

Boggs

6645 32nd Street, N.W.
Washington, D. C.
December 30, 1955

Dear Mr. Boggs:

I would like to submit for the record a statement about drug addiction. I am a retired Public Health Service officer and a psychiatrist of 40 years' experience, a large part of which involves drug addiction. I was assigned by the Public Health Service to study drug addiction in 1923, and later on opened and operated for three years the Narcotic Hospital in Lexington, Kentucky.

I am disturbed by the tragic consequences of propaganda that has built in the public mind a drug problem far beyond actualities. Our drug policy should be based on help for, and not persecution of, neurotic or nervously unstable people who become drug addicts.

My studies have shown that the addict who repeatedly relapses is an unstable person, not necessarily a criminal; but if a criminal, the criminality precedes the addiction because the criminal, being unstable, is especially susceptible to addiction.

Insofar as opium is concerned, every form of drug, including heroin, reduces but does not completely abolish criminal impulses or tendencies. The crimes, such as stealing, that so many opium addicts commit are committed to get the drug for which they have acquired an impelling physical need. But for this need there would be no crime. The need for controlling opium addiction is great. It is a need to protect people from the distressing slavery that these drugs bring about as well as from the mild impairment of health they produce in some cases.

Many absurd statements, largely based on fiction, have been made about the crime-producing qualities of marihuana. The fact is that it has about the same effect in this regard as alcohol has when taken in excess. Marihuana also produces disease, especially insanity, as alcohol does. It would certainly be a tragedy if we had in this country four million marihuana addicts to add to the four million alcoholics instead of less than 10,000 that we now have.

Marihuana and opium, including the overrated heroin, should be controlled, the one to prevent crime and preserve health, the other to protect people from becoming unhappy slaves. But this control can be effected without the severe sentences now imposed on addicts or on the small peddlers who are usually addicts. These severe sentences are often tragically unjust. Also, by compelling addicts to associate for long periods with undesirable characters they make criminals out of honest people. Desirable restraint could be accomplished by mild sentences that would not destroy character and make future useful life impossible.

As a background for comparison I introduce a few remarks about alcoholism. The man who becomes a chronic alcoholic does so for the same psychological reasons that impel people to become chronic addicts to opiates, including heroin and to marihuana. He suffers more from ill health than the heroin addict who regularly gets his heroin and is decidedly more likely to be a menace to society. His health and crime potentialities are about on a par with those of the marihuana addict. It would be a very unfortunate thing if we should substitute our present kind and sensible handling of alcoholics for the type of treatment now meted out to addicts. Nevertheless, the addicts can and should be restrained more than the alcoholics because marihuana and opium do not have the social usefulness that alcohol has for so many millions of people, but the restraint of the addict should be based on health and not on vindictive punishment for a weakness. Such a punishment makes conditions worse than they otherwise would be.

Very truly yours,

Lawrence Kolb, M.D.

Hon. Hale Boggs
Subcommittee on Narcotic Drugs
House Committee on Ways and Means
House of Representatives
Washington 25, D. C.