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HISTORY OF NARCOTIC DRUG ADDICTION PROBLEMS

Proceedings of the Symposium on the
History of Narcotic Drug Addiction Problems

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Planning Committee

for the

Symposium on the History of Narcotic Drug Addiction Problems

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Moderators

Opening Session: Leo Bartemeier

Second Session: Morris Ploscowe

Third Session: Isaac Starr

Fourth Session: Edward J. Dimock

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PREFACE

Narcotic drug addiction is widely recognized as a grave national and international problem. No other issues affecting individual or public health arouse equal unanimity or equal zeal for reform and revenge: not radioactive fallout, not pollution of rivers, not smog or smoking tobacco, not automobile or airplane accidents, not juvenile delinquency or alcoholism.

In the field of narcotic drug addiction and narcotic drug traffic, the United States is able to reach speedy and substantial international agreement with other governments; everyone seems to be strictly against narcotic drug addiction. There is no comparable consistency of outlook on any other subject relating to health, behavior and social responsibility.

With such concerted and universal public and official aversion to narcotic drug addiction, how can the problem persist? Would it be feasible to control narcotic drug traffic at the source of the opium poppy? Could we get along without opium and opium derivatives? Do we now have, or could we develop, a non-addicting, pain-relieving compound appropriate for substitution in place of the present addicting drugs? Can society be safeguarded against the potential addictiveness of newly synthesized drugs?

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DISCUSSION

Ploscowe: We have heard tributes to Dr. Kolb and the remarks of Dr. Kolb. Now we have listened to another aspect of the problem. There are notable differences. One of the problems is whether we must accept either point of view as completely accounting for reality. I think part of the trouble here has been an attempt to say either/or. Nobody in their right mind would cut out law enforcement. The problem is where is the domain of medicine? Apparently there is some desire to eliminate medicine altogether and turn the thing over completely to law enforcement, or vice versa. Here is the basic issue: Where are the respective domains of medicine and of law enforcement?

Berry: Mr. Moderator, my name is Dr. Leonidas Berry, from Chicago. I am the Coordinator of the Narcotics Program there and am particularly concerned with the Narcotics Clinic. I would like to comment on some things that have been said. I am very glad to have this opportunity to hear Mr. Harney who has recently come to Chicago to head up the reorganized program there. We will be working together. I agree that the problem is a multi-faceted one. We have three clinics which we call medical counseling clinics for the follow-up care and prevention of narcotic addiction among young adults. Briefly, in five years we have seen 2,500 addicts; more than 1,200 of them have been admitted to our clinics for counseling,

These people visited and studied over Counseling Clinics and returned to establish their own

We must emphasize what has been found by gentlemen in Chicago, New York, California, and Detroit, namely that we are dealing with sick people. I don't think any of us dare ever forget that. We are dealing with people who are sick in a particular way, a type of illness that is not unlike other types of psychological or emotional illness. We must think in terms of dealing with these individuals as we deal with any patient. This comprises the real focal point of our observations in Detroit and has given rise to the proposed program we are trying to implement in Detroit: First, we have sought a legal instrument whereby the addicted person can be committed to a hospital as any other mentally ill patient can be. This we have found in our State mental health statutes. Second, the hospital is specifically organized, staffed, and administered to handle the problems of withdrawal from the addicting substance and to provide a complete evaluation of the sick person from both a total psychologic and sociologic point of view. Third, the outpatient clinic facilities, including both psychiatric care and social rehabilitation, integrates and coordinates services among all of the various governmental and voluntary community agencies. Our feelings during the past five years, and the results we have encountered, indicate that this is not only an individual problem as far as the individual addicted person is concerned, but it constitutes a total community problem. Fourth, and perhaps most important,