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Americanization, education, especially adult education, relief, recreation, city zoning and planning commissions where they already exist, should be of great assistance in the endeavor. Such an attack backed by the strongest civic groups should succeed in localizing the problem and in reducing the cases to such a scope that it should be possible to deal with the individuals who are either so abnormal or so steeped in habit as to require segregation and prolonged assistance or control. This might lead to a further innovation as follows:

A great improvement might be effected by shifting this control from the ordinary criminal police authorities to a specially created morals police, as has been done in some European countries. The qualifications for morals police are entirely different from those of the ordinary police. The personnel of such a police force may be composed of both men and women with the professional qualifications of social workers, parole or probation officials, rather than of patrolmen, constables, and detectives.

The creation of the morals police would enable the community to build up the morale in the cities, to keep in touch with unstable individuals, and to supply to modern cities the social pressure of public opinion which was present in a simpler and older civilization. The final purpose of the morals police would be to identify those who are anti-social because of mental disorders. In this group would be included not only those now recognized as mentally disordered or insane, but also those criminals who, because they are not committable, are, under present conditions, beyond therapeutic reach. There should be substituted for such legislation as the Baumes Law, for instance, a system of constant supervision by the morals police of those persons unable to conform to the standard of what is considered safe behavior. Such persons need not be removed permanently from the community, but should be placed under supervision and removed temporarily at such times as their treatment or training requires.

DRUG PEDDLING, ADDICTION, AND CRIMINALISM

MARY D. BAILEY

A wasted old man, old at fifty, of a fine, respectable, well-to-do family, told me that he had learned to take narcotics in the days before the Harrison Act, when a man could go in and buy a "smoke" just as he could buy a drink in any saloon. Then he drifted into taking "white stuff," and, heir to a comfortable fortune, he spent thousands of dollars on illicit drugs.

It was situations similar to the above that brought about the passage of the Harrison Narcotic Law in 1914, which law has been amended from time to time, in the

3Objection has been raised, perfectly properly, to the use of the term "Morals Police." I do not advocate the use of this term, but since it is actually being employed abroad, it seemed to express at least practically what we had in mind. Undoubtedly, a new word should be selected. The main thing, however, is to have an agency with police authority separate from the ordinary criminal police which will handle the problems discussed in this report.

1Assistant U. S. District Attorney. Miss Bailey has been in charge of drug prosecutions in the Federal Courts in Chicago for four years.
attempt to stop the ILLICIT traffic in opium and its derivatives and the derivatives of coca leaves. The percentage of the medical profession who violate the Harrison Act, in any but technical matters, is so small as to be negligible, certainly less than one-half of one per cent. The government has high esteem for the rank and file of the medical profession. Many addicts will tell you that they became addicts through illness or the carelessness of the doctors; this is usually not the case: most of the cases of addiction that come to our notice in criminal practice are what we call "sporting cases," that is, they are the result of wild parties, bad company and various forms of vice.

**Deportation**

In 1922, Congress, in an attempt to prevent the importation, transportation and concealment of illegal drugs, passed the so-called "Narcotic Drugs Import and Export Act," which deals only with unstamped drugs. This law carries a presumption of guilt from the possession of unstamped drugs. It provides for the deportation of any alien who, at any time after entry, is convicted thereunder. The Immigration Department has thereby been able to deport many very undesirable aliens. As an example, one violator was deported who had been thirteen years in this country; many who have been here for more than five years have been sent back. Recently, at Chicago a "gang" of five were convicted, all of whom were peddlers of drugs, and all of whom will be deported at the termination of their imprisonment. Certainly, if any one ought to be deported, it is the peddler of illicit narcotics.

**Trials and Incarceration**

All trials under the narcotic laws, being felonies, have been tried by jury until about two years ago, when the Supreme Court of the United States held that a defendant could waive a jury trial; therefore, many narcotic cases, as well as other violations, are now being tried without a jury.

Upon conviction, defendants are sentenced from thirty to sixty days in a county jail to ten years in a penitentiary. (Editor's note: Forced abstinence for three years, meanwhile daily physical work, hard enough to cause copious sweating, is necessary to build up the body and morale so that a relapse is not inevitable. Therefore, a minimum sentence of three years, eleven months, with 329 days "good time" off, to net three years, is the least sentence which may be expected to benefit the addict and benefit society. Sentences less than that are unfair to the addict and unjust to society.—HSH.) The addict who has a small amount of narcotics in his possession, if it be his first offense, is ordinarily sentenced to a short term in an outlying county jail for a long enough period to effect a cure (temporary or permanent—mostly temporary). The male narcotic peddler is usually sent to Leavenworth or Atlanta; female peddlers are sent to the Woman's Reformatory at Alderson, West Virginia. He is given hospitalization, if needed, at both Leavenworth and Atlanta, at both of which institutions there are adequate hospital facilities. There is a new branch of the government medical service called The National Health Institute, which is an outgrowth of the old United States Hygienic Institute, which has as one of its duties
the furnishing of skilled medical officers of the United States Public Health service to the federal penitentiaries. These doctors are experts in drug addiction and its treatment of those in custody. We look forward to their conclusions five or ten more years from now.

The woman criminal who is sent to Alderson is very fortunate, for it is a wonderful institution; it was the project and pet scheme of Mrs. Mabel Walker Willebrandt. Here are the finest of hospital facilities, in addition to cottage form of government and education in almost any line desired, as housework, sewing, stenography, cooking and nursing. Healthful supervised work, education and amusement create an ideal institution under the control of Dr. Mary B. Harris. If there is such a thing as a cure of addiction, Alderson will provide that cure, both of body and soul.

Congress has voted the establishing of two farm institutions where narcotic violators who are addicts can be sent for isolation, cure, and rehabilitation. The financial catastrophe of the past two years has delayed these much needed improvements, but they will be completed on the return to normalcy.

Congress and courts, realizing the danger, the spread, and the difficulty of overcoming the illicit traffic in opium, morphine, and cocaine, have gradually but surely "put teeth" into the laws and have become more severe in the sentence of those who import, transport or sell any of these drugs. Also statesmen, courts, and the public are becoming more alive to the fact that the addict, who, generally speaking, is helpless to effect his own cure without incarceration, is a potential criminal and is a danger to and a charge on the community.

**Peddling**

It is a common saying among narcotic investigators that one addict makes three. If this is so, where is the end? Every addict is by law a violator of the two laws quoted above unless he is one of the classes to which a physician can legally prescribe narcotics, for example a case dying of cancer or brain tumor. And every addict is a potential peddler unless he has plenty of money with which to buy drugs, for drugs he must have and get them he will by any means available, and the easiest way seems to be to peddle enough to the more affluent addict to buy his own. And practically all are repeaters. A peddler is arrested, gets out on bond and is arrested again before the day set for trial. He is sent to Leavenworth, serves his time and is caught peddling again inside of a month. On asking one man if he had ever had a cure, he said, "Why, yes, I was in Leavenworth two years, you know." I asked, "What did you do when you got out?" and the reply was, "I took a cab when I got to Chicago, went right down to the south side and bought morphine."

**Forging of Prescriptions**

Still another type of narcotic violator and one in which the physician is particularly interested is the addict who forges prescriptions, using the name and serial number of a physician licensed under the Harrison Act. This is a particularly dangerous violator from the standpoint of the medical profession, because unless those prescriptions are proved forgeries, the physician may be embarrassed by the number and frequency of such prescriptions. In
one case, three hundred and fifty such prescriptions, bearing the names of two doctors, were collected by the inspectors, who for several months were unable to locate the person who had used the licensee's name but who finally traced the crime to a woman once before indicted for the same offense, a trained nurse and a woman of good family.

Commercial Illegal Traffic

However, not all violators of the drug acts are addicts. Many of those who handle drugs in large quantities are just peddlers, in the game for the money, and for a few dirty dollars are selling bodies and brains and souls to ruin. Many of these are working in "syndicates" or gangs and are bringing into this country morphine and cocaine in thousand ounce lots and smoking opium by the pound in huge shipments from several foreign countries—not always nor even often the countries most often accused by public opinion. Others are selling and distributing the drugs after unlawful importation.

The amount of drugs found or sold varies from one grain to two trunksful. The morphine and cocaine are usually hydrochloride; so very little morphine sulphate or cocaine sulphate is being sold illegally that the traffic is negligible. Almost no stamped drugs are peddled.

The price varies from 3 grains for a dollar to 1 grain for a dollar; from $21 an ounce in 50 ounce lots to $75 or even $125 an ounce in one ounce lots, varying according to the supply and demand.

Most of the "white stuff," morphine and cocaine, is smuggled in through the port of New York and sent to Chicago and intervening cities in trunkload lots, whereas most of the smoking opium comes in at the western coast.

Unethical Practice

The only physician who is ordinarily prosecuted under the Harrison Act is the one who sells either directly or by prescription narcotics to satisfy addiction, and usually we find that such violators not only start patients on the use of drugs but are not ethical in any way. By way of illustration:

Dr. A. was reported as plying a thriving trade in gin and narcotics sold over his counter in his drug store; his family affairs were unsatisfactory; a former patient who had taken a cure at a reputable hospital was sent by mutual friends to the narcotic officials and told this story: He and a chum, both very young, had been buying gin from the Doctor, and after some time he advised them to buy cocaine as providing more "kick" for the investment; after using cocaine for some time, the boys were advised by their Doctor to buy morphine, which they did; finally one of the boys died, and the Doctor signed a health certificate, claiming pneumonia as the cause of death, but telling the dead boy's pal that he had died of an overdose of morphine; the survivor was frightened and took the cure; he had paid the Doctor hundreds of dollars to satisfy the addiction which the Doctor himself had created. The informant was furnished government money, made four purchases of morphine witnessed in part by the narcotic agents, the last for $65, which identified money was recovered on arrest. The physician was convicted and sentenced to the penitentiary and his license was revoked.

Dr. B. sold several times to a woman informer; admitted this guilt and other unethical practices; was placed on probation; violated his probation and was given another chance and has again violated that probation.

Dr. C., accused of other unethical practices, was convicted of violation of the Harrison Act. Out of thir-
teen prescriptions, not one bore the correct name and street number and not one of the supposed patients could be found, many of the addresses being vacant lots, street intersections, omitted numbers or condemned or abandoned buildings. License was revoked after conviction.

Dr. D. made four sales of cocaine to a woman addict, charging an exorbitant price for the drug; said he had picked it up around his place of business which was a police station, where he had taken it from addict prisoners. This was denied by officers about the station. He was convicted.

Dr. E. was an addict; he had bought enormous quantities of morphine and cocaine on his order forms; he had no legitimate patients that could be located; when questioned, he told various unreasonable stories and finally admitted that he was buying drugs on his order forms for his own use and that of a friend who was a barber. The latter said the doctor had taught him to take drugs. Both were convicted and the doctor's license was revoked.

Dr. F. bought more narcotics on order forms than were used by any two of the largest hospitals in the city where he practiced. He was convicted.

**Associated Criminalism**

The drug addict is commonly a person with a long criminal record. Why? Because he or she must have the drugs! As a consequence, the morphine addict is a beggar on the street, the petty thief, the pickpocket, the prostitute and the shoplifter. The cocaine addict, buoyed up by the false courage of the drug, commits the crimes of violence, as “stick-up,” burglary, rape, kidnapping, and murder. The opium-smoker is very common among the criminal classes. Heroin is very seldom found in Chicago but is common on both coasts.

Illustrative of the above, note the following records:

A. (Male)
1920 Vagrancy
1921 Burglary
1921 Assault and Battery
1922 Disorderly Conduct
1922 Disorderly Conduct
1923 Disorderly Conduct
1924 Larceny
1925 Larceny
1931 Narcotics

B. (Female)
1921 Narcotics
1923 Narcotics
1925 Narcotics
1929 Narcotics
1930 Narcotics
1920 Shop-lifting
1927 Shop-lifting
1927 Shop-lifting
1930 Shop-lifting

C. (Male)
1913 Larceny
1913 Larceny
1915 Larceny
1921 Disorderly Conduct
1921 Disorderly Conduct
1923 Disorderly Conduct
1925 Disorderly Conduct
1925 Narcotics
1927 Narcotics
1927 Narcotics
1928 Narcotics
1928 Narcotics
1929 Narcotics

D. (Female)
1915 Pennyweighting
1915 Larceny
1915 Vagrancy
1917 Vagrancy
1925 Shop-lifting
1926 Larceny
1930 Larceny
1931 Narcotics

E. (Male)
1930 Burglary
Some Case Summaries

Many interesting cases come to the prosecutor, interesting from the standpoint of the criminologist, sociologist and psychiatrist as well as that of the enforcing officer. The following are a few:

A.—Jewish—non addict; sold 5 oz. of morphine, 10 oz. of mor phine, and 20 oz. of morphine; was arrested after fierce resistance, and 28 oz. of morphine and 50 lb. of gum opium were found in the car; sentenced to eight years. He had been carrying on a wholesale business for months from a respectable hotel.

B.—Jewish—smoker; living in a fine apartment house in good neighborhood; two trunks of narcotics comprising opium, morphine, gum opium; fugitive; arrested months later; convicted and sentenced to four years.

C.—German alien—smoker; arrested in one of the best hotels by chief officer of the hotel with trunk and suitcase in his possession containing morphine, cocaine and gum opium; admitted he had brought same from New York; said he had acted as agent of the New York “syndicate” in Germany and other foreign countries; convicted and sentenced to five years; fugitive after appeal and $20,000 bond forfeited.

D.—Addict; American; working for Jewish peddler; arrested as he was transferring morphine cubes from kilos to ounce tin cans; case pending.

E.—Non-addict—Russian; arrested after second sale of five oz. of morphine; marked money in possession—bad record; arrested for arson while under bond in narcotic case; sentenced to five years; fugitive; brought back from Cuba to serve sentence.

F.—Male—Italian—Smoker—and G.—(Female, American, addict.) F. arrested after sale and narcotics found in room; F. said that G. was only his girl and had no part in transactions; F. was sentenced to 18 months in Leavenworth; G. and H. (Italian, smoker) from New York, took over business of F. and both were arrested six months later with trunk of narcotics in possession; F. returned from Leavenworth and G. from jail; arrested a few months later with large amounts of narcotics after having made shipments to various cities and carrying on a tremendous business in city; convicted and both received long sentences.

I.—Five, Italians and Americans, arrested for conspiracy to sell morphine; all convicted; one so-called “public enemy”; all sentenced.

J.—Several colored peddlers, handling large amounts of dope, arrested after having sold ten and twenty ounce lots to a clever agent in charge posing as doctor. All convicted.

K.—Colored peddler from New York delivers ten ounces of cocaine to woman government official in a railway station, be-