

October 24, 1927

Doctor Esther E. Richards  
Phipp Institute  
Johns Hopkins Hospital  
Baltimore, Maryland.

Dear Doctor Richards:

In response to your letter, I am sending you under separate cover a copy of Regulation 35 and a number of amendments, etc. covering federal regulation of narcotics. Regulation 35 contains the Harrison Law.

Nearly all of the states- I believe all except two- have some sort of narcotic law; also some of the cities have special ordinances regulating the sale of narcotics. Public Health Bulletin 56, U.S. Public Health Service, November, 1912, gives the state narcotic laws up to that date. You can probably get a copy of this by writing to the Government Printing Office, Washington, D.C. I think there will be a small charge, possibly twenty-five cents.

The most important regulation of narcotic addiction in the United States is by the Federal government through the medium of the Harrison Law. The federal government has no police powers in the states and under the constitution can not directly regulate the prescribing of narcotics; but the government does it nevertheless through its taxing power. In other words, a tax is put on narcotics. Everyone who handles them legally is licensed and regulations are made which says what these various licensed firms and people can do, so police powers are really assumed by the government after all.

The state laws are based largely on the Harrison Law with the exception that they do not have to resort to a roundabout means to do what they want to do. By writing to the narcotic division of the Bureau of Internal Revenue, Washington, D.C., you may be able to get copies of the various state narcotic laws, but I doubt it. In actual practice a large number of the states really turn their regulating powers over to the federal government in this way: They assist in running down violators of their narcotic laws but turn over offenders to the federal government for prosecution because the violators of their laws are really violators of the federal law. This does not happen in all cases but I believe that most states

solve the problem this way. Some of the states have more drastic laws than the Federal law because they have the power to do as they choose in narcotic regulation whereas the Federal government lacks this power.

As to addicts, they must depend everywhere on physicians for their drug and if the physicians refuse to prescribe for them they will either go without the drug or secure it by illicit means. Physicians theoretically have the right to prescribe under the Federal law for any addict whom they may think needs narcotics but a number of them have been sent to the penitentiary for doing this. The government regulations allow the prescribing of narcotics for old and feeble addicts and addicts suffering with physical diseases that presumably require the continuance of their addiction. These regulations do not allow the prescribing of narcotics for the satisfaction of addiction alone. The position of physicians is so uncertain under the Federal law that many of them fear to prescribe narcotics for addicts whom they really think need it. The result is that a considerable number of cases are allowed to suffer. I will say, however, that the law has done and is doing a great deal of good because it has forced a great many cases to be cured and, incidentally, has made the physicians much more careful.

A few of the state laws are quite drastic. Pennsylvania has quite a comprehensive law and a well organized regulation bureau. It is my opinion that addicts suffer less in Pennsylvania than in other states because the doctors there feel more sure of their ground. Addicts in Pennsylvania are registered with the Bureau of Narcotic Drug Control and doctors have permission from this bureau to prescribe when the case is meritorious. If you desire information about this law a letter addressed to the Bureau of Drug Control, Health Department, Harrisburg, Pennsylvania would bring it.

As to the treatment of addiction, a book entitled "Opium Addiction-Its Handling and Treatment" by Edward Houghton Williams, describes a number of methods that have been used in this country. The so-called Toume-Lambert Treatment has been used a great deal. It is described in the Journal of the American Medical Association, September 25, 1909, v.53: 985-988. A review of the new Narcozan treatment, which I consider absolutely useless, will appear in the forthcoming issue of Colorado Medicine. I find from my own studies and reading of the subject that physicians have wasted a lot of time and ink describing methods of taking patients off the drug, and they miss the really important point- that these patients stay on the drug and go back to it again because of their unstable nature. It is my experience, and I believe the experience of many others, that most addicts can be taken off of their drug with little trouble and by a number of different means.

*The greatest good is for the people  
cannot be invented without prescriptions  
in the prescriptions refused*

Dr. Esther H. Richards-3

I am sending with the other papers a reprint of an article  
which gives the results of some studies on the causes of relapse.

Very truly yours,

Lawrence Kolb,  
Surgeon.

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