Dec 1924/1956

STATEMENT BY DR. LAWRENCE KOLB

Drug addiction is a minor and very unimportant phase of the general problem of juvenile delinquency. A few delinquent children among certain deprived groups in several of our large cities experiment with drugs. The Children's Bureau estimates that 500,000 children age 10 to 17 come to the attention of the juvenile courts each year. During 1953 and 1954 fewer than 400 addicts of school age come to the attention of the authorities. According to the Department of Education there are 38,149,000 school children in grades from kindergarten through the 8th grade in the United States and 7,919,000 in grades 9 through 12. The total number of addicts under 21 that came to the attention of the authorities in 1953 and 1954 was 3,125. Nearly 88 percent of these were 18 or over. Juvenile delinquency as expressed by narcotic indulgence is in practically all cases evidence of an unstable personality. In the deprived groups this expression occurs in insecure individuals seeking to express themselves in ways that promise excitement, unusual sensations and the thrill of defying authority. In the group that become addicts there are a few who have a normal personality.

There is no problem about curing these normal persons. They become frightened. They want to be cured and get cured with or without hospital assistance and as a rule do not relapse. The mildly unstable juveniles as well as older persons of this type who become addicted also get panicky, seek cure and achieve it as they always have but more of these relapse. The most unstable become chronic addicts and are extremely difficult to cure. It is this unstable group, many but not

all of whom were delinquent before they become addicts who give some people the impression that drug addicts are never cured.

The chronic addict to the opium drugs, including morphine and heroin and to the synthetic drugs, methadone and demerol, is in the same situation as to cure as the chronic compulsive alcoholic who is extremely prone to relapse. Nevertheless, I have seen cure of an alcoholic who had been in fail 167 time for drunkenness. I have also seen an addict cured after 40 years of morphine indulgence. Therefore, hope of cure should not be abandoned in either condition.

The juveniles who become chronic addicts are always decidedly unstable and are usually delinquent before they become addicts. The impulse to commit delinquent acts is not increased by morphine, heroin or other opiate drugs or by methadone and demerol. The direct effect of these drugs is to decrease aggressive crime, but addicts to these drugs do commit crimes in order to get drugs to ward off the suffering that follows forced abstinence. The crimes are violations of narcotic laws, stealing, forging prescriptions, etc. and more serious crimes in the case of original aggressively inclined criminals.

Rape, a common crime among juveniles, is less likely to be committed by a juvenile morphine or heroin addict, both during sustained addiction and the distressing withdrawal period. During sustained addiction the sex impulse is decreased by the drugs and during withdrawal the physical distress siphons his attention away from sex.

Heroin is no more harmful as an addicting drug than morphine. There is no reliable medical evidence to sustain the popular conception about the special sinister effect if this drug. Heroin is more toxic

however like morphine and some other opiates it quickly causes physical addiction if used daily.

The physical addiction caused by opiates and related drugs is the only effect of these drugs that justifyd special measures to control their use, beyond the usual measures applied to other dangerous drugs, such as forbidding purchase except on prescriptions and forbidding the refilling of prescriptions. The opiates are usually more effective tranquilizers and always less harmful to the physical and mental well being of patients than the tons of tranquilizing drugs now being taken all over the U. S. This is the reason why the Public Health Service should continue its efforts to develop a pain relieving, tranquilizing opiate that does not cause physical addiction.

The physical addiction to opiates causes such a severe and distressing type of slavery that every effort should be made to cure it at an early stage before developing habit patterns intensify and add to the original psychological reason for the addiction. Hospitalization with adequate follow-up, not by police, but by social workers and mental health clinics to which addicts can go both before and after hospitalization is the answer. Hospitalization for voluntary patients especially juveniles is important. Hospitalization for addicts caught violating a narcotic law should be on a commitment or probation basis. The recedivist criminal who is an addict because he is a criminal may as well be sent to jail. Very few persons ~~XXX~~ under 21 ~~XXXX~~ fall in this class.

Marijauna addiction is more serious from the mental, physical and social standpoint than opiate addiction, but less serious is that there

is no physical addiction. Marihuana addiction does not lead to heroin addiction because of the marihuana but most members of the unstable sidewalk juvenile groups who experiment with both marihuana and heroin are apt to become heroin addicts because of the physical dependence that heroin produces. One marihuana cigarette produces about the same degree of intoxication as one ounce of whiskey. Juveniles should therefore be protected from it especially as like alcohol intoxication, marihuana intoxication may lead aggressively inclined persons to commit aggressive crimes. However there are fewer than 5,000 marihuana addicts in the United States as against the 68,000,000 drinkers. Well known authorities have estimated that there are 200,000,000 marihuana users in the world.

In summary, drug addiction is of only slight importance in juvenile delinquency. It is believed that most of the addiction proceeds from delinquency and that most juveniles who experiment with narcotics will discontinue the experiment before they become seriously addicted. Treatment diverted as far as possible from police action should be provided for them.

In the event that the United States should adopt a policy of dealing with addicts based on the British method of giving maintenance doses of opiates to chronic addicts so that they can continue at work and in good health and not commit crimes, the method adopted should not result in giving maintenance doses to juveniles. Several efforts should be made to cure juveniles before maintenance doses are thought of as a remedy. They would then be beyond age 21.

The British method is explained in the Home Office Regulations DD101 (6th Edition) February, 1956 entitled The Duties of Doctors and Dentists Under the Dangerous Drugs Act and Regulations.