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Two Views on the Federal Narcotics Law Problem: II - Need for an Effective Treatment and Education Program in the Federal Narcotics Law

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II—Need for an Effective Treatment and Education Program in the Federal Narcotics Law

by Howard W. Jordan*

Introduction.

WE SHOULD PREFACE our article by indicating that the views expressed here are solely those of the author and are not to be construed as an expression of the views or position of the Cuyahoga County Common Pleas Court or the court's probation department.

Our interest in the extent and nature of the narcotics problem stems from our experience as a social worker and probation officer over a number of years in trying to supervise narcotic users on probation. However, our interest was crystallized in 1951 at the increased number of such cases appearing in our court since 1950, and we became genuinely alarmed. As a result of staff discussion and interest, we were authorized by the chief probation officer, Richard J. McManus, to study this problem and to conduct a preliminary survey of the problem in the State of Ohio.

The study pointed up the need for increased penalties and strict law enforcement in Ohio and pinpointed the need for an effective treatment and rehabilitation program plus a broad educational approach starting at the junior high school level.

During the past year we have seen the needed repeal of the antiquated statutes in Ohio for dealing with this problem and the enactment of a law with much stiffer penalties. We feel the new statutes in Ohio with respect to penalties compares favorably with any in effect anywhere in the 48 states.

Unfortunately, the Ohio State Legislature would not go along with strong recommendations for adequate treatment, rehabilitation, and educational provisions and we are still in a quandary as to what is to be done with our present addict population and the new drug users they create.

Basically, we feel there is no pat or easy solution to the narcotics dilemma. However, we sincerely believe, along with

* Mr. Jordan, probation officer for the Cuyahoga County Common Pleas Court, has been close to the narcotics problem for many years as a social worker. His views represent the sociological aspect of the problem which may be considered the very heart of what the new federal law seeks to accomplish.

others, that we are at the threshold of dealing with this problem and effectively controlling its extension provided the states, local communities, and the federal government work together cooperatively, share the financial responsibilities jointly, and recognize drug addiction as a socially contagious disease and, therefore, treat it as a socio-medico problem.

We feel that one of the most effective ways to meet and solve this problem at the present time is to pool all of our governmental resources and work out a long-range program which would encompass the procedures which are herein set forth.

Quarantine.

A short-term quarantine program should be set up for drug users who are relatively recent in their habit and who, from the medical and psychiatric standpoint, could be rehabilitated in their home communities.

A long-term quarantine program should be planned for those drug addicts who have a long history of addiction and where qualified medical and psychiatric findings indicate there is little or no hope of successful rehabilitation.

The addict at large is a focal point of contagion to others; he must be quarantined until medically relieved of his need for drugs. A positive program of quarantine has infinite possibilities in terms of law enforcement because it would free our federal, state and local officers from the tedious and sometimes insurmountable task of arresting and re-arresting the small user and the "boot-and-shoe-pusher," and they could concentrate on apprehending the big sources of supply and peddling of narcotic drugs in this country and abroad.

Rehabilitation.

Nathan L. Goldstein, former attorney general of New York, in a report to the New York State Legislature in 1951, said that "if we are to protect society and restore the addict, we must provide psychiatric treatment and wholesome occupational therapy. Most of all, we must develop an adequate after-care and follow-up program once the addict is permitted to return to the community. Rehabilitation is not a one-man job or a one-agency job—it requires co-operation of the federal, state and local governments. Only through such co-ordination, reaching from the hospitals, clinics, and correctional institutions into the community, can we achieve the desired result . . ."

We have heard the critics of a treatment and rehabilitation program for drug users repeatedly protest that the costs are prohibitively high and that there is no guarantee of cure . . . that 96% of drug users treated at our federal hospitals return to the drug habit upon their release from the hospital.

Our answer to this valid criticism is two-fold. Firstly, the failure of treatment programs has come as a result of our failure to provide an adequate after-care and follow-up program in the home communities of drug users after hospitalization. Secondly, the costs to society may be far greater in terms of human tragedy, broken homes, and the dislocation and separation of families than we can imagine or visualize in our present do-nothing approach. Then add to this the fact that we lose our most valued resources, human beings, flesh-and-blood entities that we cannot place a monetary value upon.

We know that society suffers incalculable loss when any section of its members is rendered impotent and non-productive. Our experience teaches us that to allow this problem to remain dormant and flourish underground because of monetary considerations alone would be foolhardy, wasteful, and perhaps more costly in the long run.

Education.

We are confronted with a conspiracy of international proportions which preys on the minds and bodies of men and we must initiate a program of positive action if we hope to solve this problem for the present and successfully to control it for the future.

Since the cessation of hostilities in World War II, we have been thrust into the dominant role of leader in the affairs of mankind and the free world. Along with this we have had to take on the responsibilities—grave responsibilities—of protecting the freedom and rights of all men in the far corners of the earth.

In our role as leader of the free world we have had to assist our allies in policing the troubled spots of the world, and we must continue to do so apparently for many, many years to come if we hope to survive. This requires our transplanting the very life-blood of our country—our youth—to the far corners of the globe. As a result, we are exposing them to a new and strange code of ethics, morality and culture. We are transplanting them from an "alcoholic culture" to a "drug culture" when we send them to Southeast Asia and to some parts of Europe.

These young people are being uprooted from familiar scenes and surroundings, from family ties, friends, and all previous relationships which have helped to shape their lives and points of view. We are asking them to serve in strange lands and to live for a number of years among strange customs.

Recent reports to the United Nations would seem to indicate that the Red Chinese and the "master-plotters" of the Kremlin have initiated a large-scale distribution of narcotic drugs in those areas where our young men and women are serving. The stark reality of this situation demands our best thinking and prompt action. We must ask ourselves if we are providing our young servicemen with the type of protection to which they are entitled, to see if they are adequately prepared and thoroughly informed to combat this diabolical scheme. How many have already fallen prey to the Communist trap since 1950? What is the history of drug use among our troops in Japan, Korea and other foreign lands since 1950? Do the records show drug use prior to army service? Was the habit acquired overseas? This information should be made available to the Senate committee as soon as possible by the armed forces—and then something should be done about it.

During the last two years, this writer has personally investigated the cases of a number of veterans of the Korean conflict who claimed they acquired the habit overseas. The other officers of the Cuyahoga County Probation Department have had somewhat similar experiences. This raises the question as to whether we should not take a fresh and new look at our educative processes in order to determine whether we are utilizing every possible resource at our command in combating the narcotic problem.

This writer is in the process of studying the curriculum inclusions of twelve major school systems in the United States with respect to teaching the dangers of narcotics use, two on the West Coast, four on the East Coast, and six in the Mid-West. His study thus far points up an interesting corollary. In those states where the law is specific with respect to teaching about this problem, the educational approach has been one of vigor, intelligence and foresight. In the states where the law is not specific, the matter is treated in a nebulous, hush-hush manner, and the educational approach has, thus, lagged far behind.

Conclusion.

Public education as an element in preventative therapy is of prime importance. It should be done under controlled conditions by people who know what they are talking about. Narcotics education is health education. No one questions the fact that our schools are, in a basic way, responsible for instruction tending to protect the health and safety of the American people. It is traditional in the United States to look to our schools and to our educators for guidance and leadership.

Dr. Clare C. Baldwin, assistant superintendent of schools in New York City, commented upon the educational phase of the narcotics problem in this fashion in a report in 1952:

"It is our considered opinion that the time for a direct educational assault on this problem has come. There is also the reason of common sense which compels it. We do not avoid marking a thin spot on the ice of a skating pond because we fear some daredevil may be lured to try it. Nor do we avoid teaching a small child the danger of fire because he may become an arsonist. If we are unable to make a case against drug addiction in our schools, then we are either ignorant of its awful consequences or we should admit nothing can be taught.

"In the past we could ignore the subject as unimportant or unnecessary since we had full confidence that no child could possibly be exposed to drug addiction. It was, after all, an adult problem affecting a few who were otherwise criminal and psychotic. We have been bitterly disillusioned, and so long as a chance remains for a child to come into possession of drugs, then we believe it is the obligation of the school to warn of that danger."

COURT OF COMMON PLEAS OF CUYAHOGA COUNTY

Drug Law Defendants Tried Before This Court Since 1951:

1951	-----	70
1952	-----	78
1953	-----	62
1954	-----	102
1955	-----	135
		<hr/>
	TOTAL -----	447

Drug Law Defendants Referred for Presentence Investigation by
the Common Pleas Court Probation Department Since 1951:

1951 -----	11
1952 -----	39
1953 -----	47
1954 -----	66
1955 -----	31
	<hr/>
TOTAL -----	194