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THE DRUG ADDICT: PATIENT OR CRIMINAL?[1]

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Judge Michelsen's article in the last number of this Journal provides an extensive and documented illustration of the mythologies regarding drug addiction which I analyzed in an earlier article. Such mythologies are held by the general public because it is emotionally excited and unable to think logically about a danger of which it has little personal knowledge. It is surprising that a Judge, who would be expected to excel in ability to think logically and unemotionally, should accept the same myths. However, I shall not exchange personal insults in a dignified scientific Journal, but shall confine myself to an attempt to clarify my position.

In view of the Judge's notion that only scoundrels could disagree with him, I should like to quote recommendations made by August Vollmer for the handling of the narcotics problem. I also quoted the same source in my article. This quotation is taken from pages 117-118 of Vollmer's recent book, *The Police and Modern Society,* 1936.

> "Can the narcotic problem be met intelligently so that it may be controlled and possibly reduced to the point where it need no longer be regarded as a menace to the young men and women of this country, and where drug users will not aggravate the crime conditions as they do at present? Stringent laws, spectacular police drives, vigorous prosecution, and imprisonment of addicts and peddlers have proved not only useless and enormously expensive as means of correcting this evil, but they are also unjustifiably and unbelievably cruel in their application to the unfortunate drug victims. Repression has driven this vice underground and produced the narcotic smugglers and supply agents, who have grown wealthy out of this evil practice and who by devious methods have stimulated traffic in drugs. Finally, and not the least of the evils associated with repression, the helpless addict has been forced to resort to crime in order to get money for the drug which is absolutely indispensable for his comfortable existence.
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> "The first step in any plan to alleviate this dreadful affliction should be the establishment of federal control and dispensation — at cost — of habit-forming drugs. With the profit gone, no effort would be made to encourage its use by private dispensers of narcotics, and the drug peddler would disappear. New addicts would be speedily discovered and through early treatment some of these unfortunate victims might be saved from becoming hopelessly incurable.
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> "Drug addiction, like prostitution, and like liquor, is not a police problem; it never has been, and never can be solved by policemen. It is first and last a medical problem, and if there is a solution it will be discovered not by policemen, but by scientific and competently trained medical experts whose sole objective will be the reduction and possible eradication of this devastating appetite. There should be intelligent treatment of the incurables in outpatient clinics, hospitalization of those not too far gone to respond to therapeutic measures, and application of the prophylactic principles which medicine applies to all of the scourges of mankind."

[1] This article is a reply to Judge Train Michelsen's article in the Nov.-Dec. issue.

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I am in substantial agreement with this analysis. I did not actually discuss any particular scheme for handling addiction in my article. I had intended to do that in a future publication. However, I am inclined to agree in the main with Mr. Vollmer's general proposals except that I should be inclined to emphasize that the matter of addiction should be handled as far as possible in private medical practice, treating the addiction as a confidential matter between doctor and patient, except that the dispensing of drugs should be carefully recorded by the physician in written records which would be subject to inspection by medical agents of the United States Public Health Service. This latter agency, should, in my opinion, administer the whole program, supervising dispensaries and doctors, and advising on proper procedures. The aims and functions of such a program would be:

1. To make it easy and inexpensive for addicts regarded as incurable to obtain drugs, thus avoiding the necessity of theft, etc., to raise money to buy the high priced illicit drugs.
2. To make it as difficult as possible for any non-addict to obtain drugs for non-medical purposes. This would be done by eliminating most of the profits of the illicit traffic. New addicts would be easy to discover and the spread of the habit could be checked.
3. To provide addicts with encouragement and all possible help in quitting the habit without using coercion (except during the agony of withdrawal when forcible detention is often necessary.)
4. To make it as easy as possible for addicts deemed incurable to maintain some semblance of a decent law-abiding life among their fellows and to provide such addicts with access to medical advice and help.
5. To reduce the amount of criminality among addicts, which is today far greater than it ought to be or need be.

Under such a scheme the addict would not be clothed in "complete immunity to law" as the Judge maintains since like all the other citizens of the community he would be subject to the laws of the land including criminal law. If he committed robbery, theft, murder, burglary, or any other crime he would have exactly the same status as anyone else who committed such crimes. In addition, any traffic in illicit drugs by doctors, addicts or non-addicts would still be punishable as at present.

The Judge said a number of harsh things about schemes of this kind but presented the case unfairly. It is not a question of regulation or no regulation but a question of regulation by police agencies as opposed to regulation by medical men.

There is a sharp difference between English practice and American practice in handling addiction. The English system does what Judge Michelsen assumes will lead to perdition. It permits physicians to prescribe drugs to addicts in non-diminishing doses on the assumption that this is within the scope

of the legitimate practice of medicine. To indicate to the reader how rapidly drug addicts must have been multiplying in England for the many years that this practice has prevailed I cite the following figures giving the total number of persons who were prosecuted under the English drug laws for a period of years:

Year	No.	Year	No.	Year	No.
1925	68	1928	62	1931	52
1926	95	1929	53	1932	61
1927	60	1930	61	1933	43

The English appear to be somewhat smug about the results of their system and, as I indicated in my article originally, they even regard it as better than ours. In the 1926 Report of the Departmental Committee on Morphine and Heroin Addiction to the Ministry of Health (they too distinguish between opiate users and cocaine users as I was guilty of doing) it is definitely stated that "There are two groups of persons suffering from addiction to whom administration of morphine or heroin may be regarded as legitimate medical treatment." One of these groups referred to is described as follows: "The patient, while capable of leading a useful and fairly normal life so long as he takes a certain non-progressive quantity, usually small, of the drug of addiction, ceases to be able to do so when the regular allowance is withdrawn." This definition of "legitimate medical treatment" differs from that attached to a similar phrase in our own narcotic laws, as the Judge correctly points out. It is possible for reasonable men to differ on the interpretation of that phrase. The difficulties which the Williams brothers got into was based upon their attempt to interpret the phrase in accordance with English practice. The legal controversy over the Harrison Act, the Supreme Court, etc., centers on the meaning of the words, "legitimate medical purposes" as the Judge says it does. I am not concerned over this legal controversy but I am willing to permit differences of opinion to exist—especially in view of English practice. The above report which I have cited, was made on the basis of reports submitted orally to the committee by thirty-four distinguished witnesses and authorities on addiction, including representatives of the following organizations: the British Medical Association, the Pharmaceutical Society of Great Britain, the Society of Apothecaries of London, the Drug Club, and the Retail Pharmacists Union.

In support of the statement that drug addicts are not necessarily criminals and to indicate that in some other countries of the world they are less criminal than they are in the United States, I cited figures from Formosa to the effect that over 90% of the addicts there in 1905 were reported as having regular occupations and about 70% were said to be married and living with their families. The Judge does not dispute this data, but cites other statistics according to which, as I understand them, the opium-smokers of Formosa are about two and one-half times as criminal, in proportion to their numbers, as non-smokers, or in the ratio of 70.83 to 29.67. This does not in any way contradict my figures. In fact, it supports them, since addicts in the United States are certainly *more* than two and one-

half times as criminal as the non-addicts. The figures which I gave applied to data collected in official records of licensed opium smokers. There has also been a large number of unlicensed smokers in Formosa because of the fact that at the time of the original licensing programs near the beginning of the century Japanese authorities refused to grant licenses to a substantial percentage of addicts, but instead, removed the drug from them and then did not permit any new addicts to be licensed for something like twenty years. During these years unlicensed smokers were arrested for illicit smoking and for smuggling drugs to meet their needs. These unlicensed smokers were therefore in a position comparable to that in which most American addicts are, and like the American addicts they contributed disproportionately to the crime rates.

In the first enumeration of addicts in Formosa in 1900, 169,064 were found. In 1904-05, 30,543 more cases were found, and in 1908 15,869 additional cases were recorded. The proportion of the population that was addicted was more than five percent. In 1929 registered opium smokers represented about one-half of one percent of the total population or approximately 27,000 cases. However, new addicts were again permitted to register in 1929, and 25,000 new cases reported. The total percentage of addicts in 1929 was therefore, according to these figures, slightly over 1% of the total population. The addict population was therefore reduced by more than 80% from 1900 to 1929 when considered in proportion to the total population. This data was taken from S. Kaku, *Opium Policy in Japan,* 1924, A. Wissler, *Die Opiumfrage,* 1931, and *Committee of Enquiry Into the Control of Opium Smoking in the Far East—vol. 1.—Report to the Council of League of Nations*—1930.)

The Japanese opium policy in occupied parts of China is another story as the Judge correctly states. From conversations with Chinese students who have been in the occupied zones and from a number of recent articles in popular magazines I understand that opium is utilized by the Japanese as a source of revenue to support the war and that it is actually supplied free of charge to patrons of large public gambling houses operated by the Japanese. No one, advocates such policies for the United States or for any other country. This policy violates what ought to be a cardinal principle of any program, namely, that the drug be made inacessible to non-addicts for other than medical purposes. My Chinese informants make two interesting points that tie up with the present discussion. The first, is that they know of respectable non-criminal, upper and middle class Chinese who smoke opium. The second is, that one aspect of Japanese policy which has particularly aggravated the situation has been the policy of taxing opium heavily, thus impoverishing the laboring men who smoke and often driving them to theft and begging to raise money to buy the drug.

My contention that addicts do not contribute a major proportion of atrocious or violent crimes is adequately borne out by figures taken from the 1936 Report of The Federal Bureau of

Narcotics and cited in my earlier article. The Judge does not deny these figures nor cite any others that support his case. He mentions a study in which it was found that 4% of 150 Iowa murderers were alleged to be drug users. This supports my contention. The "court records" that prove that the addict is "Public Enemy No. 1," a rapist, killer, etc., are figments of the imagination or the Judge would probably have cited them. Some vicious criminals are addicts. This no one has ever denied, and this is all that the Judge's numerous cases prove. My contention was merely that the proportion of addicts who are vicious criminals is relatively small, that on the average the addict is a petty thief, a prostitute, or a drug peddler.

Michelsen misinterprets my statement that addicts do not usually have a "positive mania" for making new addicts to mean that "association" between addicts and non-addicts does not spread the habit. His assumption that, because I point out that addicts in India are much less criminal than they are here, I believe that opiate addiction is good for India is ridiculous. So is his assumption that I have no right, in what he calls the "cloistered" environment of Bloomington, Indiana, to agree with Terry and Pellens on one point and disagree on another. My opinions are based, in part, upon data obtained from an intensive study of addiction which I made in the not-so-cloistered environment of Chicago. Neither does the criticism of the existing law impugn the Federal Bureau of Narcotics which did not exist when it was passed.

There is no use in my debating with the Judge concerning the theoretical problems involved in trying to understand the nature of the drug habit, the effects of opiates, the relations between opiates and crime, the alleged abnormality of addicts prior to addiction, and so on. The Judge is evidently not himself personnally acquainted with addicts and addiction, nor has he understood or acquainted himself with my position, which is, I think, fairly adequately set forth in the following publications:

"The Nature of Opiate Addiction, MSS. in University of Chicago Library. A part of this was privately distributed in 1937.

"A Sociological Theory of Drug Addiction," *Amer. Jour. of Sociology,* vol. 43, January, 1938.

"The Argot of the Underworld Drug Addict," *Jour. of Criminal Law and Criminology,* July-August, 1938.

"Dope Fiend Mythology," *Jour. of Criminal Law and Criminology,* July-August, 1940.

"The Drug Addict As a Psychopath," *Amer. Sociological Review,* December, 1940.