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NARCOTICS

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BLACKSTONE said: "If man were to live in a state of nature, unconnected with other individuals, there would be no occasion for any other laws than the law of nature and the law of God."

It is certainly an innovation to preface an address before a State Medical Association with a quotation from Blackstone's Commentaries. As an introduction to what I hope will be a practical discussion of narcotics, and the laws now governing their use in California, it is desirable to start with the philosophy of all law.

Not to perplex the law of nature with a multitude of abstracted rules and precepts as to the fitness or unfitness of things, the rule of obedience is reduced to this one paternal precept, "that man should pursue his own true and substantial happiness." This is the foundation of what we call ethics or natural law. This law of nature dictated by God himself is, of course, superior in obligation to any other. Human laws, to be reasonable and valid, must derive their authority from this source.

NARCOTICS POWER FOR GOOD AND EVIL

"That man should pursue his own true and substantial happiness," our government has found it necessary from time to time to enact special codes regulating the use of God's gifts to mankind that humanity in its ignorance and carelessness abuses. There is no more outstanding example than opium —and other narcotics—one of God's great blessings, but capable, if not properly used, of being man's greatest curse.

I shall not discuss the physiological action of or the therapeutical indications for narcotics, but shall emphasize only their dual results. We shall take opium with its derivatives as an example. No single medicinal agent has been so useful and none more destructive. We can all count the lives actually and definitely saved by its use in our hands—the case of extreme surgical shock where only morphin could defend the vital nerve centers: the one of severe inflammation of some internal organ that only morphin could put to rest and thereby save from destruction. Probably its greatest blessing is in the case of incurable disease with its intense and continued suffering, worse than death itself, which only by the use of opiates is made endurable while life lasts. These are outstanding examples; there are many others.

On the other hand we count the wrecks of both body and soul that have come under our observation. Let us recall to our minds an incident that is repeated many times in the professional lives of us all. A man, once proud and independent, endowed with all the mental and physical attributes to make him a leader among men, but now a pitiable creature without pride or confidence, comes to our office asking for a few grains of morphin. At first he brazenly lies to us about some serious physical ailment necessitating its use. When we refuse his demands and accuse him of addiction and ask him to tell us his true story, he sits down and relates the incidents along one of the many paths, familiar to us all, that has led him to a condition which places him, if he can obtain the drug, for a time in the seventh heaven, or without it, plunges him into the depths of hell. In either condition his moral sense and responsibility are gone, his physical powers are depleted, and he is but a menace to, as well as a burden on the body politic. As we shall see, a big percentage of all crimes against God's and nature's laws, as well as against those special codes promulgated by our state for our comfort and protection, are traceable to the abuse of narcotics.

The problem of narcotics is logically one for the medical profession. We must strive to develop their power for good and suppress their power for evil. While those in authority administer such restraints as are imposed, it is our province to recommend the best laws and best means to control their use and abuse. This is our duty to the commonwealth because we have intimate knowledge of the legitimate use of narcotics, as well as experience based on the care of those who are its addicts.

We are accused in some cases of causing addiction by unnecessary or careless prescribing. While there are instances of addiction following the imperative prescribing of narcotics, they are so rare as to be practically negligible. We cannot know when we are saving a life with morphin that the particular individual is so constituted that he lacks the control a normal person inherently possesses. The contempt of one's confrères for a physician who would needlessly or carelessly expose a patient to addiction is so profound that no physician, unless he has fallen from every ideal of medical service, would face its wrath. After all few physicians in the face of mankind's constant need can fail to ask themselves, "Am I not always my brother's keeper?"

HISTORY OF ADDICTION

Narcotic addiction is not a new problem. The use of the cocoa leaf, Indian hemp, and the juice of the poppy, goes back to the beginning of history. Webster gives the derivation of the word

"assassin" as from hashish, or one who has drunk of the hashish, a narcotic preparation made from hemp. Modern civilization has made narcotic drugs both its blessing and its curse.

As far back as we go in recorded history, the evil resulting from the use of narcotics has been recognized. In 1788 a great Englishman, Warren Hastings, declared opium to be "a pernicious article of luxury, which ought not to be permitted but for the purpose of foreign commerce only."

Three decades later the directors of the East Indian Company went on record as saying: "If it were possible to prevent the use of the drug altogether, except strictly for the purpose of medicine, we would gladly do it in compassion to mankind."

As a result of the opium war, England opened the doors of China to the opium traffic and levied an indemnity of six millions of dollars for opium which the Chinese had seized and destroyed. This was followed by an awakening of the conscience of the English people which was again lulled to sleep by the cleverly contrived report of the Royal Commission of 1893. Naturally, after spending months in hearing the evidence and opinions of the merchants engaged in the opium traffic, they found much good and little harm in the use of narcotics by Orientals.

The United States came into the picture through the interest taken in the problem by the late President Roosevelt. This led to the International Conference, held at The Hague in 1912. Sixteen years have passed since the countries represented at The Hague conference agreed to limit the manufacture, sale, and use of narcotic drugs to legitimate purposes, years filled with long speeches and pious platitudes, smoke-screens and camouflage, years marked by a steady increase in the production and illegal use of narcotics, years which saw constantly augmented forces in the unholy army of smugglers, drug peddlers, and addicts. The great powers have given their word. They have signed treaties. They have adopted laws and regulations. Why have they failed? There are at most not over fifty drug factories throughout the world. Why have these not been controlled? The answer is simple. Some of these sovereign nations have failed in observing the provisions of the treaties and in administering their laws and regulations.

We of America must protect ourselves from this unholy traffic. We must no longer look to foreign powers to protect us. These countries in whom a part of their population has not as yet realized the evils of addiction and whose vision is obscured by the fact that an appreciable part of their revenue is still from traffic in narcotics offer us little security. We must depend upon ourselves.

We of California must protect our state and its citizens. We must not lay too much of the burden upon our Federal officials. We must realize our own responsibilities and our own obligations.

DEMAND AND SUPPLY

Our narcotic problem can be broadly divided into two parts, that of the demand and the supply—the buyer and the seller. Let us consider first the supply. Both the Federal and state governments concern themselves with this half of the problem. The Harrison Narcotic Act and Drug Imports and Exports Act have furnished our Federal narcotic officials with powerful weapons with which to combat the traffic, and it is largely due to these laws and the faithful and efficient enforcement of them that the number of our addicts has decreased to approximately one hundred thousand throughout the United States.

The State of California has lent powerful aid to the Federal government through the drastic laws aimed at the peddler passed at the last two sessions of our legislature. In 1925 the penalty for illegal possession of narcotic drugs was increased from ninety days in jail or $200 fine to six years in state's prison for the first offense and ten years for the second offense. This drastic law has resulted in the elimination of a largely increased number of peddlers who, under the old law, escaped with a fine which virtually amounted to a license.

In accordance with Senate Concurrent Resolution No. 22 of the 1925 Legislature, a State Narcotic Committee was appointed to make a thorough and exhaustive study into the use and abuse of narcotic drugs in California and to recommend measures for the treatment and rehabilitation of drug addicts. This exhaustive and well-written report was published in the fall of 1926.

CALIFORNIA LAWS REVISED TO CONTROL TRAFFIC

As a result of this report with its recommendations, various new laws and amendments to those already existing were passed by the 1927 Legislature, aimed at the drug peddler and illegal trafficker. It has been stated by an official in the Federal Narcotic Division at Washington that California now has the best narcotic laws dealing with the illegal traffic of any state in the union.

One of these changes in the statutes, made by recent legislation, is of such special interest to physicians that it justifies a brief discussion. Ambulatory treatment for addiction is now positively prohibited. Should a physician furnish an addict, except there be pathology, narcotics in any amount except in a jail, county hospital or other institution approved by the Board of Medical Examiners for the treatment of addicts, he is subject to arrest and conviction with a severe penalty. Furthermore he may be cited forthwith to appear before the Board of Medical Examiners and show cause why his license should not be revoked. In the past, revocation of license for the violation of state and Federal narcotic law as a crime involving moral turpitude depended upon conviction in the courts. Now, the board, independent of court action, on complaint must cite a physician and revoke or suspend his license on the fact being established that he has furnished an addict narcotics. The board may revoke or suspend his license even should a court find him not guilty, if, in the board's judgment, the evidence presented justifies the belief that he is an unsafe practitioner.

There is one other provision of the law which

we must not forget. That is the reporting of so-called medical addicts. There are those who, through the infirmities of old age or incurable disease, must use narcotics continuously, and it is our duty to furnish them. We must, however, report each case to the Board of Pharmacy on a complete questionnaire. This includes the name, address, disease suffered, amount of narcotic prescribed, etc. This provision of the law seems to conflict with the age-old principle in law of privileged communication. Inasmuch as these reports become public documents, no procedure on the part of the Board of Pharmacy can protect them from inspection by any citizen who can show reasonable cause. Confidential relationship prevails in all professions and in none should it be more strictly adhered to than in ours. I do not know that the question of conflict has ever been raised. Should it be, it is a question for the courts to decide. We can readily see the reason for this provision and its desirability from the standpoint of narcotic enforcement. Its justification is contained in the following quotation from California jurisprudence: "It is within the general power of a government to preserve and promote the public welfare even at the expense of private rights." This power is made effective through the exercise of what is generally known as "police power." "The police power, deriving its existence from the rule that the safety of the people is the supreme law, justifies legislation upon matters pertaining to the public welfare, the public health or the public morals." Probably since the need is so great the law is justifiable and we should do our part in administering it.

The State Poison Act, as amended, provides for a Narcotic Division with a Director thereof. This wise provision appeals to the medical profession inasmuch as in all their duties and relations under this act the physicians will be dealing with one having special knowledge of the subject and thus better able to understand our problems in relation to the use of narcotics.

CALIFORNIA LAWS TO CONTROL ADDICT

What has California done with regard to the second part of the problem—the buyer, the drug addict? The Federal government refuses to concern itself with this important part of the question, claiming it is the responsibility of the states. Various congressmen have tried in vain to enact laws requiring the Federal government to assume responsibility in the care and treatment of addicts, but without success. At the session preceding the last session of Congress, Senator Shortridge introduced S. B. 1800, a bill which would require the Federal government to extend financial aid to worthy state narcotic institutions, but it failed.

At this session Congressman Porter of Pennsylvania has introduced a bill providing for the creation of two Federal narcotic farms for the confinement and treatment of addicts sentenced to our Federal penitentiaries. The separation of addicts from all other prisoners is a step in the right direction and may lead to a reversal of the present policy that the care and treatment of the drug addict is the business of the individual states and not of the Federal government.

Some years ago California passed a law permitting drug addicts to be sent to our state hospitals for treatment and cure. This experiment was a dismal failure. The mixing of unrestrained addicts with the mentally sick had an unfortunate effect on the patients, and the liberty allowed the addicts made it easy for them to continue to get narcotics. In the last report issued by the Department of Institutions, on page 118, we read that out of 295 drug addicts received for treatment in 1925 and 1926, only seven, or less than 3 per cent were discharged as cured. What happened to the others? A few died, 117, or 40 per cent, of them ran away, and the balance were discharged with the report "further treatment not beneficial."

In California today, the unfortunate addict who is without financial means has only two alternatives to choose from—the streets or the jails. The last session of the Legislature did pass a Narcotic Hospital law; a compromise in the sense that it falls between the present state hospital system which has proved such an utter failure and that excellent plan reported by the State Narcotic Committee and approved by the California Medical Association in convention at Oakland in 1926 in the following resolution:

"Resolved, That a plan which provides commitment of addicts after fair trial, to a farm from which escape can be made impossible, and which affords enlightened care, hospital cure, and work treatment, or other plans similar, equal or better, and under control of the California State Board of Health, meets with the approval of the California Medical Association."

The salient defects in the hospitalization law are: first, the Director of Institutions, a layman, with the approval of the State Board of Control, composed entirely of laymen, has complete control, and no physician has any authority, either direct or advisory unless a Medical Superintendent is provided; second, it is proposed to utilize the abandoned Pacific Colony building, located on the outskirts of Pomona, an accessible location too close to populous centers and very convenient for the drug peddlers; third, the plan provides for only fifty addicts in spite of the fact that we have some four thousand in the state; fourth, the bill provides no appropriation of money with which to carry out even its meager provisions and therefore practically vitiates its purpose.

The choice of location and the necessity of limiting the number of patients undoubtedly arose from the lack of sufficient appropriation.

The value of this proposed plan will depend on establishing a scientific organization with a competent medical staff that will study the pathological and psychological aspect of drug addiction, thereby collecting a fund of recorded facts of inestimable value in making its cure permanent.

Let me say that I respect and appreciate the motive and desire for service behind this act. It is an entering wedge and I hope and believe it will be so amended as to become of practical value.

California has today, according to our most authentic records, from 3500 to 4000 addicts. A census taken in the fall of 1926 shows some 1300

California addicts in jails, prisons, penitentiaries and institutions. They are going in and coming out at a nearly uniform rate. We have probably from 2500 to 3000 of the criminal or street type of addicts who gain their living and the money necessary for the purchase of the drug by begging, stealing, drug peddling, or other illegal methods. The Federal Narcotic Division at Washington estimates that the average quantity of morphin used by addicts is from six to seven and a half grains per day. The usual price in California for morphin is one dollar per grain. Therefore it costs the street addict on the average, approximately six dollars a day to maintain his addiction, and this is in addition to the necessities of life.

In the past few years we have heard much disturbing criticism leveled at the young people of our land. Emotional and superficial students of social conditions frequently include in their charges against the high school group of pupils an increasing use of narcotics. This widespread belief is far from the facts. The existence of such a condition is refuted by the investigation and report of the narcotic committee of the Commonwealth Club of San Francisco in 1926. If the findings of such a committee were not conclusive, the common sense of any citizen would recognize the impossibility of high school pupils maintaining without detection the cost of a six-dollar-a-day addiction.

The drug addict is one of the chief factors in our crime situation according to Dr. Carleton Simon, formerly Deputy Police Commissioner in charge of the narcotic division in New York City. Their reports show that of eight thousand addicts arrested in a given period, over 80 per cent were found to have previous criminal records. Francis J. Dunn of Philadelphia states that 85 per cent of their addicts have criminal records. Chief of Police O'Brien of San Francisco reports that the narcotic menace is the greatest problem that the police and other law-enforcing officers have to battle with at the present time. Chief of Police Davis of Los Angeles states that a large share of the crime committed in Los Angeles is due to drug addiction.

It is estimated by the State Narcotic Committee that the amount of money spent for narcotics by our criminal addicts alone varies from four to seven millions of dollars a year in California. This does not take into account the indirect cost of crime—the strain on our courts, jails, and institutions. Doctor Simon has records of 741 addicts who were arrested 5056 times and of 8174 addicts who were arrested 32,696 times. This gives us an idea of the appalling indirect cost of drug addiction to society and does not count the added cost through the waste of human production and the destruction and loss of man power.

SOURCE OF SMUGGLED NARCOTICS

Where do smuggled narcotics come from and what is the favorite drug of addiction?

Throughout the entire world there exist not over fifty drug factories, and they produce probably one hundred times the amount of narcotic drugs required for medicinal purposes. They are smuggled in through the Atlantic and Pacific seaboards and over the Mexican and Canadian borders. At present "the white stuff," as it is called, is coming largely from New York, and opium from the northern seaports. An analysis of the different drugs seized by our narcotic officials shows that morphin is the favorite drug of addiction in California, being captured in 86 per cent of the cases in northern California, and in a smaller percent of the cases in southern California. The large use of marihuana by Mexicans in southern California being responsible for the decrease in the percentage of morphin. Heroin, opium, and cocain were seized in a much smaller percentage of cases. The morphin captured is, in almost every case, morphin hydrochlorid, whereas the morphin manufactured by our American drug factories, carried in stock by pharmacists and prescribed by physicians, is morphin sulphate. This is conclusive refutation of the charge frequently made by those uninformed that there is a leakage of drugs from our American factories through corruption or inefficient supervision of our officials. We have every reason to believe that our smuggled drugs come, in every instance, from unscrupulous foreign factories which are interested only in the large profits made in this vicious commerce.

DENARCOTIZATION

During the past year so-called cures for drug addiction were widely heralded and discussed by the press, and many credulous people were led to believe that at last our narcotic problem had been solved. It was claimed that an addict could be cured of his addiction within a few days or weeks.

A public demonstration of one of these cures was given in San Francisco and what was the result? Thirty-six addicts were given treatments, successfully taken off the drug, and pronounced cured. Recently one of our narcotic officials undertook a check on the cured addicts. He could find only sixteen of them; the others had disappeared from San Francisco. Of the sixteen found, how many do you think had become re-addicted? Sixteen! Sixteen out of sixteen, that is the answer.

It is the same old story because that is not our narcotic problem at all. Every doctor and every institution has always succeeded in taking addicts off the drug, in denarcotizing them successfully. Even in jails where they let them "kick it out" or give them the "cold turkey treatment" they get results in nearly every case, but after that, what?

The so-called cured addict is turned out or discharged from jail and goes back to his old associates, to the old conditions which were responsible for his addiction in the beginning, to the old temptations, to the peddler who eagerly seeks to increase his trade, to the addict friend who sympathetically offers him a shot. Naturally, inevitably, sixteen out of sixteen went back to the drug.

REHABILITATION

At this point, after denarcotization, our real problem begins; the rehabilitation of the addict, curing the mind, the imagination. We have taken

away the chief thing in his life and given him nothing to take its place. Rehabilitation will take not days or weeks, but years. In a recent statement the British Ministry of Health says: "A lasting cure could not be claimed unless the addict had remained free from his craving for a considerable period—from one and one-half to three years after the final withdrawal of the drug."

In order to effect a cure of the addict, we must have him under absolute control for a long period of time. He must be completely isolated from his old life and associations, and some mental or physical occupation must take the place of the drug. This does not mean isolation by means of stone walls and iron bars. It means a normal out-of-door life, with sunshine, work and recreation.

The solution of this problem does not mean merely the cure of those addicted at present. It has a much wider scope. What are we doing to prevent the spread of leprosy? We segregate and isolate the lepers who are now at liberty on our streets. That is precisely what we must do with our addicts. Our late Doctor Musgrave frequently said that "Drug addiction is ten times as dangerous and ten times as contagious as leprosy," meaning, of course, contagion not physically but mentally through association.

The segregation and isolation of our addicts will not only prevent the present spread of drug addiction through association; it will do much more than that. It will destroy the demand for the drug. It will put the peddler out of business more effectively than a thousand narcotic agents. If it does not actually end the drug traffic in California it will reduce it to the irreducible minimum. The attempt to handle the situation by placing addicts in state hospitals, centers of large groups of people, always has failed and always will fail because complete isolation is impossible of attainment. Ideal locations for a state addict farm can be found in our California deserts or islands.

The complete isolation of not only a few but of all the addicts who can be found offers the only possible solution of this great social problem. There is no other way. We cannot depend upon foreign countries to protect us at an enormous financial sacrifice to themselves; we must protect ourselves. Federal, state and city narcotic officers have done their best to stamp out the smuggling of the drug into our country. With our thousands of miles of seacoast and Mexican and Canadian boundaries, they have failed, and I predict that the future will be a repetition of the past and present. They will always fail to prevent a large quantity of narcotics from being smuggled in, finding its way to our street peddlers and to our addicts who must have their daily dosage and will pay any price demanded for it.

There is no other way. We must segregate and isolate all the addicts who are now on our streets, creating the demand for the drug, paying the enormous profits exacted by peddlers, and, through association, spreading and increasing addiction among oncoming generations.

NARCOTIC PROBLEM A MEDICAL PROBLEM

The narcotic problem is partially, if not largely, a medical problem, and our profession has failed to realize and admit its obligation. We have left it too long to others; it is time to assume our share of the responsibility in the solution of this grave social problem.

It is not only a scientific and economic subject but a moral one as well. I wish to repeat; from a logical standpoint the medical profession should be more concerned than any other profession or class.

The profession of medicine is a structure with foundation laid deeply, with walls thick and strong, towering over other professions in its onward and upward building toward progress. It is a monument to the persevering efforts of the family doctor of early years; a castle to the modern physician, and it still stands stable and secure. It has been built and rebuilt and renovated, and each new triumph of the profession in its war on disease is its added illumination to be guarded as a beacon light which guides the younger physicians and lights their way to greater scientific efforts and warns them to keep intact our ideals and traditions.

"That man should pursue his own true and substantial happiness" there must be many civic as well as individual problems within the body politic. Let us as individuals and as a profession continue, as in the past, to give thought with service to all the problems of mankind.

Let us not forget that it has not been by scientific attainment alone that this structure has been erected. Wtih science have ever been morality, integrity, and service. A service ready to give battle not only for health, but for that righteousness that exalteth a nation.

Farmers and Merchants Bank Building.

STATISTICAL STUDIES AND MEDICAL EFFICIENCY*

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MEMBERS of the Surgical Section, California Medical Association, and Guests: You who have each achieved distinction in some department of surgery, who have so liberally contributed to its progress and scientific advancement, to you I desire to present a most serious problem.

Medicine as a science has made phenomenal advancement, yet its average application in surgery has shown a progressive loss.

Two years ago Dr. Willis of Richmond read a paper before the American College of Surgeons in which he quoted statistics showing that in the past two decades there had been a steady increase in the mortality rate attending many of the common surgical procedures. He showed that the mortality rate attending goiter operations had increased 250 per cent; operation mortality for gall

*Chairman's address, General Surgery Section, at Fifty-Seventh Annual Session of the California Medical Association, April 30 to May 3, 1928.