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THE MENACE OF NARCOTICS TO THE CHILDREN OF NEW YORK:

“
A PLAN TO ERADICATE THE EVIL

INTERIM REPORT

Prepared by

JAMES R. DUMIPSON
Secretary and Consultant

for the

COMMITTEE ON USE OF NARCOTICS AMONG TEEN-AGE YOUTH

MRS. SYLVIA J. SINGER, CHAIRMAN

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August, 1951

Price One Dollar

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COMMITTEE ON USE OF NARCOTICS AMONG TEEN-AGE YOUTH

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5/21/50

(New York City)

City Council

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F O R E W O R D

There is and has been an alarming, widespread use of narcotics by teenagers in New York City. A more destructive development in the lives of our young people cannot be imagined. Insulating thousands of youngsters in a nightmare world, drugs are impairing temporarily - and in some cases, forever - their physical and moral fiber.

The Welfare Council, as the planning center for social welfare in New York City, organized in December of 1950 to attack this serious situation. Only the Council with its membership of public and voluntary agencies could form a representative and broad enough group to tackle such a widespread problem undermining children in four out of the five boroughs in New York City.

The report which follows is a description of the progress made by the Council's Committee on Use of Narcotics Among Teen-Age Youth. It tells of a plan of action which, when carried to completion, will destroy this menace. Not until every recommended step in this plan is carried into full effect can we consider the job finished.

The Committee is composed of 58 representatives of public and voluntary agencies and other community groups. This Committee had the charge of determining the nature and extent of the problem in New York; reviewing laws that were available to cope with the problem; recommending the types of facilities needed for treatment and developing ways of eliminating the problem.

Mrs. Sylvia J. Singer, the chairman, and the entire Committee of 58 persons are to be congratulated on progress made so far. The Board of Education, the Department of Hospitals, the Police Department, the local staff of the Federal Bureau of Narcotics, the Narcotics Section of the State Department of Health, the District Attorneys, legislators, the Courts, and the voluntary agencies, all active participants on the Committee, have taken measures within their jurisdiction:

The Superintendent of Schools has instituted a program of education and prevention in the schools.

The Police Department has increased its narcotics squad from 18 to 50.

The legislature of New York has increased penalties for those convicted of selling narcotics, and the Attorney General launched an official inquiry.

The Department of Hospitals has announced plans to set up a treatment center on North Brothers Island.

The State of New York has inaugurated an experimental treatment unit at Westfield State Farm for drug addicts committed there.

Fifteen members of the Welfare Council - family and counseling agencies - are cooperatively carrying out an after-care program for users of drugs discharged from local hospitals.

A general educational program on the effects of narcotics and ways of prevention has been launched, with the Department of Health, Columbia University and private agencies cooperating. Press, radio and television have carried the information to wide audiences.

But what has been accomplished is not yet enough. Every day there are new recruits for devastation. Drugs are available to children. Boys and girls who wish to be cured cannot find in New York City or State treatment of the duration and sort which promises a permanent abstinence from drugs. The process of education of parents and children on prevention of use has just begun.

All the progress that has been made will be dissipated unless there is a continuation of action to eliminate the narcotics problem, supported by persistent gathering and presentation of facts and sustained awareness of danger. Essential next steps in the control of narcotics use are these:

Effective control of the supply and distribution of narcotic drugs.

Adequate treatment for drug addicts, particularly for those who do not come under court jurisdiction.

Effective coordination of public agency activities and full cooperation between voluntary agency work and citizens' activities.

Finally, the narcotics problem today must be seen as an exaggeration of a perennial problem in New York City - drug use as a form of emotional release. There must be a strengthening of those services, public and private, which help to build up stronger and happier young people whose confidence and healthy outlook are the best protection against narcotics addiction.


RAYMOND M. HILLIARD
Executive Director

CHARGE to the Committee on Use of Narcotics Among Teen-Age Youth, by the Board of Directors of the Welfare Council of New York City, December 5, 1950:-

1. TO DETERMINE THE NATURE AND EXTENT OF THE PROBLEM OF NARCOTICS AMONG TEEN-AGE YOUTH.
2. TO REVIEW RELEVANT LAWS AND, IF NECESSARY, PROMULGATE A LEGISLATIVE PROGRAM.
3. TO EVALUATE AVAILABLE TREATMENT FACILITIES AND RECOMMEND THE TYPE OF PROGRAM NEEDED FOR ADEQUATE TREATMENT.
4. TO RECOMMEND PREVENTIVE MEASURES AND DEVELOP A COMMUNITY-WIDE EDUCATION PROGRAM FOR PREVENTION.

SUMMARY OF RECOMMENDATIONS

PREVENTION AND EDUCATION

Recognizing the elimination of the sources of supply to be a major factor in prevention, the Committee recommends:

I. Enforcement:

- a) That the United Nations and the United States Department of State be urged to take immediate necessary steps for tightening international control of the sources of supply of narcotics. Elimination of the sources of supply is a major factor in prevention.
- b) That the community wholeheartedly support the Police Department, the local office of the Federal Bureau of Narcotics, the Narcotics Control Section of the State Department of Health, the District Attorneys' offices, and the Courts, in their efforts to track down and punish those adults in the community who are responsible for the distribution and sale of narcotics; the Police Department of the City of New York and the State Department of Health are urged to re-examine the number of men now assigned to their Narcotic Squads and Control Units; and the Police Department is urged to stress the responsibility of the uniformed patrolman in tracking down sellers of narcotic drugs on the neighborhood level. (See page 14.)

II. Education:

a) Schools:

1. That the Superintendent of Schools and the Board of Education set up immediately a unit of study on all appropriate levels in the public school system to acquaint students with information concerning the physical, moral and social effects of the use of drugs, how addiction occurs, and to develop proper attitudes and habits among the youth in relation to the present problem of use of narcotics by teen-agers. (See pages 20 and 21 and appendix D.)
2. That parents and teachers be alerted to recognize the symptoms associated with drug usage and subsequent addiction. They should be alerted in observing any deviation in the behavior of youngsters and encouraged to seek aid from those specifically trained to determine the nature of such deviation. (See page 22.)

b) Other Community Agencies:

1. That appropriate agencies provide an immediate training program for qualified adults to lead teen-age discussion groups in schools, churches, synagogues, settlement houses, and all youth-serving agencies. The services of the Department of Health and other qualified persons and psychiatrists should be enlisted in such a training project.
2. That appropriate community groups and organizations, such as United Parents Association and Youth United, be urged to stimulate meetings for parents and non-agency staff similar to the information meetings sponsored by the Department of Health and the Welfare Council. Such community groups will have the full cooperation of the Committee, the use of its panel of speakers and all material prepared by the Committee.
3. That material be prepared by the appropriate public and voluntary agencies (a) to assist parents in identifying the use of narcotics by their children and what parents should do when they are identified; (b) for professional staffs of schools, group work and recreation agencies, etc. (See page 22.)
4. That regional units of the Welfare Council and other neighborhood community groups organize meetings of representatives of civic and community groups on a borough basis to: (a) receive reports of the Committee's work and recommendations; (b) to encourage implementation of appropriate recommendations on the neighborhood level; (c) and to focus community support on the Committee's program.
5. That the Department of Health, in cooperation with the Committee, set up a panel of speakers to meet the requests from community groups wishing information on the subject of teen-age addiction.

TREATMENT FACILITIES

Basic in considering treatment facilities for pre-adult users of narcotics, the following two principles were set forth by the Committee early in its considerations:

1. Effective treatment for withdrawal of drugs and rehabilitative therapy requires custodial care under the control of staff trained in the various phases of treatment.
2. Persons not guilty of a criminal offense or adjudged delinquent should not be committed to penal and correctional institutions for the treatment of drug addiction.

The following recommendations are made to meet the need for treatment facilities:

1. The immediate establishment, under public auspices, of (a) a reception unit to provide humane withdrawal treatment; (b) an institutional facility to provide rehabilitation including a program of psychotherapy, occupational therapy, and a program to re-adapt the patient to community living.
2. Establishment, with appropriate resources in the community, of a cooperative arrangement for follow-up care of those pre-adult narcotic users who need and can use supportive and interpretive services on an ambulant basis after withdrawal therapy.
(See page 18 and appendix B.)

The hospitals, when discharging a pre-adult narcotics user, should be requested to advise the schools of the patient's discharge and of the referral to the counseling agency.

3. Following discharge from the institutional treatment program, which may require from three to six months, return of the patient periodically to a psychiatric clinic or hospital for follow-up observation and treatment.
4. Pending the establishment of such treatment facilities under public auspices, exploration by appropriate public departments with reputable private hospital facilities of their ability to accept pre-adult addicts for treatment at reduced rates payable from public funds. It is hoped that implementation of this recommendation might provide a minimum of treatment resources immediately.
5. Legislative provision to permit the otherwise non-delinquent addict to be committed and detained for treatment in other than a penal institution, and to be required to report for follow-up care after discharge from the institution.
6. The Committee supports the proposal that a program for the treatment of female addicts committed to Westfield State Farm be developed as part of the institution's program in the four available buildings there, but emphasizes that such a program should not be considered as a substitute program for non-delinquent girls.

NATURE AND EXTENT

Recognizing the epidemic character of the present crisis, the Committee made the following recommendation to provide registration machinery and the controls normally exercised by health departments in such situations:

1. The Committee requests the Commissioner of Health and the Board of Health of the City of New York and the Commissioner of Health of the State of New York to consider the advisability of defining narcotics addiction and the use of narcotics as a reportable disease; and the Welfare Council offers to these agencies its assistance in securing the full cooperation of voluntary agencies in such a plan.

I. THE COUNCIL ORGANIZES TO MEET THE PROBLEM

The Welfare Council's effort to develop an integrated program to combat the narcotics problem among teen-age youth falls within its coordinating and cooperative planning function in the field of health and welfare services in New York City. An effective approach to such a problem requires the appropriate use of medicine, psychiatry and related disciplines, law and law enforcement, religion, and the several functional fields of social work. It demands utilization of a close partnership of public and voluntary community effort from the initial planning stages to the final implementation of each recommendation. Without this kind of coordinated effort, the success of any community plan to deal with a problem like the use of narcotics among teen-age youth is markedly weakened.

During the early spring of 1950, the field secretary of the Manhattan Council for Social Planning of the Welfare Council brought to the attention of the Consultant on Correction and Delinquency reports of the use of narcotic drugs among teen-age youth in the East and Central Harlem areas of the city. At about the same time, Edward Mowery of the World Telegram and Sun began a series of articles portraying the situation in different sections of the city. By May of 1950 the Probation Department of the Magistrates' Court system, which does not normally deal with problems of drug addiction, reported a startling rise in the use of narcotics amongst adolescents processed through the various Magistrates' Courts on other than drug charges; and requested the assistance of the Welfare Council in arousing public interest to provide suitable treatment facilities. In September, 1950 the supervisor in charge of the New York Office of the New York State Training School for Girls sought help from the Council in locating treatment facilities for a number of girls under the care of that agency who were described as drug addicts. The worker

reported that Bellevue Hospital and other city hospitals were not willing to take them. The Training School, during the preceding four month period, had had four girls who desperately needed treatment. The need to explore the situation and determine the existence of a problem on a city-wide level seemed apparent.

At the October, 1950 meeting of the Steering Committee of the Conference Group on Correctional and Allied Services of the Welfare Council, these matters were considered and a subcommittee under the chairmanship of Mrs. Sylvia J. Singer, Assistant District Attorney of New York County, was appointed to explore the situation. From October to November 1950, this group reviewed reports of the increased use of narcotics by teen-agers and took cognizance of the many isolated activities already under way by various groups in the community to deal with the problem as they saw it and within their particular frame of reference. The experiences and activities of the courts, the several voluntary agencies and other community groups clearly pointed up the fact that there was need for coordinated planning and effort on a city-wide basis.

On recommendation of the Steering Committee of the Conference Group on Correctional and Allied Services, the Board of Directors of the Welfare Council approved on December 5, 1950 the establishment of a city-wide committee to develop an overall plan to meet the problem. The President of the Council, Coverly Fischer, appointed as chairman of the committee Mrs. Sylvia J. Singer. The Board also approved the following charge to the committee:

1. To determine the nature and extent of the problem of narcotics among teen-age youth.
2. To review relevant laws and, if necessary, promulgate a legislative program.
3. To evaluate available treatment facilities and recommend the type of program needed for adequate treatment.
4. To recommend preventive measures and develop a community-wide education program for prevention.

Representation was invited and secured from the Police Department, Board of Education, Domestic Relations Court, Court of Special Sessions, City Magistrates' Court, Department of Health, Department of Hospitals, New York City Youth Board, all of the City of New York, and the District Attorneys' offices of New York, Bronx, Kings, and Queens Counties; also the State Department of Mental Hygiene, State Department of Social Welfare, State Division of Parole, and the State Department of Health, together with the County Courts, the Court of General Sessions, and members of the New York State legislature. The Committee also includes representatives from the voluntary casework, group work and recreation agencies, the regional councils of the Welfare Council, the Academy of Medicine, the Association of the Bar of New York, the New York County Lawyers' Association, the Women's City Club of New York, and the Morrisania Community Council. In all, the Committee includes a membership of 58 persons with a member of the staff of the Welfare Council serving as secretary and consultant to the Committee.

II. COMMITTEE ACTIVITIES

At its first meeting on January 5, 1951, the Committee divided itself into four subcommittees under co-chairmen to deal with the following aspects of the problem:

Nature and Extent
Treatment Facilities
Law and Law Enforcement
Prevention and Education

At this meeting also, approval was given to the appointment of the chairman, Mrs. Singer, to serve as liaison with the Mayor's Committee on Narcotics which had been appointed by Mayor Impellitteri at about the same time the Council Committee was set up.

Immediate attention was given to the need for treatment facilities and measures designed to prevent further involvement of young people. After a series of weekly meetings and consultations, the Committee transmitted on February 5, 1951 to Police Commissioner Murphy, in his capacity as chairman of the Mayor's Committee on Narcotics, its major recommendations dealing with treatment facilities and prevention, based on a careful study and evaluation of the problem as manifested in New York City.

On February 13, 1951 representatives of the Committee met with a subcommittee of the Interdepartmental Council on Health of the State of New York to discuss the recommendations for treatment facilities and to urge that such facilities be established forthwith. Agreement was indicated by the two groups on the soundness of the recommendations of the city-wide Committee

The Committee then brought this situation to the attention of the Governor of the State of New York and offered to present details of the seriousness of the situation as well as recommendations it had prepared. Particular attention was called to the need for the legislature, which was then in session, to provide adequate treatment facilities. The Committee was advised

that its views had been transmitted to the Governor through the Interdepartmental Council, that they were thoroughly understood, and that the requests of the Committee would be considered.

Members of the Committee gave consultation to the representatives of the state legislature who were interested in introducing bills dealing with narcotics addiction and reviewed and made recommendations on all bills that were introduced on the subject. Informational meetings on the technical aspects of the narcotics problem as it relates to teen-agers were set up for the staffs of the health and welfare agencies in the city. In each of the boroughs, excepting the Borough of Richmond, the Committee has cooperated in sponsoring a series of meetings designed to alert the community to the nature of the problem and the community's responsibility for supporting constructive action to deal with it. In addition, members of the Committee have accepted numerous speaking engagements and have appeared on the radio and television as part of the Council's effort to provide interpretation to the community at large. All of this activity has been in addition to communications and conferences with appropriate city and state officials in an effort to secure implementation of the several recommendations made by the Committee. The full cooperation of the Committee was given to the inquiry being made by the Attorney General of the State of New York and the inquiry of the United States Senate Crime Investigating Committee in Washington. The findings and recommendations of the Committee were submitted to the Attorney General and the Chief Counsel of the Senate Committee by the chairman and the consultant during several executive sessions. Following these meetings, the consultant to the Committee testified in public hearings before both of these governmental bodies.

In April, 1951 Mr. Irving Geist, a public spirited citizen of New York, publicly announced his interest in establishing a treatment facility for

teen-age addicts under voluntary auspices. Several conferences were held with Mr. Geist during which time the thinking and recommendations of the Committee were brought to his attention. In addition, Mr. Geist, as chairman of the Four Chaplains Memorial Placement Center, Inc., in cooperation with the American Legion, set up a three-day clinic on the narcotics problem at the Waldorf Astoria Hotel. The chairman of the Council's Committee worked closely with Mr. Geist in planning the meetings of this clinic and representatives of the Committee participated in its several sessions.

The chairman and the consultant have conferred with other individuals and voluntary agencies in the community who have expressed an interest in developing experimental programs in the treatment of youthful narcotic drug addicts, and have communicated with individuals and groups all over the country about our approach in dealing with the problem.

Mayor's Committee on Narcotics

In December, 1950 the Mayor of the City of New York appointed the Mayor's Committee on Narcotics. It included the Commissioner of Police, the Honorable Thomas F. Murphy, as chairman, the Commissioners of Health, Hospitals, the Superintendent of Schools and the Executive Director of the New York City Youth Board. In July, 1951 the Mayor's Committee released its "Report of Study on Drug Addiction Among Teen-Agers", summarizing official estimates of the extent of the problem, and outlining a series of proposals to meet it.

Official liaison was set up between the Mayor's Committee and the Welfare Council Committee early in January, 1951 for the purpose of coordinating the activities and efforts of the two groups. Until lately, attempts on the part of the Council Committee to meet with representatives of the Mayor's Committee have failed. Council representatives were desirous of discussing the findings and recommendations of the city-wide group with the Mayor's Committee prior to public release. At this writing, however,

arrangements have been made with the new Commissioner of Police, the Honorable George P. Monaghan, for a conference to consider further implementation of the recommendations of this report. It is anticipated from this meeting that there will come improved coordination of the actions of individual city departments, and a more closely integrated program of action. Such integration can correct existing confusion and misunderstanding between the schools and the police in handling the teen-age narcotics problem. It can provide smooth operation of the procedures regulating the services available in the two city hospitals which have not been fully understood by public and private agencies. The coordination of planning, action and services within the city government, so necessary in this kind of situation, should be provided by the Mayor's Committee on Narcotics. This can and must be done at once.

III. FINDINGS AND RECOMMENDATIONS

The Committee on Use of Narcotics Among Teen-Age Youth of the Welfare Council, as has been indicated, has brought together representatives of all appropriate public and voluntary agencies and groups in the community to develop a blueprint of action for the community. The Committee therefore represents "official" and "unofficial" interest in the problem and responsibility for finding ways to meet it. The findings and recommendations that follow have been submitted as the result of the joint study and thinking of this overall city-wide committee and might properly be referred to as New York City's plan of attack on the narcotics menace among its teen-age youth.

A. Nature and Extent

The press and radio during the past year have reported daily arrests of violators who are charged with possession or sale of large amounts of narcotic drugs. These arrests continue and the press reports indicate that sales are continuing to be made to teen-age youth. Testimony of officials, both local and federal, adduced at public hearings, reveal that there has been, and continues to be, an alarming increase in the use of narcotics by young people. The obvious urgency of the situation compelled the Committee not to wait on detailed studies. As of this writing, no systematic attempt has been made to secure a reasonably unduplicated count of the extent of addicts in New York City. Data from the courts, police and schools, while set up to serve the purpose of the individual agencies, do not present an integrated picture. For example, there still remains the need to identify those offenders who come before the court on such charges as robbery, burglary, unlawful entry, and assault, who are later discovered to be drug users or addicts. Accounts from the voluntary agencies in the community also support the fact that there has been a shocking increase in use of narcotics among

teen-age youth. But, here again, no systematic record has been kept. These reports from the voluntary agencies do give valuable information, however, concerning the nature of the problem as seen in the various sections of the community.

Notwithstanding the absence of a valid statistical picture, there are reliable indications to establish the fact that the use of narcotics, particularly by teen-age youth in New York City, has increased and continues to increase with shocking rapidity. The following statistics reported at the public hearings held by the Attorney General of the State of New York during June, 1951 give startling evidence of the seriousness of the situation:

TABLE I

OFFENDERS COMMITTED TO CITY CORRECTIONAL INSTITUTIONS
ON CHARGES OF NARCOTIC VIOLATIONS*

	1946	1947	1948	1949	1950	To April 15, 1951
Total	281	329	485	576	1031	614

It will be noted that the number of individuals committed in 1949 is approximately double those committed in 1946. The figures for 1951 represent the first three and a half months of the year. If that rate of commitment is continued through 1951 we have a projected figure of 2,400 individuals for the year committed to institutions under the jurisdiction of the New York City Department of Correction.

* Reported by Commissioner of Correction Albert Williams at the Attorney General's Public Hearing on Narcotics on June 12, 1951.

The Subcommittee on Nature and Extent agreed that a count of youth 21 years of age or younger, involved in any fashion with the use of narcotics who appeared before any of the courts, would offer some measure of the volume of need for treatment facilities. The Research Bureau of the Welfare Council, in cooperation with the Committee, did an experimental study of such young people during the month of March, 1951. The courts which participated in the study included the Court of General Sessions, the four County Courts, the Court of Special Sessions, the Magistrates' Court, and the Domestic Relations Court.

The courts filed individual records for 151 cases but 7 records covered persons 22 years of older. There were 144 cases eligible for the study. This number does not represent cases discovered in one month because 42 were reported by the Children's Court as known to them on January 15, 1951. Unfortunately, not all items requested were reported in every instance; for example, classification by cultural group was impossible for 48.1 per cent of the 102 cases arising in March. Obviously, analysis of the insufficient data on this item has no validity. Efforts are being made to secure more complete information. Of the entire group of 144 young people studied, 55 per cent lived in Manhattan, 26 per cent in the Bronx, 17 per cent in Brooklyn, and 2 per cent in Queens. Among the 102 cases brought into courts for adolescents or adults, 64 per cent were charged with an offense involving narcotics. Among the 42 cases reported by the Children's Court, selling or possessing narcotics, their use, or suspicion of their use, appear to have been the primary reasons for the delinquency charge in 22 instances or 52 per cent of the cases. The other 20 children were brought to court for another reason but discovered to be users of narcotics.

Stories of the general use of heroin appear to be substantiated by the figures. 66.4 per cent began their practice with heroin. For the 115 cases

for which some period of use of narcotics was indicated, more than half (61) apparently had used narcotics for less than six months; in fact 37 cases had indulged in the practice for only two months or less. Only 24 appear to have used drugs a year or more. Among the adolescents and young adults, 71 of the 102 were reported as habitual users - 40 daily, 26 weekly, and 5 "regularly or frequently". As already indicated, additional data are being secured on this experimental study and it is hoped that a more complete analysis will be made in subsequent reports.

The Committee had previously recommended that the Welfare Council set up a mobile registry of all cases of teen-age youth involved in the use of narcotics. As plans for such a registry were formulated, the difficulty of securing a valid index of cases on a voluntary basis became apparent. The experience of the New York City Youth Board with its central registry on juvenile delinquency further supported our decision to abandon such a plan. Recognizing the need for some valid index of the extent of the problem in the community, the Committee has approved and transmitted the following recommendation to the Commissioner of Health and the Board of Health of the City of New York and to the Commissioner of Health of the State of New York:

That they consider the advisability of defining narcotics addiction and the use of narcotics as a reportable disease; and the Welfare Council offers to these agencies its assistance in securing the full cooperation of voluntary agencies in such a plan.

B. Legislation and Law Enforcement

It was determined early in the discussion of the Committee that the problems of law and law enforcement, though related, needed to be handled separately. The Subcommittee on Law and Law Enforcement, therefore, was divided into two groups. One group included representatives of the District Attorneys' offices, the Juvenile Aid Bureau and the Narcotics Squad of the

Police Department, and the non-member consultant from the Federal Bureau of Narcotics. The other group, made up primarily of lawyers, concerned itself with legislation that was needed to cope with the problem. The group on law enforcement shared its experiences with the group on laws, and also shared these experiences, insofar as it was appropriate, with the full Committee. However, because of the nature of the mechanics of law enforcement as they relate to narcotics, many of the deliberations and plans of this group were not reported.

In the area of law enforcement in New York City, especially during the past year, we have had aggressive and effective action on the part of our law enforcement agencies to cope with the problem. In fact the best and most effective efforts have been in this area of law enforcement. The Narcotics Squad and the Juvenile Aid Bureau of the Police Department, with the full cooperation of the local office of the Federal Bureau of Narcotics and the Narcotics Control Section of the State Department of Health, have done a spectacular job in apprehending the pushers and sellers of narcotic drugs and have moved in on those in the upper echelon of the racket. The number of officers assigned to the Narcotics Squad has been increased from 18 last year to close to 50 as of this writing. Assurances have been given by Police Commissioner Monaghan, recently appointed, that additional increase in staff will be made.* The District Attorneys of the several counties and the courts

* Increase in the staff of the Narcotics Control Section of the State Department of Health also is essential if that unit is to carry out its statutory assignments as contained in the New York State Public Health Law.⁽¹⁾ One chief and five investigators are totally inadequate if the State of New York is to assume its full responsibility for effective enforcement of narcotics laws, rules and regulations.

(1) Public Health Law of the State of New York, Sections 421-a and 443, Article XXII.

In the city have supported the activity of the police in bringing to trial and punishing those convicted of narcotics violations under the law.

During the 1951 session of the state legislature, a number of bills were introduced by Senator Seymour Halpern, a member of the Committee, to deal with the narcotics problem among teen-age youth. The Subcommittee on Law and Law Enforcement reviewed most of the bills introduced by Senator Halpern and other legislators, and submitted them to the Committee with recommendations for or against approval of the bills.

The legislature enacted certain measures designed to deal with the narcotics problem. It directed the Attorney General to make a comprehensive study of existing provisions of law relative to the control of narcotics and their use, to evaluate present law enforcement, both penal and rehabilitative, and to make such recommendations as may be necessary to insure adequate control of narcotics and their use and to improve law enforcement. This investigation, by Attorney General Nathaniel L. Goldstein and Assistant Attorney General Sidney Tartikoff, has been under way since April, 1951. While some unfortunate impressions were established in relation to the responsibility that the Board of Education had for dealing with the problem, the recent public hearings succeeded in dramatizing to the people of New York the seriousness of the narcotics situation among teen-age youth and gave added impetus to community demand for further action. The Attorney General has availed himself of the thinking and proposals of all responsible groups in the community, and it is expected that his report to the 1952 legislature will embody a series of recommendations dealing with law enforcement, treatment facilities, and preventive measures.

Measures were enacted also that provide harsher treatment of those convicted of certain narcotics violations. Three laws designed to achieve this became effective on July 1, 1951. Two of them raise the penalty for the

illegal sale, barter, or gift of narcotic drugs to a mandatory minimum of not less than two years imprisonment and a mandatory minimum of not less than five years if the sale or gift is to a minor. Prior to the enactment of these laws the penalty ranged from a fine to ten years. The other law makes possession of an ounce or more of narcotic drugs presumptive evidence of intent to sell and directs a mandatory minimum sentence of not less than two years and a maximum up to fifteen years.

The Committee vigorously supported bills recommended for approval and urged interested community groups to take similar action. It looks to the state legislature as well as to Congress to enact legislation promptly that will place stringent control on the sale and distribution of narcotic drugs and provide severe punishment for those who ply the narcotics trade, particularly among teen-age youth.

C. Treatment Facilities

A subcommittee was set up to identify available treatment resources, to investigate methods in use, and to recommend both emergency and long range measures, including facilities needed, auspices of such facilities, and location. This subcommittee has met monthly and at times more frequently since its original appointment. The following material represents the highlights of the Committee's activities in its attempt to secure adequate treatment facilities in the community.

Early in its consideration, the Committee was agreed that a treatment facility must include: (a) a primary reception center for diagnosis and withdrawal therapy; and (b) a custodial facility for complete rehabilitation following withdrawal therapy for those whose addiction has been established. Information was secured concerning treatment resources available in every private facility in and about the metropolitan area. For a variety of reasons, few, if any, of these facilities made treatment resources available for

teen-age addicts.

Shortly after the appointment of the Committee, the Department of Hospitals designated the Psychiatric Divisions of Bellevue and Kings County Hospitals as facilities for withdrawal therapy for the pre-adult addict. This, admittedly, was a stop-gap measure, as neither of these hospitals is equipped to provide more than diagnostic and recommendation services. Over a period of months agencies and individuals in the community have experienced difficulty in using the services of these two hospitals as outlined in the official memorandum of the Department of Hospitals. Clarification was finally made that these two hospitals would admit any drug addiction cases either by court commitment, voluntary commitment, or on referral by a responsible agency in the community. Until recently, withdrawal therapy at these two hospitals has been the only treatment available in the city for the great majority of drug addicts and users. Recently, experimental treatment programs have been initiated by the New York City Youth Board, one or two voluntary agencies, and the Association for the Psychiatric Treatment of Offenders.

On July 1, 1951 plans were announced that the City of New York would establish a facility for the treatment of teen-age narcotic addicts at Riverside Hospital on North Brothers Island. The Committee has been advised by the Department of Hospitals that it intends to operate this facility as a moderate to long-term treatment and rehabilitation center for young narcotic users. The United States Public Health Service Hospital at Lexington, Kentucky, continues to provide valuable service to the youth of New York. However, its limitations for teen-age youth are well known and cannot be considered an acceptable substitute for adequate treatment facilities under city or state auspices. It is essential that the city's plans for North Brothers Island move forward with the greatest possible speed.

One major gap in using the limited facilities of the two city hospitals

soon became apparent in that teen-agers were discharged after withdrawal treatment and returned to the community without any follow-up or supportive care. The Committee then turned its attention to implementing a recommendation that it approved, which stated, "that proper liaison be established with appropriate resources in the community for follow-up care of those pre-adult addicts who need supportive and interpretive care on an ambulant basis." In cooperation with the Conference Group on Services to Families of the Welfare Council, an arrangement has been made with 15 family and counseling agencies for the referral of certain pre-adult addicts to these agencies for case work and psychiatric services after discharge from the two city hospitals. A memorandum defining the type cases to be referred and the agencies which agreed to accept them is included as appendix B of this report.

In March the Committee discussed and approved support of a plan submitted by the Superintendent of Westfield State Farm that four available buildings at that institution be refurbished and set up as an experimental treatment unit for females committed to the institution who are found to be drug addicts.

The Committee has used every possible effort to lay before the Governor of the State of New York and the Mayor of the City of New York the present and urgent need for the establishment of suitable treatment facilities for those youngsters involved in the use of narcotics, not only in the interest of those already addicted, but also as an important preventive measure for those who might be susceptible to addiction. To this effort, the press of New York City has contributed invaluable support.

Since its inception, the Council's Committee has received inquiries concerning the appropriate use of Narcotics Anonymous. Many questions were asked about Narcotics Anonymous as originally conceived at the Lexington Hospital and Narcotics Anonymous as it moves into an incorporated group here in New York. A subcommittee was set up to review the present program of Narcotics

Anonymous in New York City and to submit a statement concerning its appropriateness as a treatment resource. The report of the subcommittee was approved by the Committee on June 22, 1951, and is included as appendix C of this report. An augmented continuing subcommittee will explore means of developing the Narcotics Anonymous program which will have value for the teen-age addict.

The following recommendations represent the Council's plan for establishing much needed treatment facilities in the community:

1. Effective treatment for withdrawal of drugs and rehabilitative therapy requires custodial care under the control of staff trained in the various phases of treatment.
2. Persons not guilty of crime should not be committed to penal and correctional institutions for the treatment of drug addiction.
3. The immediate establishment, under public auspices, of (a) a reception unit to provide humane withdrawal treatment; (b) an institutional facility to provide rehabilitation including a program of psychotherapy, occupational therapy, and a program to re-adapt the patient to community living.
4. Establishment, with appropriate resources in the community, of a cooperative arrangement for follow-up care of those pre-adult narcotic users who need and can use supportive and interpretive services on an ambulant basis after withdrawal therapy.

The hospitals, when discharging a pre-adult narcotics user, should be requested to advise the schools of the patient's discharge and of the referral to the counseling agency.

5. Following discharge from the institutional treatment program, which may require from three to six months, return of the patient periodically to a psychiatric clinic or hospital for follow-up observation and treatment.
6. Pending the establishment of such treatment facilities under public auspices, exploration by appropriate public departments with reputable private hospital facilities of their ability to accept pre-adult addicts for treatment at reduced rates payable from public funds. It is hoped that implementation of this recommendation might provide a minimum of treatment resources immediately.
7. Legislative provision to permit the otherwise non-delinquent addict to be committed and detained for treatment in other than a penal institution, and to be required to report for follow-up care after discharge from the institution.

8. The Committee supports the proposal that a program for the treatment of female addicts committed to Westfield State Farm be developed as part of the institution's program in the four available buildings there, but emphasizes that such a program should not be considered as a substitute program for non-delinquent girls.

D. Prevention and Education

This subcommittee was set up to develop effective preventive measures on a community-wide basis. Early in December, 1950 the Committee queried 12 representative communities throughout the country to determine the existence of the narcotics problem there and methods that have been devised for meeting it. Included in the cities contacted were New Orleans, Houston, Chicago, Detroit, Cleveland, San Francisco, and Los Angeles. Although we received some reports of a slight increase in the use of narcotics from several of the cities, each community reported that the impact there had in no way been comparable to that reported in New York City. Subsequent developments clearly indicate that, at the time of this report, these communities may not have been aware of the existence of their problem. No community reported establishing a plan for meeting the narcotics problem on the local level.

Our Committee took the position that while treatment facilities were urgently needed, it was imperative that there be developed a program that would place major emphasis on prevention. We were unwilling to accept use of narcotics by teen-age youth as a part of our urban community living. In March of 1951 we sought assistance from United States Commissioner of Narcotics, Harry J. Anslinger, in the development of a program of education. We were advised by Mr. Anslinger that the immediate need in New York was not education, but "a quarantine ordinance which would confine these users in a controlled ward of the city hospitals until they are pronounced cured by medical authorities. As long as they are on the streets they spread addiction and contaminate others like a person who has smallpox. Association with other addicts is the chief

cause of drug addiction." The Commissioner stated that an educational program would only arouse curiosity among young people and stimulate them to experiment with narcotic drugs. The Commissioner further urged the passage of certain amendments to the Uniform State Narcotic Drug Act.

At about the same time a similar letter from the Federal Commissioner had been addressed to Dr. Clare C. Baldwin, Assistant Superintendent of Schools and the Board of Education's representative on the Council's Committee, in response to his request for suggestions. Dr. Baldwin's paper, "The Problem of Adolescent Drug Addiction -- Prevention Through Education",* presented at a conference on March 8, 1951 arranged by the Board of Education for administrative personnel of the school system, rejected the position of the Federal Commissioner. He urged the institution of a program of education in every 8-year elementary, junior and senior high school in the city "which will include instruction in the approaches which are made to children, the conditions under which it may be encountered, and the tragic consequences of the use of drugs." Dr. Baldwin stated further that "The time for a direct educational assault on the problem has come." This approach of Dr. Baldwin's reinforced the position which the Committee had taken in February, 1951 when it transmitted to the Superintendent of Schools the following recommendation:

It is recommended that the Superintendent of Schools and the Board of Education set up immediately a unit of study on all appropriate levels in the public school system to acquaint students with information concerning the physical, moral and social effects of the use of drugs, how addiction occurs, and to develop proper attitudes and habits among the youth in relation to the present problem of the use of narcotics by teen-agers.

Another step that the Committee took very early in its activities was to determine the kind of available community groups that could be effective in promoting an educational program beyond that which it considered to be the

* Appendix D.

responsibility of the schools. It was agreed that leadership in the direction of such a program was shared equally by the Board of Education and the Bureau of Public Health Education of the New York City Department of Health; that every possible medium of communication needed to be utilized in such a program; and that such a program would require the fullest cooperation of churches, synagogues, and all youth-serving agencies. The Committee has received pledges of support and requests for the Committee's program of action from parents' clubs, parent-teacher organizations, professional and lay groups in every section of the city and from representatives of city and state governments all over the country.

In the development of any educational program for prevention, recognition has to be given to the basic causative factors that produce such a problem. Although the Committee did not attempt to identify all of these contributing causative factors, it did accept that the availability of drugs and the susceptibility of the young people to their use were critical factors in explaining the current situation. Eliminating the availability of drugs was considered to be the responsibility of law enforcement agencies, although the subcommittee emphasized in its first recommendation the need for the control and distribution of supplies on the local, national and international levels. As to susceptibility, it was emphasized that the mental health of the total community, and in particular of the young people in it, had to be reckoned with if we were to devise and implement effective preventive measures on a long range basis.

Further, the search for status by many of the young people who have had denied to them by the community the normal outlets for prestige and a sense of personal worth, cannot be overlooked. Cognizance has to be taken of the fact that there is a concentration of teen-age addicts in the economically and socially deprived areas of the city. The contribution of the socio-economic

forces to individual frustration and emotional maladjustment takes its place in producing susceptibility. A great majority of youngsters involved in the use of narcotics, we found, came from broken homes, where there was inadequate parental control, a lack of moral and ethical values, and a total disregard for human personality and personal responsibility. Coupled with these facts was our observation that in these areas, particularly, marked hostility toward the police and other symbols of community authority militated against effective community control. Recognition of these factors is reflected in the recommendations that follow.

As mentioned earlier, a series of public meetings was set up by the Welfare Council to acquaint the community with the seriousness of the problem and to urge support of the various recommendations the Committee had formulated to deal with it. In addition to informational meetings for the staffs of youth-serving agencies, the development of a panel of speakers, and the filling of numerous speaking engagements by members of the full Committee, the consultant cooperated with the Communications Material Center of Columbia University Press in the preparation and publication of its comic book, "Trapped", dealing with drug addiction among a group of teen-agers. Members of the Committee also consulted with the producer of the documentary film, "H - Story of a Teen-Age Addict", which represented a pioneer effort in this part of the community's program. The full cooperation of the press, radio, and television was secured by the Council, and proved a most effective medium in alerting the community to the existence of the problem and in pointing the way toward its solution.

In the early part of June, the Board of Education of the City of New York distributed throughout the school system its booklet, "Suggestions for Teaching the Nature and Effects of Narcotics", for use in grades 7 through 12. The material was used prior to the beginning of the 1951 summer vacation in the

public schools. This move represented a major step in prevention through education.

In summary, the Committee formulated the following recommendations as the beginning blueprint for prevention through education of the narcotics problem among teen-age youth:

1. The Committee recommends that the United Nations and the United States Department of State be urged to take immediate necessary steps for tightening international control of the sources of supply of narcotics. Elimination of the sources of supply is a major factor in prevention.
2. It is recommended that the community wholeheartedly support the Police Department, the local office of the Federal Bureau of Narcotics; the Narcotics Control Section of the State Department of Health, the District Attorneys' offices, and the Courts, in their efforts to track down and punish those adults in the community who are responsible for the distribution and sale of narcotics; the Police Department of the City of New York and the State Department of Health are urged to re-examine the number of men now assigned to their Narcotic Squads and Control Units; and the Police Department is urged to stress the responsibility of the uniformed patrolman in tracking down sellers of narcotic drugs on the neighborhood level.
3. It is recommended that the Superintendent of Schools and the Board of Education set up immediately a unit of study on all appropriate levels in the public school system to acquaint students with information concerning the physical, moral and social effects of the use of drugs, how addiction occurs, and to develop proper attitudes and habits among the youth in relation to the present problem of use of narcotics by teen-agers.
4. It is recommended that appropriate agencies provide an immediate training program for qualified adults to lead teen-age discussion groups in schools, churches, synagogues, settlement houses, and all youth-serving agencies. The services of the Department of Health and other qualified persons and psychiatrists should be enlisted in such a training project.
5. It is recommended that parents and teachers be alerted to recognize the symptoms associated with drug usage and subsequent addiction. They should be alerted in observing any deviation in the behavior of youngsters and encouraged to seek aid from those specifically trained to determine the nature of such deviation.

6. It is recommended that appropriate community groups and organizations, such as United Parents Association and Youth United, be urged to stimulate meetings for parents and non-agency staff similar to the information meetings sponsored by the Department of Health and the Welfare Council. Such community groups will have the full cooperation of the Committee, the use of its panel of speakers and all material prepared by the Committee.
7. It is recommended that material be prepared by the appropriate public and voluntary agencies (a) to assist parents in identifying the use of narcotics by their children and what parents should do when they are identified; (b) for professional staffs of schools, group work and recreation agencies, etc.
8. The Committee urges regional units of the Welfare Council and other neighborhood community groups to organize meetings of representatives of civic and community groups on a borough basis to: (a) receive reports of the Committee's work and recommendations; (b) to encourage implementation of appropriate recommendations on the neighborhood level; (c) and to focus community support on the Committee's program.
9. The Committee recommends that, in cooperation with the Department of Health, a panel of speakers be set up to meet the requests from community groups wishing information on the subject of teen-age addiction.

Drug addiction among teen-age youth, unlike other forms of juvenile delinquency, is symptomatic of socio-psychological maladjustment of the individual and the environment in which he lives. This is true for those seriously disturbed youth who may be described as "addict-prone" and for those less seriously disturbed who take drugs in order to gain status and prestige within the group to which they belong. Further improvement and extension of community programs of child welfare for children and youth, whether in or out of school, is essential for the prevention of drug use and addiction. Efforts to strengthen family and home life must be quickened, continued emphasis on the positive moral and ethical values of our culture must be transmitted to our children by parents, teachers, and all adults who are in any way in contact with them if our recommendations for prevention are to be effective and lasting.

Identifying the narcotics problem among teen-age youth and formulating an integrated program for its solution represent the first steps. Implementation of the recommendations proposed in this report, or of other recommendations considered more effective in regard to prevention and treatment, constitute the immediate task of the community under the leadership of the appropriate public agencies. The activities of the Welfare Council, the Attorney General, the Mayor's Committee on Narcotics, the press, radio and television, and organized groups in the community will be but wasted motion unless they represent a coordinated attack and serve to motivate the kind of action that is designed to eliminate the narcotics problem. The community must not return to a state of apathy in relation to the problem. The Welfare Council will continue to gather and present facts and information about the use of narcotics among teen-age youth. It will continue to point up the need for the establishment of adequate controls and services, and the development of effective preventive measures. An aggressive and intelligent attack in a concerted effort can drive narcotics from the community.

* * * * *

APPENDIX APERSONNEL

of the

COMMITTEE ON USE OF NARCOTICS AMONG TEEN-AGE YOUTH

WELFARE COUNCIL OF NEW YORK CITY

Mrs. Sylvia J. Singer; Chairman
Assistant District Attorney, New York County

James R. Dumpson, Secretary and Consultant

Voluntary Agencies

Bronx Welfare Council

George Weinberg, Guidance Chairman, Morris High School

Brooklyn Council for Social Planning

Mrs. Frances M. Kohan, Board Member

Catholic Charities of the Archdiocese of New York

Reverend Gregory L. Mooney, Director, Youth Activities Division

Central Harlem Council for Community Planning

Dr. M. Catherine Magee, District Health Officer, Central Harlem Health
Center

Community Service Society of New York

Leonard V. Harrison, Director, Bureau of Public Affairs

Jewish Board of Guardians

Morris H. Weiss

Queensboro Council for Social Welfare

Hon. Aloysius J. Maickel, Board Member and Member of City Council

Salvation Army, Prison Welfare Bureau

Major Dorothy Berry

Stuyvesant Community Center

Norman B. Johnson, Board Member

United Neighborhood Houses

Helen M. Harris, Executive Director

Welfare Council of New York City, Conference Group on Rehabilitation

Dr. J. Edward Mayman, Supervisor of Health Education, Board of Education

Youth Counseling Service of the Archdiocese of New York

Joseph Marstello

Public Agencies

Board of Education, City of New York

Dr. Clare C. Baldwin, Assistant Superintendent of Schools

Department of Correction, City of New York

John W. Fowler, Executive Secretary

Department of Health, City of New York

Dr. Samuel Frant, 1st Deputy Commissioner

Dr. Harold Jacobziner, Chief, School Health Services

Dr. Louise E. Carter, School Physician, Central Harlem Health District

Department of Hospitals, City of New York

Dr. Sam Parker, Director of Psychiatric Service

Mabel McGuire, Director of Social Service

Juvenile Aid Bureau, Police Department, City of New York

Deputy Inspector John J. Jones, Commanding Officer

Police Department, City of New York

Lt. Bernard M. Boylan, former Acting Head of Narcotics Squad

Children's Court, Domestic Relations Court

Marion M. Brennan, Assistant Chief Probation Officer

City Magistrates' Court

Dorris Clarke, Chief Probation Officer

Court of General Sessions

William V. Chieco, Deputy Chief Probation Officer

Court of Special Sessions

Judge Irwin Davidson

James J. Ryan, Chief Probation Officer

Brooklyn Adolescents' Court

Joseph Cullen, Senior Probation Officer

Bronx County Court

Margaret Sheridan, Probation Officer

Kings County Court

Joseph A. Shelly, Deputy Chief Probation Officer

Queens County Court

John F. Kreppin, Chief Probation Officer

New York State Department of Correction, Division of Probation

Willard H. Green, Examiner

Raymond Rieger, Examiner

New York State Department of Health
Frank J. Smith, Chief, Narcotics Control Section

New York State Department of Mental Hygiene
Dr. Charles Buckman, Assistant Commissioner

New York State Division of Parole
John P. Reardon, Assistant District Director

New York State Training School for Boys
A. Alfred Cohen, Superintendent

New York State Training School for Girls
Mrs. Marylynn G. Pierce, Case Supervisor

New York City Youth Board
Sylvan S. Furman, Consultant on Community Relations

District Attorney's Office, Bronx County
David Blatt, Assistant District Attorney

District Attorney's Office, Kings County
Norman Felig, Assistant District Attorney
Edward S. Silver, Chief Assistant District Attorney

District Attorney's Office, New York County
Mrs. Sylvia J. Singer, Assistant District Attorney

Youth Counsel Bureau, Manhattan
Philip Heimlich, Executive Director, (City Wide)

Youth Counsel Bureau, Brooklyn
Charles B. Bradley, Director

Legislators

New York State Senate
Hon. Seymour Halpern

New York State Assembly
Hon. Samuel Rabin
Hon. Anthony P. Savarese, Jr.

New York City Council
Hon. Bertha Schwartz

Community Organizations

Association of the Bar of the City of New York
Whitman Knapp, Counsel to the New York State Youth Commission
Jack B. Weinstein

East Harlem Protestant Parish
Reverend Hugh Hostetler

Morrisania Community Council

Marvin Green, Division of Community Education, Board of Education
Saul Sigelschiffer, Principal, Junior High School No. 51, Bronx

New York Academy of Medicine

Dr. Hubert S. Howe

New York County Lawyers' Association

Archer Scherl

Mrs. Florence P. Shientag, Assistant United States Attorney

Women's City Club of New York

Mrs. Thomas Philips

Youth United of Brooklyn

Hon. Jeanette G. Brill, Chairman, Women's Division

Sidney Nelson, Executive Director

Consultant

Dr. Perry Lichtenstein, Psychiatrist
District Attorney's Office, New York County

Non-Member Participant

Renato Costarello
Federal Bureau of Narcotics

APPENDIX BCOMMITTEE ON USE OF NARCOTICS AMONG TEEN-AGE YOUTHWELFARE COUNCIL OF NEW YORK CITYAFTER CARE PLAN FOR CERTAIN USERS

The agencies listed below have agreed to accept for follow-up care those pre-adult narcotic users who need and can use supportive and interpretive services on an ambulant basis after withdrawal therapy at the Psychiatric Divisions of Bellevue and Kings County Hospitals. The Social Service Departments of the two hospitals will refer those boys and girls who were admitted to the hospital on a voluntary basis who, together with their families, recognize the existence of problems emanating from relationships within the family group and its environment; who show a desire for help in working out the resulting problems. They will include boys and girls who show motivation to remain away from drugs and for whom the use of drugs was a symptom of social and emotional problems. It is planned that controls will be set up by the Welfare Council in cooperation with the voluntary agencies and the hospitals, to allow for an analysis of the experience of these agencies in working with this type program and to evaluate the plan at various intervals.

American National Red Cross
Brooklyn Chapter
57 Willoughby Street
Brooklyn 1, N. Y.

Catholic Charities Archdiocese of N. Y.
Family Division
122 East 22nd Street
New York 10, N. Y.

American National Red Cross
Central Chapter of Queens
92-32 Union Hall Street
Jamaica 5, N. Y.

Church Mission of Help in the Diocese
of Long Island
Youth Consultation Service
170 Remsen Street
Brooklyn 2, N. Y.

American National Red Cross
New York Chapter
315 Lexington Avenue
New York 16, N. Y.

Community Service Society of New York
105 East 22nd Street
New York 10, N. Y.

American National Red Cross
Staten Island Chapter
36 Richmond Terrace
Staten Island, N. Y.

Girls' Service League of America
138 East 19th Street
New York 3, N. Y.

Brooklyn Bureau of Social Service
and Children's Aid Society
285 Schermerhorn Street
Brooklyn 17, N. Y.

Jewish Community Service of Queens-
Nassau
89-31 161st Street
Jamaica 2, N. Y.

Catholic Charities Diocese of Brooklyn
Family Division
191 Joralemon Street
Brooklyn 2, N. Y.

Jewish Family Service
113 West 57th Street
New York 19, N. Y.

AFTER CARE PLAN FOR CERTAIN USERS - (Continued)

The Salvation Army
Family Service Bureau
120 West 14th Street
New York 11, N. Y.

Youth Counseling Service of the Archdiocese of New York
122 East 22nd Street
New York 10, N. Y.

Youth Consultation Service of the Diocese of New York
27 West 25th Street
New York 10, N. Y.

May 31, 1951.

WELFARE COUNCIL OF NEW YORK CITYAPPENDIX CSTATEMENT ON SERVICES OF THE NEW YORK CITY CHAPTER
OF NARCOTICS ANONYMOUS

The Committee on the Use of Narcotics Among Teen-Age Youth of the Welfare Council of New York City has included in its charge the responsibility of recommending the type of facilities, services, and community resources needed for the treatment of teen-age drug users and addicts. Every potential treatment resource is being explored.

For several months, the Committee has received inquiries concerning Narcotics Anonymous. Agencies asked whether, in the judgment of the Committee, N.A. represents a real resource for teen-age drug addicts and users and, if so, under what conditions it should be used. In an effort to determine what place Narcotics Anonymous has in the community plan to meet the narcotics problem and also to provide some answers to questions raised by member agencies and individuals concerning the group, the Committee on Narcotics requested a group of its members, in consultation with such other persons as seemed appropriate, to review the present program of Narcotics Anonymous in New York City and to submit a statement of evaluation concerning it.

The facts used in the subcommittee's evaluation were secured from the discussion at the annual meeting of the New York City Chapter of Narcotics Anonymous held on April 26, 1951; from a review of the N. A. publication, "Our Way of Life"; and the joint thinking of members of the subcommittee and consultants who have been in close contact with the group's work. It should be emphasized that no attempt is made here to evaluate the underlying philosophy or conceptual base of Narcotics Anonymous. Rather, this statement is geared, primarily, to the New York Chapter of Narcotics Anonymous as presently set up and operating in relation to teen-age youth.

Orientation

Narcotics Anonymous was established at the United States Public Health Service Hospital at Lexington, Ky. by a group of narcotic drug addicts who had attempted to use Alcoholics Anonymous as part of a self-helping process and had found that A.A. could not meet their needs. As described in the pamphlet, "Our Way of Life", "Narcotics Anonymous is an informal society of former addicts who aim to help fellow sufferers recover with their help." Through group association, N. A. is designed to assist the addict in abstaining from the use of narcotic drugs. It attempts to demonstrate to the addict, who is considered to be emotionally ill, how to get well. Treatment is described as "a directed way of life that many have profited by, and they devote much of their spare time to passing their idea of recovery on to others." The core of the technique is described as spiritual but not religious. "Twelve Steps" are set forth as a program of recovery in addition to the interpretive and supportive function of the group of former addicts.

1. The N. A. Chapter has recently been incorporated under the Membership Corporation Laws of the State of New York. At this point, the group is still in the interim stage in which the original incorporators act as directors until a definite organizational pattern is set up. The incorporators are: Daniel Carlsen, Executive Director; Miss Ann Husted; Sidney Schmuckler; Don Robinson; Burton Lindheim; Barbara Doyle, Secretary; and Major Dorothy Berry, Treasurer. By-Laws have been drafted but not accepted. There are no funds available for carrying out the program. Office space for "Danny" who started the group in New York City and who is described as "Narcotics Anonymous in New York City", is given by the Salvation Army (Prison Bureau) at 133 West 14th Street. He receives money for telephone calls and carfare from contributions made by the group and interested friends. These funds are handled by Major Berry of the Salvation Army.

2. The chapter, through "Danny" and a small group of former addicts, is attempting to carry out the program.

3. Services rendered include an interpretation by "Danny" of services available at Lexington based on his numerous experiences there; completing arrangements for the individual's admission to Lexington and frequently supporting the boy and his family in their decision to use Lexington for treatment. No attempt is made to become involved in family relationships of the boy.

One agency worker reported that a group of 21 teen-age users were assembled for discussion led by "Danny", who was successful in getting six of these boys to go to Lexington. Continued meetings with this group stopped because of pressures on "Danny's" time for talks, visits, and the many demands made on him.

Except for cases that are already active in any agency, decision to refer the boy to Lexington is made without medical consultation.

N. A. does not, at this time, have any service for teen-agers who have been discharged from Lexington, nor does N. A. accept anyone in the group who has not been through a treatment program in a hospital and who does not remain off drugs.

4. Referrals for service are made directly to "Danny" by anyone. He can be reached at the Salvation Army daily from 1 to 3 P.M., or a message can be left for him.

SUMMARY

After considerable discussion of experiences recounted by the workers who have direct contact with N. A. in New York City, and a consideration of the program as presently operated, the group agreed on the following:

1. Narcotics Anonymous has no services at this time that may be considered valid for the teen-ager who may be described as a casual user.
2. Narcotics Anonymous as presently set up, in a limited manner, due to a lack of administrative structure, staff and finances, has some value for the adult addict. For those who have been

through a recognized program of treatment and need identification with a group and the strength of its support in abstaining from the use of drugs, it provides an auxiliary service in follow-up treatment. For those needing treatment, it provides opportunity for establishing contact with the addict, interpreting the situation and need for treatment in a way that is meaningful to the addict, and in arranging for care at Lexington, particularly for those individuals who withdrew completely from contact with other community resources.

3. Narcotics Anonymous, as conceived, under proper supervision with appropriately trained staff, could have a proper function with teen-agers involved in the use of narcotics. It must be recognized, however, that there are serious potential dangers in introducing teen-agers to former addicts for any kind of guidance and supportive help, however laudable may be the motivation of the former addicts' desire to help. In addition, such groups may provide further opportunities for the infiltration of pushers and sellers among teen-agers.

Approved by the Committee on the Use of Narcotics Among Teen-Age Youth
on June 22, 1951.

APPENDIX DTHE PROBLEM OF ADOLESCENT DRUG ADDICTION -- PREVENTION THROUGH EDUCATION *

by
 Dr. Clare C. Baldwin
 Assistant Superintendent of Schools

It is hardly possible that anyone here has not seen or heard some reference to the narcotics problem during recent months. The newspapers and press have carried stories of the arrest of peddlers, of seizures of illicit drugs, and of an increase in the number of cases of addiction. Some of these reports have been based on local conditions, but nevertheless, most New Yorkers, I suspect, have regarded them in a detached and remote sort of way. Today I hope to bring this problem a bit closer home.

It is only fair to state that education has been late in entering the field of narcotics addiction. It has been a subject that has been surrounded by an aura of mystery and secrecy. Traditionally, narcotic drugs have been almost exclusively in the domain of criminology, pharmacology, psychiatry and general medicine, and inter-national law. Education has been on the outside looking in. Indeed, whether education should be admitted or not is still controversial.

On February 27, I addressed a letter to Mr. H. J. Anslinger, United States Commissioner of Narcotics, as follows:

"My dear Commissioner:

"No doubt, you know that there has been a shocking increase in the number of adolescent drug users in the New York community. This has taken place over the past few months. We are considering launching a campaign of public information and direct education on the narcotics problem in the junior and senior high schools of this city.

"I am aware of the official attitude toward this approach which has been taken by your Bureau in the past. I wonder what your position would be today, in view of the mounting tide of adolescent addiction.

"Will you be good enough to give me your advice?"

Very truly yours,

(Signed) CLARE C. BALDWIN

Assistant Superintendent"

* Presented at a conference on March 8, 1951 arranged by the Board of Education for administrative personnel of the school system. Permission has been granted by Dr. Baldwin for reproduction of this paper for use by the Committee on the Use of Narcotics Among Teen-Age Youth of the Welfare Council of New York City.

On March 2, Commissioner Anslinger replied as follows:

"Dear Mr. Baldwin:

"I have your letter dated February 27, 1951, in relation to the increase in the number of adolescent drug users in New York City and note that you are considering launching a campaign of public information and direct education on the narcotics problem in the junior and senior high schools.

"I have just returned from Detroit where we conducted a number of raids involving narcotic peddlers who were selling drugs to teen-age hoodlums. There were about 75 persons under 21 who testified before the Grand Jury, and I understand that in all but a few cases the young people were not going to school of any kind. In one or two cases, as soon as the addiction started, the pupil dropped out of school immediately.

"The heroin user must obtain between \$6 and \$15 a day to maintain addiction. This amount is obtained through criminal activities, and it is therefore impossible for the youth to continue school attendance.

"I still endorse the stand taken by the Opium Advisory Committee some years ago, which gave the matter of anti-narcotic education and propaganda full and impartial consideration.....

(For brevity, I am omitting several paragraphs which refer to the international situation.)

"The immediate need in New York is not education but a quarantine ordinance which would confine these users in a controlled ward of a city hospital until they are pronounced cured by medical authorities. As long as they are on the streets they spread addiction and contaminate others like a person who has smallpox. Association with other addicts is the chief cause of drug addiction.

"Another urgent need is the passage of the enclosed Amendment to the Uniform State Narcotic Drug Act to provide minimum sentences of five years for second offenders who sell narcotics.

"These two actions will do more to curb addiction than an educational program, which will only arouse curiosity. We find that most young people who have become addicted, acquired this evil habit not because of ignorance of consequences, but rather because they had learned too much about the effects of drugs. When young people gather and talk about the horrors of narcotics, addiction usually follows because of the tendency to try it for a thrill. Warning does not deter them, it merely places it in their thoughts.

"We have grave doubts as to the advisability of the course of action you are considering.

Very truly yours,

(Signed) H. J. ANSLINGER

U. S. Commissioner of Narcotics"

This letter represents the official attitude that has dominated this subject, and has resulted almost in its exclusion from educational analysis and attack. It is similar to the kind of thinking which for years kept cancer, tuberculosis, or venereal disease out of public view. Very frankly, in my opinion the Commissioner's arguments are specious and contrary to all of our evidence.

Today a vastly different situation obtains than heretofore, when it was almost inconceivable that a pre-adult could come into possession of drugs. There is positive proof that in this city, and in other cities of the country, the organized narcotics traffic has extended its operations by invading the ranks of school children, and is actively recruiting in this lucrative market.

Furthermore, to characterize as "hoodlums", with the implication that they are somehow unimportant anyway, the dozens of boys and girls in this city who have become victims of this curse puts too light a value on their lives. Nor is it sufficient to hope that the cost of drugs alone will be a deterrent, for the testimony of many of the youthful addicts confirms the fact that the first narcotic used was given to them either by a friend or a peddler. They admitted, of course, that after the habit was initiated, it was difficult to support it. But where it was necessary they met this problem, as one boy put it, by "hustling", which may have included shakedowns, pawning personal and household effects, stealing, prostitution, and selling the drug itself.

But more important is the evidence controverting the Commissioner's statement that, "We find that most young people who have become addicted, acquired this evil habit not because of ignorance of consequences, but rather because they had learned too much about the effects of drugs". Actually it is amazing how casually the first shot of heroin was taken or the first reefer was smoked by these boys and girls. Perhaps a peddler said, "Do you want something to make you feel good? Sniff this." Or, "Smoke this." Often it was a case of "The other fellows were doing it, so I decided to try it." The simple truth is that most of these youngsters took the initial step with only an experimental curiosity to learn what the effects would be, and all of them were abysmally ignorant of the ultimate consequences. I can never be persuaded it was anything but ignorance -- ignorance of the general public and the victims alike -- which accounts for what has happened.

It is my 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 dangers of fire because he may become an arsonist. If we are unable in our schools to make a case against drug addiction, 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 as long as a chance remains for a child to come into possession of drugs, when I believe it is the obligation of the school to warn of that danger.

Should the time come again when no such possibility exists, then I would be the first to discard such subject matter as useless.

Notwithstanding the advice from those who would argue against an educational approach, in our district we went ahead and devised units of instruction in the subject, and made them available to all of our schools. In one junior high school, the complete series of lessons has been taught to all of the pupils in the school. The results of that project may be summed up in this statement from the principal:

"Everything we have learned throughout this experiment with direct education on the use of narcotics has confirmed our original feeling that it was a most positive and helpful approach. We have found nobody in disagreement with this point of view -- neither teacher, nor parent, nor pupil."

We were strengthened in our resolve to do this, not only by the advice of the psychiatrists in Bellevue Hospital who were working directly with adolescent addicts, but also from the statement of Dr. Victor H. Vogel, Chief Medical Officer of the Federal Hospital for Narcotic Addicts at Lexington, Kentucky. Dr. Vogel declared recently:

"There is a terrific education job for every parent and teacher in the addiction up-sweep. The terrible effects of heroin use must be drilled into the children."

The Bureau of Health Education of New York City, in cooperation with the Division of Curriculum Development, is now at work preparing instructional materials on this subject for use throughout our schools. We should know what we are doing and have the courage to go ahead.

Now let's look at the picture as we know it. The material which follows is limited to my experience in an area in upper Manhattan and to only a few junior high schools, but I want to caution against any conclusion that this problem is confined to this area of the city alone. I have learned much from the principals and teachers who have been close to this problem. The Psychiatric Division of Bellevue Hospital has contributed substantially to our knowledge. Lieutenant Boylan, Head of the Bureau of Narcotics, and Inspector Jones, commanding the Juvenile Aid Bureau, have been most cooperative and helpful. We are acquainted with some of the literature on the subject of narcotics. Sadly, I must confess, we have learned the most from the hapless victims themselves. Since the Christmas holidays, when this broke wide open, I have personally talked to many adolescent boys who have revealed their subjective experiences with drugs. We have identified at least thirty users of drugs. There are a great many more suspected users. Hundreds of boys and girls have been exposed to the practice.

It seems to me that there are two major problems confronting the schools. They are related and immediate. The first is, What should be done with identified drug users who are now in our schools? The second is, What preventive program should be instituted to protect those who have not been contaminated?

During recent months it is certain that many youths have experimented with their first marihuana cigarette or a "shot" of heroin, and have been satisfied to stop there. A supportive educational program, together with

the elimination of drugs from the field of their normal social activities, will probably carry them along successfully.

There is another group, of undetermined number, who have progressed through the initial stages of reefer smoking, snorting heroin and skin popping, to the main line, whose addiction would appear to be finally established, unless they are completely isolated from a source of supply. A dozen or more of our cases have been apprehended and have gone before the courts. Some received a period of observation in Bellevue, others were detained briefly in Youth House, some were promptly released on parole after arrest. All of these cases were returned to our schools and are now attending. A few of our cases have been sent to the New York State Training School.

Two cases who were admitted to school after a period in Bellevue have since relapsed and have been returned there.

On February 26, I talked to twelve boys who had previously admitted taking drugs. All except one claimed to have quit, but it should be noted that they are all under close observation by the courts or the Juvenile Aid Bureau and could be expected to speak cautiously. But despite this, several of them expressed the difficulties confronting them. Here is the way one boy put it:

"Everybody is doing it. It is almost impossible to make friends who are not addicts. If you don't want to buy the stuff, somebody is always there who is ready to give it to you. It is almost impossible to keep away from it because it is practically thrown at you. If they were to arrest people for taking the stuff, they would have to arrest practically everybody."

Other boys stated that they had been able to keep entirely clear of other users and purveyors. Somewhere between these two positions is the truth.

One of the insidious aspects of drug addiction among adolescents is the chain reaction. In seeking to insure himself a source of supply, the addict tries to involve as many others as possible. To finance his own drug requirements he may become a seller and is active in recruiting new customers. The psychological drive of adolescents for group approval and status creates a special hazard. When members of any adolescent group take up the practice, it is difficult for the individual to withstand the social pressures that are applied to compel conformity.

All of these reasons argue for the exclusion of the identified drug users from the school community so long as the drugs are obtainable.

Competent medical opinion maintains there is not satisfactory method of treating narcotic drug addiction except in an institution properly staffed and equipped for the purpose.

Last month the Psychiatric Division of Bellevue Hospital was kind enough to provide me with a copy of a report prepared by Dr. James Toolan, of the staff, based on cases of adolescent addiction which were under observation.

The following conclusion was made:

"We feel that this is a complex cultural socio-economic problem, not psychiatric in the usual meaning of the word. The boys who have become addicted do have certain emotional problems -- but are neither constitutionally inferior nor psychopathic personalities. The only true solution will be the removal of heroin from the community. Most of the boys would benefit from a change of environment lest they relapse. An institution for normal boys would seem the best solution." *

The only excuse for the present practice of permitting these pupils to remain in our schools is the lack of an adequate facility. Such an institution must be found, and we should insist upon it. Until this need is met, it will be necessary for the schools to exercise particular vigilance over attendance and conduct of these pupils while in school. The Juvenile Aid Bureau, the Bureau of Attendance, and the parents, should maintain strict supervision, guidance, and protection during their out-of-school time.

We now come to a consideration of a preventive program of education, which I believe is absolutely essential if the existing problem is to be contained and the remainder of the school community is to be insulated against further contamination.

Before attempting to set up such a program, some orientation to the problem is necessary. It seems to me this can best be supplied from the experience of our own school children.

Last week one of the guidance teachers in a junior high school went before two classes of ninth year pupils and told them frankly that we wanted to learn how much they knew about drugs from their own experiences. They were asked to write an essay on the subject, "What I know about Narcotics". The papers were written on the spot, and the pupils were told not to sign their names, although many did. There were fifty-seven papers. Six of the authors reveal they have used drugs. The large majority have been direct observers of the use of drugs, and certainly reveal a more than passing knowledge of them.

Allowing for play of imagination, deliberate distortions, and braggadocio, all of the compositions have something to contribute to an understanding of the problem. I have chosen only five to illustrate a few generalizations which can be drawn from them.

1. The detailed knowledge which they have of the subject.
2. The forms of approach which are used.
3. The conditions under which drugs are encountered.
4. The social pressures operating.

5. The mobility of the users.
6. The value of constructive education and guidance.

"What I know about Narcotics. I don't know very much about the subject of narcotics but I will try to write out clearly what I do know.

"To begin with I know some friends that use it, we always be together so I thought I would try it. It was O.K. So I did it a few more times then I got tired of it. I stopped using it altogether then for awhile. Then one day I was walking down and this boy I know asked me if I wanted to get high, so I decided I would try his way of getting high. He was using heroin which I had never seen before. We went to his room and he took out a package which looked something like B.C.s and a hypodermic needle, a spoon and some water. He put the powder into the spoon and added a little water and heated it. The substance came to a syrup. He put the mixture into the needle and tied a band around my arm. The veins rose and he stuck the needle into my arm and injected the substance. At first it didn't take any effect on me, but later I felt dizzy and my stomach felt upset. He gave me a drink of water and it came up. Then a girl came in and she took the heroin and sniffed it.

"Through that I knew how to use it and I have been using it once and a while ever since, but I don't put no needles in my arm. I am sure I have no kind of habbit, because I lay off it for sometimes a month and it don't bother me.

"There is a place where it is being sold by a little girl for her brother which keep it from someone else."

* * * *

"One summer day the boys around my block they ask me to come on the roof so I said yes and we went up on the roof and they pouled out some reefers and ask me did I want some. So I said yes, and they gave me a half of one and they told me to smoke it and I did smoke it. And it was getting hot on the roof so I said I was going down in the street, and one of them told me you might fall out and get very sick, So I stayed on the roof with them and one of them was getting sick and he beginning to start to sweat and I got scard and ran home.

"One time I was at a party up in the Bronx. Withe some friends of mine and they ask, Do you snort man. I said no I don't snort man and they told me to come on and trey it so I sead yes and I tread it. And it look like tobacco to me so I put it up to my nose and starded to snort. It went for a little time. It filt good to me."

* * * *

"I think the police should try there best to get ridd of the whole business of Narcotics. I've seen how many boys and men act if they don't have it. I feel sorry for them and many more like them. One day me and my friends were playing baseball in a lot, and this car pulled up and one of the men called us over and ask us would we like to buy some stuf that will make us drunk and feel good for the rest of the day. He said we'll be able to play ball much better and I said no because I knew what he was talking about. So when I said no all the rest of my friends said no and we walked off. He looked at us for a moment and then drove of. We were talking about it for a minute and then I told them what he wanted us to buy and they all got mad. They said if they had known they were going to turn the car over. In the summer early in the morning around 5th Ave. and 110 Street a car comes by and the men line up to get their injection, but when the car does not come by the men almost go crazy. I consider that stuf an epademic and it should be more honest policemen to try to destroy all narcotio rings, if they don't more people will be killed then in any war."

* * * *

"I am a boy going on fourteen. Many of you think that a boy my age and size have probably never had any experience with narcotics, but if you lived in my neighborhood, you would know. I am going to tell you a true fact that happened less than a week ago. My teacher told us of the dangers and the good uses of narcotics. So one night when I was in the candy store around my block, my friends and I were talking about dope. A boy said, Let's get high, I got a few sticks. So everyone said yes except me, I didn't say anything. To tell you the truth, I was really scared. So we all went into a hallway and start snorting. When they got to me I told them to come back to me later. Just then it was a fight in the apartment upstairs and the cops came. The cops came just in time, because I didn't want to take any. We all spread out. Lucky thing nobody was caught. Right now seven of those boys are dope addicts. I guess many of you are wondering why I went in- to the hallway in the first place. Well the reason is because even tho they were bad, they were still my friends, and I didn't want to lose friendship with them. Since last week I stop hanging around with them. Around my block you can buy heroin in a bubble gum wrapper. I can't buy it tho, because he has steady customers."

* * * *

"I think that our school is doing a fine job of teaching the wrong and right uses of drugs. I have seen men an boys in theatres, hallways, coners, allys, using drugs. A boy that I know takes injections. He is not my friend but I know him through my brother. He started smoking

marihuana at the school prom. I was in the 7th grade at that time. Now he takes much worst drugs. He is an addict. He would never even offer me any because he knows in his self he is doing wrong but he can't help it. I use to see him injecting himself and I, as anybody would, wondered how it was like when in guidance we started learning about drugs and what it would do for you. I undestood why we should not take drugs. I still wondered what it was like but, when I heard that (a former pupil, I didn't know him personally, I used to watch him play basketball.) When I heard he had died from the use of drugs I knew right then I would never use drugs. Thursday, Washington's Birthday, I went to the Loews to see "Kim". A man was sitting in the back of me using narcotics. I thought if he knew what he was doing he'd never use it. I think everyone should be told the dangers of using drugs. They should put it in the newspaper, magazines, posters, and on trains and buses. If everybody knew the dangers like I do I doubt very much if they would use drugs. I think our school is doing a excellent job in teaching the boys about narcotics."

Now, there were actual cases of drug addiction in the school where these statements were obtained. Furthermore, a comprehensive instructional unit on narcotics had been developed and taught to every pupil in the school only a few weeks ago. In order to get a control, I requested the cooperation of a junior high school in another supervisory district, in which I was told no cases of addiction had been identified and no special instruction in the subject had been given. In this school pupils in four ninth year classes were asked to write what they knew about narcotics. There were 114 compositions. None contains a direct admission of personal use. But more than half indicated an intimate acquaintance with the practice. The only significant difference between these and the statements obtained in the other school was in the pupils' awareness of the effects of the habit. The pupils who had had intensive guidance in the former school -- even those who were admitted users -- displayed a sense of revulsion, individual resolution, and awareness of the awful consequences with respect to drugs which is not nearly so evident in the statements made by the latter school.

Here are a few of their statements which indicate the nature of their experience and knowledge of the subject.

"Around where I live most of the older boys use drugs. I have seen them smoke reefers and watch them use heroin and hypodermic needles. They have even offered me some. My mother who used to be a nurse had told me about drugs long ago. I know the boys play basketball, they even get tired before the half is over. Some of them ask me to loan them money to get the stuff, but I always tell them I have no money. Myself, I only smoke cigarettes. A friend of mine and I had found a capsule around our block while we were playing ball."

* * * *

"I know that there is about four ways you can take it which I have seen. Smoking, liquid, injecting and sniffing a powder form. Some of the boys and girls I know sell it. Many of my friends say that it makes them feel good, some say it is bad. From seeing how some people take it I know it is a bad habit.

"And a boy I know died because he couldn't get an injection in his arm which he was taking for about $2\frac{1}{2}$ years. One time when I went to a party a girl started going crazy because she had just got some. Most of the boys and girls that I know said that I should try and if I don't they are going to call me a punk."

* * * *

"I have seen and heard a lot about narcotics. A lot of boys in my block uses it. The kind they use comes in a little container which they call a cap. The name that they call it by is Horse. Some of them puts it on a piece of a match book cover and inhails it. I don't know how it feels because I have never used it. But some of the boys says afterwards it make you stretch a lot. They won't tell where they get it from but they says it cost \$1.00 for a cap. A cap is red with a white band in the middle it is about this big . It also makes the boys throw up. You can tell when someone has been using it by looking at his eyes. He also stretches a lot."

* * * *

"I saw some men in a hallway one day as I was coming from school. They had a long white stick, some people call it refers. Some call it marihuana. It had an awful smell. They would take a little puff then smoke a cigarette behind it to make the smell go away. That was suppose to make them high. Another kind of narcotic is a "cap of horse" which cost at least a dollar. The way they take it to get high is put a little tiny batch in the top of the cap and sniff it. It doesn't have very much of a smell. Another way to take "horse" is pour all the powder out on a flat mirror and take a straw and you sniff it with straw into your nose. I heard that it's very strong that way some people drink beer behind it.

"A third kind is a "bang". A "bang" is a needle with which carries a narcotic drug. The way the take this "bang" is to inject the needle into your upper armpit.

"P.S. Just because I know all this don't think I do it, because I don't. People who don't write much properly do it."

* * * *

"I see nothing, hear nothing, say nothing, and know nothing."

I would like to propose the following program:

1. Throw the weight of the educational profession behind the demand for an institutional facility for the treatment and care of adolescent addicts, not only for their welfare, but for the safety of the uncontaminated as well.
2. Introduce as soon as possible a program of education in every eight-year elementary, junior and senior high school in the city which will include instruction in the approaches which are made to children, the conditions under which it may be encountered, and the tragic consequences of the use of drugs. This is not an isolated menace. It is as mobile as the drug peddler or the user. References by pupils to the Bronx, Mt. Vernon, Yonkers, 96th Street, and Brooklyn, show the range of this activity. It is recognized that each school will adopt the program according to its special needs.
3. This is a new problem which will require orientation of teachers. The subject is not only outside their professional experience and training, but it also introduces an entirely strange content and vocabulary. This is recognized by the Curriculum Division and materials are being prepared.
4. Step up the program of enforcement on the local level. Put enough police on the job that it is not possible for a youngster to be exposed to this evil in the normal course of his social activities. Give particular attention to bars, candy stores, poolrooms, social clubs, and theaters. Warn drugstores against the sale of hypodermic needles and medicine droppers to children of school age. Prosecute violators as accessories to drug addiction.
5. Support an all-out program of publicity, using every resource to alert the public to the seriousness of the situation, and to arouse it to action. This would also include meetings of parents, and other community groups on the local level.
6. Put drug addiction in the category of an acute epidemic, and release daily statistics showing the incidence of new cases and pinpoint their location on a map of the city, so that the public may know the relative intensity of the problem and the course it travels. This would alert community agencies, schools, and parents.
7. Mobilize the complete school personnel in this fight, including attendance officers, evening school teachers, afternoon and evening center personnel, and guidance services.
8. There is need for an agency acting as a clearing house, through which all aspects of the narcotics problem could be channeled.
9. Regard this as a present acute emergency, requiring collective security. While we occupy ourselves with civil defense preparations against a possible enemy attack from abroad, we should not ignore the enemy within our borders.