Drug Addiction, Crime or Disease?

**Interim and Final Reports of the Joint Committee of the American Bar Association and the American Medical Association on Narcotic Drugs.**

**INTRODUCTION**

by Alfred R. Lindesmith

The work of the Joint Committee of the American Bar Association and the American Medical Association on Narcotic Drugs may well be a landmark in the history of the drug problem in this country. It marks the first cooperative undertaking between these two important professions in this area in which both are vitally involved and in which both have important practical responsibilities. It is safe to say that if and when basic changes are made in present methods of handling the drug problem these two professions will play an important role in bringing them about.

On the question of how to deal with drug addiction there are two opposing schools of thought. The Federal Bureau of Narcotics and its supporters regard addiction to narcotic drugs as an activity that is properly subject to police control. With the growth of addiction in the United States since World War II, increasingly severe penalties have been incorporated into both federal and state laws, and the distinction between the peddler of drugs and the user of them has grown smaller and smaller. The advocates of this punitive approach argue that crimes committed by addicts are a direct result of the drug; they also contend that most addicts were criminals before they became addicted.

Critics of this view regard addiction as a disease, or something akin to it, for which punishment is inappropriate. They argue that many addicts become criminals in order to get money to buy drugs, since there is no way in which they can obtain them legally and the cost of illegal procurement is high. This state of affairs, they contend, encourages the spread of addiction among criminals and juvenile delinquents who have easy access to drug peddlers. From this point of view, drug addiction is primarily a problem for the physician rather than for the
policeman, and it should not be necessary for anyone to violate the criminal law solely because he is addicted to drugs. This necessity might be avoided by a system of clinics for treating addicts, or by adopting the British practice of permitting physicians to prescribe legal drugs in cases of addiction. Such measures, it is argued, would also remove the stigma of criminality from addiction, and, at the same time, would aid materially in undermining the illicit traffic.

It is understandable that legislators and officials should be reluctant to introduce drastic changes in present laws and practices without long and careful consideration in the light of available factual evidence. The problem deserves careful study. It is of concern to both the legal and the medical profession.

In 1955-56 the American Bar Association and the American Medical Association appointed a Joint Committee on Narcotic Drugs to explore the problem. Its members were: for the American Bar Association, Rufus King (chairman), Judge Edward J. Dimock, and Abe Fortas; for the American Medical Association, Dr. Robert H. Felix, Dr. Isaac Starr, and C. Joseph Stetler. Judge Morris Ploscowe was appointed as director of studies. In 1958 the Joint Committee presented to its two parent bodies an Interim Report surveying various aspects of the narcotic drug question and making recommendations for further research in the future. This Interim Report, with its two lengthy appendices by Judge Ploscowe and Rufus King, forms the main body of the present volume. Also included is the Joint Committee's briefer Final Report, presented in February and June 1959 to the two parent associations, and accepted by the Houses of Delegates of the American Bar Association and the American Medical Association. In accordance with recommendations made by the Joint Committee, the American Bar Association has begun a summary and analysis of existing state and federal laws in the narcotic drug field. Preparations are also under way to carry out other suggested investigations under the auspices of the American Medical Association.

The Joint Committee gave relatively little attention to the role of the medical profession in relation to addiction and to the evolution of national policy on this subject. This was because the Council on Mental Health of the American Medical Association had covered these phases of the subject in a comprehensive report issued in 1956. The summary and recommendations of this report are included in the present volume. The Council's recommendations resemble those of the Joint Committee in that they also reflect dissatisfaction with the operation of existing laws, that they emphasize the medical rather than the punitive approach, that they indicate a positive but cautious attitude toward the possibility of adopting British practices, and that they stress above all the need for more investigation and for more reliable information.

The key document produced by the Joint Committee is the Interim Report, with its appendices.
INTRODUCTION

Only a limited number of copies of this document were printed, primarily for use of the Committee itself and for circulation in the Houses of Delegates of the two associations. A few additional copies were printed and sold to persons who requested them. While the work of the Joint Committee, and especially its Final Report, is known to the legal and medical professions, the Interim Report is largely unknown, and the valuable material which it contains has not hitherto been available to the general public.

Another reason for publishing the full work of the Joint Committee is that a comprehensive attack upon it was published in 1959 by the Federal Bureau of Narcotics.*


The sale of this pamphlet was discontinued after an attack upon the Supreme Court which it contained was given unfavorable newspaper publicity, but by this time the document had already been widely circulated to libraries and law enforcement officials throughout the country. In the meantime, the target of the attack, though it was given some publicity, has become almost unavailable. In view of the discussion and controversy which the Joint Committee’s work aroused, it was felt that the reports along with supporting documents should be given circulation equivalent to that enjoyed by the attacks upon them. It is hoped that this book will accomplish that purpose. The reader may be puzzled by the fact that the Bureau of Narcotics reacted negatively to the work of the Joint Committee. The Bureau is not assailed in the report and is mentioned in only a few places. The language of the report is calm, restrained, objective, and undogmatic. The main emphasis of the recommendations is upon the need for more reliable data, and the experimental project to explore the effects of providing addicts with legal drugs is cautiously stated. If this idea is as dangerous and unsound as its critics contend, the project proposed by the Joint Committee would go a long way toward discrediting it once and for all. This report of the Joint Committee neither states nor implies anything of a derogatory nature concerning the purely law enforcement activities of the Bureau of Narcotics or of the police in general.

The Bureau of Narcotics was established in 1930. The Harrison Anti-Narcotic Act was passed in 1914 and by 1925 the crucial legal questions raised by the Act had been dealt with in the Supreme Court decisions reviewed by Judge Ploscowe. The present pattern of enforcement was thus established before the Bureau was in existence. Even the regulations issued by the
Treasury Department for the guidance of enforcement agents had been formulated in substantially their present form before 1930. Certainly the Bureau of Narcotics cannot be held accountable for these early developments, nor does criticism of statutes or of court decisions have any derogatory implications for the police. The police themselves are often among the most vigorous critics of laws which they are called upon to enforce and of court decisions affecting enforcement of such laws.

Rufus King's discussion of foreign practices (Interim Report, Appendix B) is of special interest in view of the fact that before the 1950's very few Americans knew anything about how the drug problem was handled in Britain or in any other European country. During the last ten years interest in British practices and knowledge of what they are have increased greatly,* but profound ignorance is still the rule with respect to the drug control policies of other European nations. For example, with the exception of a few United Nations technical documents, there are no publications which describe the policies, laws, and practices of any of these countries. With respect to Britain the descriptive literature is very sparse, consisting largely of a handful of articles tucked away in professional journals, special reports, and Congressional hearings. One of the reasons for the lack of information is that the drug problem is a very minor one in virtually all European countries, receives little public attention, and is hardly ever mentioned in connection with crime. Discussions of it are usually found in medical journals and these ordinarily deal with various technical medical matters rather than with the broad questions of social policy which are debated in the United States.

* A volume entitled Drug Addiction in Britain and America, by Edwin M. Schur, will be published in 1962 by Indiana University Press.

The debate in the United States during the last ten years or so concerning British practices is a strange one indeed, since it is a debate over what is essentially a simple, easily ascertainable factual matter. While, as Mr. King indicates, there is a difference of opinion between American authorities as to what British practices are, there is no such difference of opinion among the British authorities.

The British government has made no secret of its program, the essentials of which are regularly set forth in its annual report to the United Nations and republished by that organization. Nevertheless, for reasons which are indicated in Mr. King's statement, there is still considerable confusion in this country concerning both the nature of the British system and the extent of the drug problem in that country.
For several years most Americans, assuming that American methods of handling addicts were standard practice, have regarded suggestions that addicts be given access to legal drugs as a startling, radical, or dangerous idea. At the same time it has apparently seemed quite normal and acceptable to them that alcohol and barbiturate addicts obtain their supplies legally without police interference, despite the fact that the alcohol and barbiturate habits are probably at least as harmful and more prevalent than is addiction to heroin or morphine. During the years after the war the increased prevalence of addiction stimulated an interest in foreign practices and there has been a growing realization, to which Mr. King's statement should make a substantial contribution, that in reality it is the European practices which are standard rather than the American. The significance of this is enhanced by the fact that even if one accepts the lowest estimates of the number of addicts in this country there would still be more here than in all the countries of Europe combined. Chicago and New York City, with a combined population of about 11 million or one-fifth that of Britain, are ordinarily estimated to have about 30,000 addicts, which is from thirty to fifty times as many as there are said to be in Britain.

The proposals of the Joint Committee are formulated with commendable modesty and caution. Since they call primarily for the collection of more information and for more study of possible alternative programs, they present no inherent obstacles to a joint enterprise involving not only the cooperation of the legal and medical professions but also that of the police and of all other interested groups and individuals. The two basic needs in such an enterprise are full and free investigation and full and free discussion.

ALFRED R. LINDESMITH - December, 1960