weakness, folly, ignorance and misfortune of men, attempts, more or less successful, will be made to evade the laws and efforts for its regulation. Education, medical and lay, regulatory and sane laws, social welfare work, scientific medical treatment and justice have been the most effective agencies and forces in combating social evils, and to them society must resort for protection against the drug problem.

I

EDUCATION

A careful educational program should be formulated which will present to the public the evils of narcotic drug addiction. School authorities should be advised to teach the facts in the schools and warn the young of the destructive nature of the disease. Educational campaigns have materially reduced the number of the victims of tuberculosis and venereal diseases. Possibly some organization or foundation will undertake such a campaign against drug addiction.

More education is desirable in the training of the medical profession for the treatment of drug-addiction disease. The average doctor is astonishingly uninformed on the diagnosis and prognosis of the disease. Medical schools should give its study more prominence and doctors be trained in its specialized treatment.

II

A STATE LAW

New York State should enact a State-wide law. The Federal agencies are not sufficiently equipped to cope single handed with the evil. The full powers of the State and its municipalities should be exterted to regulate the traffic and suppress abuse.

III

DRUG SELLING AND PEDDLING SHOULD BE MADE A FELONY

The illegal sale and peddling of the designated drugs should be made a felony punishable by imprisonment for a long term. Trafficking in drugs is exceedingly profitable and the venal and desperate persons engaged in it will never be discouraged until they are made to realize that the risks are not worth the penalty. A few months in jail or a fine, will not deter them.

IV

HOSPITAL TREATMENT

The attitude of hospital management toward drug addiction should be modified. Neither public nor private hospitals care to take addicts; their suffering is intense and they are therefore troublesome. Since drug addiction is a disease, public hospitals should be compelled to receive them. The law should prescribe the process of commitment and the addict should be kept under custody as long as he remains in the institution. Philanthropic hospitals, in fulfillment of their humane purpose to relieve suffering, should equip wards or pavilions to which addicts can be legally committed, under State regulation and inspection. More hospital accommodations and competent physicians and nurses are needed to handle the number of addicts applying for treatment.

V

FARM COLONIES FOR ADDICTS

When the addict is incompetently treated and taken off the drug he is physically enervated and morally unfitted to withstand the disease and temptation to return to the drug. Some should be sent to a properly conducted farm colony where they can be physically built up and morally readjusted. The State of New York and the City of New York should each establish an institution of this kind.

VI

AFTER CARE

When the addict returns to the community from the institution, some form of after-care should be provided when necessary. The addict who goes back to old associations is almost certain to become readdicted if not competently treated and cured. In some cases, as in the treatment of inebriety and prostitution, contributing contacts must be broken if permanent results are to be secured.

Many addicts interviewed said that return to old associations was responsible for readdiction; others said that after keeping away from the drug a long time "discouragement", "family trouble", "lack of employment", "depression", and "sickness" were the causes of readdiction. If some friendy contact or association could be furnished when the need arises, many of them might be saved.

VII

COORDINATION OF STATE INSTITUTIONS

More cooperation should be sought with State institutions for the treatment of drug addiction. If an addict is feeble-minded (and many of them are) he can be committed to such institutions. If a delinquent addict is mentally defective, there is room in Napanoch. Many addicts can be held in custodial institutions and receive treatment until they are fit to return to society.

VIII

THE CRIMINAL ADDICT

Addicts charged with crime and detained before trial and addicts convicted of crime present two distinct considerations. The detained addict is confined in a jail which often contains no hospital and gives little or no treatment. The withdrawal sufferings take place during this period. Either decent hospital accommodations and adequate treatment should be provided in the jails, which is not likely to happen, or the addicts needing treatment should be removed to a public hospital under custody previous to their final disposition.

After sentence is imposed the addict should receive more humane and scientific treatment in the penal and correctional institutions. Doctors in these institutions should adopt scientific methods and give to the drug addict the same specialized attention they give to other diseases. More individual and differentiated treatment is also needed in institutions using the gradual reduction method.

IX

THE NON-CRIMINAL ADDICT

Because penal and correctional institutions exercise custody, the easy way for the public to dispose of addicts seeking treatment is to call them criminals and shove them out of sight into prisons or so-called correctional institutions. They are pronounced guilty of a "vicious habit", or "pernicious vice". The criminal records of many of them consist of previous convictions of the use of drugs or previous self commitments for treatment and many have no previous convictions or commitments of any kind. Such procedure is not just; no person suffering from a disease should primarily be sent to prison for its treatment.

Non-criminal addicts should not be committed to the prison on Riker's Island or to the Workhouse on Welfare Island or to Bedford Reformatory. Physical conditions are unfit on Riker's Island and the association and contacts on Riker's Island, in the Workhouse and in Bedford Reformatory are depraved and criminal. The great City of New York should not continue to misuse these unfortunates who are willing, voluntarily, to undergo great suffering in the hope that they can be cured of disease. The proposal to extend this method of treatment to non-criminal addicts throughout the State is repugnant and harks back to the time when paupers were sent to workhouses and the insane to poorhouses.

X

RESEARCH

A good deal of study and research is necessary to understand drug addiction, especially in gathering statistical information and in medical diagnosis and treatment. Research work should be encouraged.

RECOMMENDATIONS

1. That children in the schools be instructed in the facts and evils of drug addiction and warned against the causes producing the disease.

2. That a rational State law be enacted for the intelligent regulation of the use, possession, traffic in and sale of habit-forming drugs.

3. That the illegal sale and peddling of the prescribed drugs be made a felony with severe penalties.

4. That public hospitals be required to receive under custody persons suffering from the disease of drug addiction and their medical and nursing staffs be trained in its proper treatment and cure.

5. That the State of New York and the City of New York, each, establish a farm colony for the treatment of drug addiction and secure intelligent and competent administration.

6. That drug addicts eligible for admission be committed to State custodial institutions.

7. That more humane treatment be accorded to drug addicts in public institutions; that proper scientific methods be adopted; and that more specialized attention be given to inmates suffering from the disease.

8. That persons who are not convicted of crimes be not committed to prison and correctional institutions for treatment of the disease of drug addiction.

Respectfully submitted,

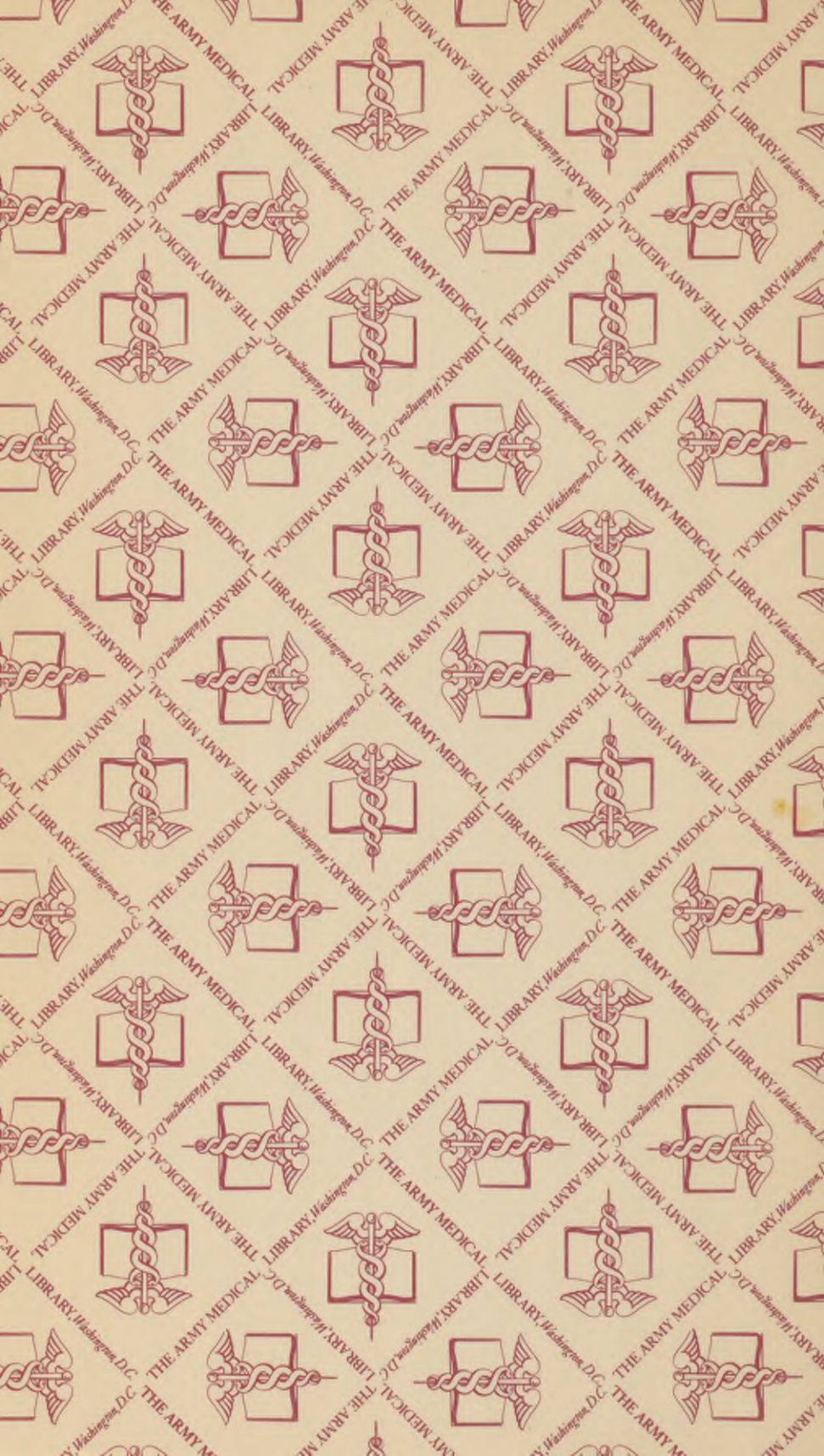
(*Signed*) FRANK E. WADE,
Chairman.

CECILIA D. PATTEN,

WALTER W. NICHOLSON,

LEON C. WEINSTOCK,
Commissioners.

ALBANY N. Y. DECEMBER 2, 1924.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