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THE DRUG ADDICTION MUDDLE
By Lawrence Kolb, M.D.

Drug addiction is primarily a health problem, but to keep it under adequate control requires more assistance from police authorities than most health problems do. State and Federal laws have been enacted over the past (50) years and international agreements and treaties made in an effort to control addiction by keeping certain narcotics away from people who might unwittingly or deliberately use them and become addicts.

The continued effort to control addiction has met with a large measure of success in practically all countries including the United States. But, unfortunately, in ~~the~~ this country, the health features of addiction have been subordinated to police measures to such an extent that what started off as a movement to protect health has degenerated into a crusade against emotionally sick people. Misinformed persons brush expert medical opinion aside and through propoganda, most of it false and misleading, secure the enactment of laws that produce the social disorder, the disease, death and crime among addicts that proper measures would prevent or cure.

The estimated number of addicts in the United States at present is 60,000. \checkmark 2/3 of these about 50,000 use some form of opium and 10,000 use marihuana or two opium-like synthetic drugs, demerol and methadone.

Considerably less than ~~one percent~~ use cocaine.

\checkmark 1 ¹⁹⁷⁰ Opium, the most important of the addicting drugs is used habitually throughout the world by millions of people but, as mentioned above, there are at present only about 50,000 opium addicts in the United States. Most of these people are addicted to morphine or heroin. Before the passage of anti-narcotic laws, there was much addiction to opium in the

address: Dr. Lawrence Kolb, 6645 32nd Street,
N.W., Washington, D.C.

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Opium first in importance

form of laudanum, and from eating and smoking opium. In the decade 1900-1910 there was an average annual importation of 148,000 pounds of smoking opium ⁽¹⁾ an amount sufficient to supply about 52,00 opium smokers. The so-called opium-smoking dens were common in many of our large cities, at that time.

Morphine, heroin, and other addicting opium drugs differ in toxicity and have minor differences in physiological effects, but fundamentally their effects are similar. They are all pain-relieving, soothing drugs especially attractive to neurotic people because they tend to suppress the emotional turmoil that makes such people feel anxious and insecure. If these were the only effects of taking opium and its derivatives, this drug would be the most important one available to man, for it could be used to increase the efficiency of some neurotic shrinking people, to abate the anxieties that so often lead to mental disease, and it could lift thousands of drunkards out of the gutter ⁽³⁾ as will be explained later. Unfortunately, however, opium and its widely used derivatives have an effect that make them justly dreaded as addicting drugs. With habitual use of any of them, the body builds up physical tolerance to the drug and, along with the tolerance, becomes dependent upon it for proper performance of numerous physical functions, so that when use of the drug is abruptly discontinued, the victim becomes intensely ill and may even die unless he receives appropriate treatment. Such an individual, now an addict, must have a dose of the drug several times daily to ward off oncoming discomfort that would otherwise become acute. Constant need of the drug makes a virtual slave of him. Almost without exception, he resents this condition and seeks treatment for it. But if he has a neurosis or some other emotional disturbance, as practically all present-day addicts have, the treatment

may fail to effect a permanent cure. This is largely because of a complex psychological dependence upon the drug that in later stages of addiction is more difficult to cure than the physical dependence. It is evidence of an amotional disease that the addict does not understand. Opiates relieve the tensions of the disease. And for this reason some persons who have become addicts are more efficient when regularly taking small maintenance doses than they were before their addiction. ~~(4)(5)~~ But even such addicts want to be cured since all of them suffer from the troublesome physical dependence.

Psychiatric Conditions as Cause

② ✓¹¹ Where the securing of opiates is regulated, as it is in the United States and many other countries, opiate addiction seldom occurs in the absence of a psychiatric condition. When addiction does occur in normal people, it is easily cured. This leaves a residue of more or less unstable addicts who are difficult to cure. Members of the Residual group of opium addicts have much in common with skid-row alcoholics. Both groups are especially susceptible because of underlying emotional turmoil and body tensions that the drugs relieve, and both are difficult to cure because of this dependency and because of habit patterns that grow stronger as use of the drug is prolonged.

When opiates were freely available to drunkards in this country, many of them got rid of their drunkenness by becoming addicts to morphine or heroin, chiefly to morphine. ✓¹³ In the shift, alcohol was discontinued completely if the drunkard took sufficient opiate to relieve the underlying stress. There was no permanent cure of the stress, but the shift from alcohol to an opiate in many cases changed useless and often dangerous drunkards into well-behaved citizens. For unlike alcohol, morphine and heroin soothe without causing drunkenness; they leave the victim calm and

in full possession of his faculties. Aggressive impulses are not released by opiates, as they are by alcohol, and contrary to popular conception in the United States, there is no aggressive crime resulting from the direct effect of opium or its derivatives.

Continued Use Deleterious

② The continued use of opiates in large ~~xxxxx~~ doses is deleterious to physical health, but harm has not been shown to occur in persons who regularly take doses up to five or six grains or even more of morphine or heroin daily. However, the severe physical withdrawal symptoms that occur when the drug is suddenly withdrawn from such patients suggest that an unhealthy physical adjustment has been necessary to make the body tolerant to the drug. The addict suffers physical harm from frequent forced ~~wixkix~~ withdrawals of the drug with resultant illness. Many addicts suffer from their inability to buy both adequate food and expensive narcotics. Damage also results from the use of soiled hypodermic needles that cause infections. These are the reasons that many present-day addicts are emaciated and appear to be in bad health. Adequate food, administered after the withdrawal sickness has been treated, quickly restores such persons to normal physical health and appearance.

Opiates, including the much publicized heroin, do not cause character deterioration by their direct effects; nevertheless a large proportion of present-day addicts are poor characters. This is because addicts are, in most cases, recruited from among unstable people including those with criminal tendencies. The latter are especially susceptible to addiction and, unlike more normal people, are very difficult to cure.

In order to acquire the drugs they crave, addicts have to violate the narcotic laws. This means they have to be secretive and must associate with people of questionable character. Many of the emotionally unstable addicts who would not otherwise commit a crime, become petty thieves,

passers of worthless checks, and forgers of drug prescriptions--some even commit more serious crimes--to prevent the violent illness that sudden abstinence would cause. These various factors lead to some character deterioration.

Misrepresentation

Greatly exaggerated statements are reportedly made about how narcotics cause disease, moral deterioration and crime. The situation may be put in proper perspective by comparing drug addiction with alcoholism, an addiction similar in its gripping psychological aspects to addiction to opiates. There are approximately 4,500,000 alcoholics in the United States. The social disorder, domestic distress, disease and crime produced by opiates, including heroin, is microscopic as compared with that produced by alcohol. This is true even if we include the disorder and crime due to procedures which account for practically all the narcotic crimes.

In contrast a careful study has shown that alcoholic intemperance figured to some extent in about 50 percent of the crimes committed by a large group of incarcerated criminals (6). In another large group (7) more than 15 percent of murders and 22 percent of sex crimes were committed by persons who were drunk when they committed the crime.

Alcohol was a factor (8) in many of the 36,000 deaths and 1,250,000 injuries due to motor vehicle accidents in the United States in 1954. Neither heroin nor morphine cause reduction in motor control or critical judgment and it may safely be said that there was not one motor accident in 1954 due to these drugs.

Each year hospitals treating mental disease in the United States have more than 18,000 admissions with alcohol insanity and thousands of additional admissions with chronic alcoholism. Insanity due to morphine,

heroin and other opiates is so rare that it is not mentioned in reports from these institutions. In 40 years of experience with thousands of opiate addicts, and psychotics who are not addicts, I have seen only two persons whose psychosis was due to an opiate. These two became psychotic when deprived of the drug and promptly recovered on resumption of its use two months later.

In the face of positive comparison between the two addictions, one of major importance and the other of relatively minor importance, ~~the~~ propaganda against drug addiction has inflated this minor problem to such an extent that many people who are not concerned about alcoholism believe the United States is in grave peril from narcotic addiction.

An example of the amazing effects of propaganda on an intelligent person is seen in the following quotation from a prominent citizen:

"The shocking fact is that despite all our efforts- - - - - Communist China is succeeding in its terrible plan to cripple and emasculate us by furnishing ever-increasing quantities of habit-forming drugs for sale and in fact, for free distribution in both the continental United States and to our ~~gr~~ troops overseas." The armed services made a survey of addiction in the military forces in the Far East in 1954 and a world wide survey in 1955. The reports showed that there ~~■~~ were 3 addicts per 100,000 military personnel and that the rate in the Far East was below the civilian rate in the United States.

The absurd statements about the role of China in emasculating us through promoting drug addiction are equaled in absurdity by statements about crime, ~~the~~ the menace to school children, the sinister aspects of heroin, the deteriorating effects of narcotics on human beings and a host of other grossly exaggerated evils.

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Addiction⁷ Is Decreasing

Drug addiction has been decreasing in the United States since about 1900 except for one brief period during and immediately following World War II. Channels for smuggling interrupted by the war were then reopened and addiction which had decreased during the war increased to about one in three thousand of the population.

Due to moderate State and city laws and to the 1909 ban on the importation of smoking opium there was a material decrease in drug addiction before the Harrison Narcotic Law became effective in 1915. At the peak there was about one addict in 300 of the population. A striking thing about the narcotic situation is that as drug addiction decreased over a 50-year period from one in 300 to one in 3,000 of the population, excitement about it increased, so that from a health problem that physicians earnestly tried to abate through advocacy of appropriate legislation, it developed in the public mind into a great national menace and crime problem.

Drug addiction has become headline news carrying grossly exaggerated statements and inferences. Judges are attacked for being soft on narcotic offenders and scientists are attacked for giving actual facts about drug addiction if these facts disagree with what misinformed crusading people have been led to believe. In its handling of the addiction problem, the United States is falling into the position that the world escaped from several centuries ago when the mentally ill persons were imprisoned and physically punished because of their perversity.

Such is the deplorable state of public opinion that an official recently said in praise of a pending bill--"The language of the new bill will enable us to trap an addict like an animal."

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Legislation Versus Reason

Federal legislative proposals, some of which have unfortunately already been made into law, would legalize wire tapping, abolish the need for search warrants, do away with the protection of certain long established legal procedures, increase sentences up to 40 years and even give death sentences for narcotic violations, make it legal to arrest and jail addicts as vagrants even when they are working and not violating any law. Some of the measures proposed would impair the usefulness of the government hospitals now treating addicts by abolishing the acceptance of voluntary patients and forcing the hospitals to report all about their voluntary patients to narcotic enforcement officers. Already mandatory minimum sentences are required for certain offenses under Federal and many State laws. And there is in some cases no probation or parole. The situation is most tragic. Such drastic measures cause disease, death and crime in emotionally ill persons who if properly treated would be law abiding, working, useful citizens.

In the United States in 1954 there were 12,346 convictions for narcotic law violations. The persons involved were given prison sentences totaling thousands of years. In 16 States the minimum sentence for illegal possession of narcotics is two years. The nucleus of prisoners convicted for narcotics violations added to those addicts who commit petty crimes to secure the morphine or heroin needed to prevent withdrawal sickness adds up to a sizeable group of prisoners. Narcotic raids made after months of preparation help to gather them in. Newspapers headline the resultant arrests, or the arrest of a more or less prominent person who smokes a marihuana cigaret or secures some opiate illegally. Publicity of this kind conditions the public to accept such statements as that 25 percent of crimes are committed by addicts or that the selling of heroin is comparable in seriousness with arson, burglary, forgery, larceny, kidnapping and rape.

It is of course well known to students of the subject that heroin, like morphine, is a soothing drug that reduces the impulse to aggressive crime.

(2) *Marihuana IS Dangerous*
Marihuana, like alcohol, is an intoxicating and therefore dangerous

drug. The Mayors Committee on marihuana (9) made the most comprehensive study of marihuana (Indian Hemp) that has yet been made. The Committee found that marihuana caused psychotic episodes in susceptible people and that it had effects on behavior that might lead to aggressive acts. The same study showed that there was no association between crime and marihuana in New York, and that school children were not involved in any organized traffic in this drug. Four other careful studies in the United States have failed to show any connection between marihuana and crime. (10), (11), (12), (13)

There are fewer than 5,000 marihuana addicts in the United States and the smallness of this number may explain why no authentic marihuana crimes have come to light here.

√ Drug addiction, especially addiction to such opiates as morphine and heroin, is a serious thing for the addict because of the physical slavery it produces. It is especially serious for neurotic people upon whom it imposes both psychological and physical slavery. Police action is needed for effective ~~control~~ control but in the United States addiction has become almost exclusively a problem for punitive action. The patient has been lost sight of in the pursuit of an imagined criminal and the pursuit itself has forced patients into criminal actions, giving a slight flavor of truth to amazing exaggerations about addiction as a cause of crime.

Conditions created by misinformed enthusiasts and the silencing of physicians have become deplorable, but a ray of light has recently appeared. A group of distinguished physicians appointed by the New York Academy of Medicine made an excellent report, calling attention to errors

in the present program for dealing with the narcotic problem and suggesting remedies. And the American Psychiatric Association in a thoughtful release to the press has called for a halt in present trends.

It is certain that just as the world got away from executing witches and punishing the confused helpless insane, the United States will get away from hunting ~~ix~~ helpless addicts like "wild animals." Addicts, including the addicted peddlers of narcotics will be treated like the more or less harmless sick people they are. With proper management, 90 ~~percent~~²⁰ of the crime associated with addiction would disappear over night. There would still be some narcotic peddling for which judges should have authority to fix sentences appropriate for the crime with an eye to rehabilitation of the offender.

Western Europe's Example

(2) An examination of Western European methods of handling the drug addiction problem would give the United States an instructive lesson. In these countries, the physician's right to prescribe narcotics for his patient is not questioned. He is not sent to prison or denounced ~~xx~~ as a narcotic racketeer for using his professional judgment that certain addicts need morphine or heroin to enable them to live a law-abiding, useful life. The result is that there is no serious drug addiction problem in any country of Western Europe. However, all of these countries do regulate narcotics and send some people to prison for violating narcotics laws. Seventy-four people convicted in England in 1954 for violations involving opium and related drugs received sentences of (28) days to (12) months. In that same year in Germany, 3,059 addicts were receiving drugs legally on medical prescription.

No one knows how many addicts there are in Western Europe but in England one ~~ix~~ physician in every 550 and in Germany one physician in every 95 is an addict. ~~(14)~~ It is estimated that in the United States one physician in every 200 is an addict. ~~(15)~~ The figures suggest the narcotics ^{of officers} ~~elements~~ such as we have here (England has ~~(5)~~ narcotics inspectors, New York City has 200) could quickly turn up some thousands of addicts in Europe and, perhaps, show that in some countries the addiction rate is higher than in the United States.

European ^{or} officials know that the chronic addict is an emotionally sick person who needs help, that he is much less dangerous to himself and to society than the alcoholic and that most addicts work if allowed to do so. Consequently, they regulate narcotics rationally while the public absorbs American propaganda about the terrible narcotic menace that faces this country. For example, an European Embassy employee inquired anxiously whether it was true that 50 ⁹⁰ ~~percent~~ of American high school ~~children~~ children were heroin addicts. In Europe marihuana is known as the "American Vice." Few people there know that the United States has less than 5,000 of the estimated 200,000,000 ~~(16)~~, ~~(17)~~ marihuana addicts in the world.

A New Understanding Needed

(2) If the ridiculous propaganda that has been used in the United States to distort public opinion, promote vicious legislation and punish sick people could be diverted to constructive channels, a legal and administrative policy could quickly be established that would effectively control drug addiction. And this could be done without any of the enforcement excesses that now produce illness, tragedy and crime. Under the revamped policy, drug addiction would be treated, primarily, as a medical problem with the need of some police attention for its adequate control.

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