

THE UNITED STATES PUBLIC HEALTH SERVICE

NARCOTIC HOSPITALS

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THE first concrete result of concern by the Federal government with narcotic control was the passage in 1909 of a law prohibiting the importation of opium for smoking purposes. Some states and municipalities had previously passed laws and ordinances designed to limit the use of narcotics to medicinal purposes, but these more or less mild and poorly enforced local measures were not alone sufficient to control the situation. Opiates and cocaine could still be bought practically anywhere in the country without a prescription. The result was that many persons took these drugs purely for dissipation, while others suffering with real or imaginary ills ignorantly treated themselves with one form or another of opium until they became physical slaves to the drug.

HARRISON ACT

Growing concern over the situation led to the enactment in 1914 of the Harrison Narcotic Law. This, a Federal revenue law designed to limit the use of opiates and cocaine to strictly medical purposes, has been vigorously denounced and defended. Its enemies charge that it increased the number of addicts by driving the traffic in narcotics into underworld sources interested in promoting addiction for business purposes, that it has caused untold suffering among addicts, and that it has interfered with medical practice. Its friends admit a certain amount of unfortunate suffering incident to enforcement, but claim that it has prevented the spread of addiction and has only interfered with those physicians who attempted to profit by improper prescribing.

Whatever may be said about the controversy, two positive statements may be made about the law. It certainly has reduced the incidence of addiction and, in its emphasis on the addiction problem, it overlooked the addict, who was vitally concerned. It was apparently assumed that by restricting the legal handling of narcotics within certain narrow limits the existing addicts would be

cured and no more would be created. This assumption did not take account of the weaknesses that render certain types of individuals peculiarly susceptible to the pain relieving and pleasure producing properties of narcotic drugs. All addicts were not cured and many persons not then addicted became addicts in spite of the law. Many of these persons, disillusioned by the effects of drugs that made them physical and mental slaves and social outcasts, sought relief that they could not get, partly because available treatment facilities were inadequate or too expensive. They violated the law and were sent to prison by the thousands, where the ruin started by narcotics was continued or increased through neglect of their fundamental defects and by the debilitating influence on character and morale that is inseparable from prison life.

THE HOSPITALS

It was mainly to remedy this defect in the original law as it relates to convicted addicts that Congress in 1929 passed an act establishing two narcotic farms, now United States Public Health Service Hospitals. These two institutions are now in operation. One of them is located at Fort Worth, Texas, and the other at Lexington, Kentucky. Their combined capacity at present is 1,250 beds, but additions under construction or authorized will increase the total number of beds to 2,450, of which 100 for women will be at Lexington.

The purpose of these hospitals is to rehabilitate, restore to health, and train to be self-supporting and self-reliant, persons who are admitted to them. Only addicts to habit-forming narcotic drugs are eligible for treatment and, according to the law, the habit-forming narcotic drugs are opium, cocaine, Indian hemp and peyote and the various alkaloids, compounds, salts, preparations and derivatives of these drugs. Chronic alcoholics and addicts to hypnotics and sedatives not mentioned in the law may not be admitted unless they also use or have used one of the narcotics mentioned in the law in such a way as

to link their present condition with the use of such narcotics.

Four categories of addicts are eligible for treatment: (1) convicted and sentenced Federal prisoners; (2) ex-prisoners who, having been under treatment at one of the hospitals and feeling when their time expires that they are not cured, apply for further treatment; (3) convicted Federal offenders who are placed on probation, a condition of the probation being that they submit themselves for treatment at one of the hospitals and stay within the limits of their probationary period until pronounced cured; and (4) voluntary patients.

In order that convicted addicts may not be overlooked, prosecuting officers are directed, when sentence is pronounced, to report to the authority vested with the power to designate the place of confinement, the name of each person believed by them to be an addict. This authority is authorized and directed to transfer to the narcotic hospitals, as accommodations become available, all addicts who are, or shall hereafter be sentenced to confinement in any penal, correctional, disciplinary, or reformatory institution of the United States.

Sentenced addicts are now sent either to penitentiaries or directly to the narcotic hospitals. The addicts received at penitentiaries are classified and those who seem to offer the best prospects for cure by intensive treatment and present the least risk from a custodial standpoint are transferred to the hospitals as beds become available. It is planned eventually to have practically all addicts sent directly to the hospitals and classified there. The hospitals will then request the transfer to a penal or correctional institution of patients who, by their behavior or because of the custodial risks involved, may be a detriment to the institution. It is expected that there will always be 200 or 300 such patients.

Sentenced prisoners who are treated at the hospitals are subject to the same laws and regulations regarding discharge on parole or conditional release as are prisoners treated in Federal penal and correctional institutions operated by the Department of Justice. By a provision of the act establishing the narcotic hospitals an addict is not eligible for parole or conditional release until certified as no longer an addict. This provision impels patients to cooperate better in the treatment and to avoid breaches of discipline that may indicate they have not regained the power of self-control and are

therefore not cured. Department of Justice probation officers supervise the activities of released prisoner and probationer patients until their terms expire, as they supervise the activities of prisoners released from Federal penal and correctional institutions. Parole or conditional release violators may be returned to the hospitals from which they have been released, or sent to some other institution. They may be returned to the hospital even though they have not reverted to the use of narcotics. In this connection it is assumed that the addict who is unable to live in society in accordance with reasonable rules of conduct has not regained the power of self-control and is still an addict in the meaning of the law, regardless of whether or not his violation consisted in a relapse to narcotics.

Judges have made only limited use of the authority given them by the law to place convicted addicts on probation, making one of the conditions of probation that they go to Lexington or Fort Worth and stay until pronounced cured. For several reasons this would be the ideal method of handling a large proportion of addict violators. Addiction is a weakness that needs treatment, rather than a crime calling for punishment. Unreasonable punishment and prison association add to the weakness that causes the addiction; and the stigma of prison operates to prevent the released addict from getting employment which, after all, is the salvation of cured addicts. The crimes for which addicts are convicted are mostly the illegal possession or selling of narcotics. Many of the sellers sell only small quantities in order to provide themselves with funds to keep up their own personal supply which, for the time being, is necessary to prevent suffering. They should, as a rule, be treated as users and given the benefit of hospital treatment on probation.

The Harrison Narcotic Act covered only opium and cocaine and their various derivatives and preparations. Pure cocaine addicts are rare, but there are at the narcotic hospitals a number of opium addicts who have indulged occasionally in cocaine. Many of these started with cocaine and later on took with it some preparation of opium in order to ease the excitement and nervousness produced by increasing doses of cocaine. After they became physically addicted to the opiate they continued with it and discontinued regular use of cocaine because the cocaine, unlike the opiate, was not necessary to maintain comfort and they could not afford to buy both drugs.

MARIHUANA

The Marihuana Tax Act of 1937 placed users of this drug in the eyes of the law on a par with users of opium and cocaine, and marihuana addicts are now being sent to prisons and to the narcotic hospitals. Marihuana produces a more fantastic intoxication than alcohol and it is probably more harmful to the mental well being of chronic users than cocaine. Chronic marihuana users suffer with the same fundamental defects as users of opium and cocaine, and should be treated in the same way, with preference for treatment on probation at the narcotic hospitals. Unfortunately, some marihuana users have been given sentences of four or five years. Such extreme sentences are absolutely contra-indicated in any scheme of rehabilitation. The deterrent effect of short sentences is adequate and the harmful effect of long confinement, even in a hospital, is often sufficient to over-balance whatever good may be done by accepted methods of treatment.

VOLUNTARY PATIENTS

The provision for the treatment of voluntary patients at the narcotic hospitals makes it possible to aid that large number of addicts who wish to be cured but for various reasons cannot get adequate treatment elsewhere. Voluntary patients may not apply at the door and be accepted without prior authority. In order to insure that the facilities of the hospitals are not unduly abused by insincere patients or used by persons who are not addicts it is required that persons desiring treatment as voluntary patients apply to the Surgeon General of the United States Public Health Service. The Surgeon General in turn requires a physical examination by a qualified physician, who states whether or not the applicant is an addict. If it is certified that the patient is an addict he is admitted upon completion of certain other required forms. Voluntary patients who are able to pay are charged \$1.00 per day for treatment, and such patients are required either to put up a bond for \$500.00, guaranteeing payment, or to deposit \$180.00 to cover six months' treatment, with the understanding that such monies as are not used will be returned to them upon discharge. An indigent patient is treated free of charge if he presents affidavits from three competent persons certifying that he is unable to pay. A large majority of the voluntary patients are indigent.

It was apparently the intent of the law that pa-

tients who voluntarily commit themselves could be kept until cured, and each voluntary patient is required to sign a statement that he will stay until pronounced cured by the medical staff, but, by a decision rendered by the United States District Court for the Eastern District of Kentucky, March 19, 1936, the power to hold voluntary patients against their will was denied. The result has been that many of them change their minds about the desirability of treatment before it is finished, or decide that they are cured and demand their release after they have been treated for a month or two.

In order to protect voluntary patients from any unfavorable action arising from their treatment at one of the narcotic hospitals the law provides "That any person who voluntarily submits himself for treatment at a United States narcotic farm shall not forfeit or abridge thereby any of his rights as a citizen of the United States; nor shall such submission be used against him in any proceeding in any court, and that the record of his voluntary commitment shall be confidential and not divulged." Law enforcement officers and others who may know or suspect that a certain voluntary patient is at the hospital and who make inquiries concerning him are referred to this section of the law. Even in the case of patients who come for treatment at the suggestion of local law enforcement officers and then leave before the treatment is finished no information is given about either the admission or the discharge of the patient.

TREATMENT

The treatment is directed to removing the immediate necessity for narcotics, to relieving physical conditions that by their debilitating or irritating effect predispose to relapse, and to building up healthy habits to replace the old habit of meeting all situations by resort to narcotics. For these various purposes the hospitals are provided with the usual facilities and personnel common to all modern hospitals and, in addition, have special facilities and personnel trained in the treatment of nervous patients and drug addiction. Among the special facilities are a farm and shops to provide work which, together with recreational facilities and a library, are designed to keep the patients usefully occupied during all their waking hours.

Most patients at the hospitals are addicts to some form of opium, although many of them have taken other drugs as a side issue. Chronic opium addicts are more difficult to cure than other addicts having

the same degree of nervous stability, because opium adds a peculiar physical element not caused by any other drug. Opium addicts who have a normal personality and are freed of the physical disease which may have started them to take the drug are as a rule easy to cure permanently if their activities can be controlled for a short period, but there are not many of these easily curable cases at the present time. Practically all chronic users are afflicted with some deviation of personality, not necessarily of a type that makes them anti-social, but which contains elements that render them especially susceptible to the soothing or euphoria producing properties of narcotics. The cure of this deviated type is not easy nor is it hopeless, but there is an element of diminishing returns in the treatment of them, because the more stable are being constantly eliminated by cure, leaving the more difficult cases to relapse and return for further treatment.

Time is an important element in the cure. In the case of opium addiction some work done at Lexington has shown that it requires months for complete readjustment of body functions without the drug, but time is even more important to fix a new pattern of habits and to uncondition the patient to certain habits and reactions that he has developed in connection with his addiction. The addict takes a narcotic to ease pain or produce pleasure. Over a period of years he uses the drug so often in pleasurable or painful situations that its use becomes inseparably bound in his mind with most anything that may happen to him when he leaves the institution apparently cured. He is pleased by meeting a friend or distressed by catching a cold, and in either

case is impelled to do what he has done before under similar circumstances, namely, take a narcotic, unless he has been cured of this pattern of response. By controlled work, recreation and play at the hospitals, and by going through pleasurable and painful situations there without the use of narcotics the impulse to narcotics is lessened while healthy habits of work and play are being built up. Intensive psychotherapy is given to some and some psychotherapy is given to practically all cases. The policy of the hospitals is "no punishment," discipline as necessary under psychiatric supervision, a kindly interest in all the patient's problems, and an effort to help him with work and encouraging letters in special cases after he leaves.

Prisoners, probationers and voluntary patients are treated alike. None may leave the reservation until discharged. About 40 per cent of the prisoners are made trustees and allowed to go about their work without supervision, and only a few have violated the trust. A few of the trustees who have remained cured attribute their cure to the "trust that was never put in them before." Some former prisoners have relapsed and returned as voluntary patients, feeling that their failure was due to resentment over unjust confinement.

An important function of the narcotic hospitals is research into the causes and effects of narcotic addiction. For these purposes an elaborate laboratory has been set up at Lexington, where biochemical, psychological, and other studies are being made that it is hoped will be useful in uncovering facts that may be helpful both in the prevention and treatment of drug addiction.

Reprinted from
THE AMERICAN JOURNAL OF MEDICAL JURISPRUDENCE
137 Newbury Street, Boston, Massachusetts
Volume 2, February, 1939, Page 100