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## TREATMENT OF DRUG ADDICTION

L. L. STANLEY<sup>1</sup>

No one who has treated any considerable number of drug addicts, will venture the assertion that any treatment is successful in bringing about permanent cures in the majority of cases. To produce a temporary cure is a simple matter. One can in comparatively short time deprive the addict of his desires for the drug, build him up physically and to all appearances have him entirely cured. But return the addict to his former associates and haunts, and although he fully realizes how his addiction has ruined his career, he will not hesitate to take up the vice again.

Drug addicts are very generous with their drug to their fellow sufferers. They will always share the potion with another, no matter what his appearance or station in life may be. No class distinctions are drawn. And singularly enough, one dope fiend knows all the other dope fiends in his locality.

When the treated patient returns to his former abode, he is greeted by his old friends, who are quite solicitous about seeing that he has a "bing" if he wants it. As the ordinary drug addict becomes of much enfeebled volition, he very often falls again.

Obviously the thing to do then is to remove the cured addict from his former environments, and to place him in new surroundings with friends or relatives who are anxious to lead him in the right path. This is a task for the social worker. The superintendent of a state hospital or other institution where the cure is administered cannot be expected to do this subsequent work.

There is altogether too large a production of narcotic drugs, and as long as such drugs are produced in such quantities the habitues will procure them no matter at what risk or at what cost.

If the stream is constantly fed by melting snows at its source it will expand and gain volume, and will require powerful measures to lessen its flow or divert its course.

Likewise with the drug curse, if a continuous supply of narcotics is manufactured, the supply will find a market and will produce results which will cause dire results. Obviously, again, the thing to do is to stop the manufacture of narcotics to a minimum of production. As

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long as they are produced in the quantities they are today, the drug traffic will continue to flourish.

Physicians, who are the only individuals who rightfully should administer these drugs, are doing so to a less degree as time goes on. There are several reasons for this: One is the fact that the doctor has to do considerable "paper work" as required by the Harrison Act, when he prescribes a narcotic drug. To avoid the expenditure of time which this entails, the busy physician prescribes something which is not so hampered by regulations, and which is about as effective.

Physicians are becoming more cognizant of the ill effects of morphine administration, and use such drugs only in case of great necessity, and then only infrequently. The time when an injection of morphine for any pain was in vogue is now of the past. Higher medical standards and requirements are responsible to a considerable extent for this.

One of the prerequisites in treating a morphine addict is that he be perfectly willing and even anxious to take the treatment. This is essential, for unless the patient desires to stay cured, the time expended on ridding him of his addiction will be useless. He will revert just as soon as the first opportunity presents for getting the drug.

The institution where the treatment is to be given should be adequate in every particular. It should have isolation rooms with honest, trustworthy attendants. Attendants or friends who would secretly betray the patient by giving him narcotics against the physician's orders are menaces which every hospital has to contend with.

There are a number of treatments for the drug addiction, the two best known and most effective being the Lambert and the Hyoscine treatments. To these there are modifications. The gradual withdrawal method is not effective, and for the most part has been discarded. Some addicts use this method themselves. They fill a bottle with a saturated solution of morphine, and every time they remove a syringe full of this solution, they return to the bottle a like amount of water. In this way the solution becomes weaker and the addict gets less of his drug as time goes on. He hopes eventually to be using plain water only, but this rarely happens, for the fiend breaks over and cheats himself.

The Lambert treatment is essentially one of intestinal elimination by cathartics with the administration of belladonna and fluid extract of hyoscyamus in drop doses over a period of sixty hours. Some authors claim excellent results with this method.

The Hyoscine treatment consists in the hypodermic injection of hyoscine hydrobromate for a period of forty-eight hours, preceded