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Recommended Citation

Joseph Shelly, The Role of Probation in Narcotics Addiction, 43 J. Crim. L. Criminology & Police Sci. 331 (1952-1953)

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THE ROLE OF PROBATION IN NARCOTICS ADDICTION

Joseph Shelly

Deputy Chief Probation Officer Kings County Court, New York City.

Probation Departments handle the bulk of narcotic addiction cases and discover the presence of drug addiction in a substantial number of cases which might otherwise pass undetected. The task of recommending a suitable disposition is complicated by the fact that by sentence day withdrawal symptoms usually have completely vanished, which lend an appearance of validity to the defendant's claim that he is "cured." The narcotic addict has been described as a symptom of social failure and this implies that both the individual and society have failed. The presence of drugs is not in itself the genesis of the user's real maladjustment. Most narcotic drug addicts are emotionally immature, childlike persons, who have never made a proper adjustment to the problem of living. Many of them were social problems before they became addicts and the makeup of others points to the likelihood of further antisocial behavior in the future even if they had not become addicts. It is erroneously believed that drugs in themselves produce antisocial behavior. Actually drugs soothe abnormal impulses and create a parasitical state. Testimony at public hearings, which reveal that 85 percent of treated patients eventually returned to drugs is discouraging. About 30 percent of adult addicts commenced using drugs in their teens. This, plus the spectacular recent rise in teenage use of narcotics, should spur us to positive and decisive activity.

The best results will be obtained with those whose social adjustment has been fair until addiction. Withdrawal is the first and least important step in treatment. The real problem is ridding the addict of the habit permanently. Withdrawal is external, whereas change is needed in the internal life of the subject. The most important and difficult aspect of treatment is the development of a desire and an ability to live without drugs. Among numerous factors accounting for relatively favorable adjustments have been post-institutional planning and supervision in the community. The most successful treatment and program includes adequate parole supervision for a period of three years following discharge from a hospital or institution, preferably by a probation or parole officer. In any program supervision will be a *sine qua non*. Sincere addicts will lean hard on their probation officers.

Unless we recognize basic dependent needs, the subject has no alternative but to resort to drugs as a supporting substitute. The most heavily weighted factor towards success is insight. Does the offender contend that the use of drugs is harmful and believe that the legal

penalty outweighs the benefits? Or does he feel that drugs are essential for his adjustment regardless of consequence? The officer's job will be that of stimulating the offender to face his problems and he must show active leadership. The need for the individual to face reality at every turn is important. After all, drugs produce a condition opposite to that of reality. Many addicts have been introduced to drugs through alcohol but the use of either is, in many cases, merely an expression of the same fundamental problem. Both alcohol and drugs furnish desired forgetfulness. Some addicts were alcoholics before they became drug users and then return to alcohol to avoid drugs. A large number of failures became addicted to alcohol in an effort to cope with depression and this knowledge is pointed out as an avenue of possible prevention. Studies reveal that the causes of relapse are basically the same as the reasons for the earlier addiction and this suggests that besides lacking will power, the failures still lack elementary insight. Almost all young addicts who have appeared before our Court in the past few years commenced by using marijuana. Many adolescents use drugs to gain status and acceptance in the group. Others use drugs for the sake of companionship and self-justification and want to be sure of a ready supply from friends in a pinch. Our probation staff makes a special effort to ascertain information from all offenders concerning pushers and peddlers in the community.

During the foreseeable future our courts will continue to carry the burden of processing and supervising addicts by reason of the understandable legal prohibition against drugs. Physicians as a group have shown little concern over drug addiction. It is, therefore, proposed that the American Medical Association, by a system of assessment of each member, provide a sizable sum to establish pilot projects at the community level to assist in the development of more successful practices and techniques of treating narcotic drug addicts. The Governors of the various states should authorize an exhaustive study of probation to ascertain why many communities have no probation service or inadequate service, with the result that offender addicts are sent to prisons and reformatories without pre-sentence reports of their histories and backgrounds for the guidance of the judges. A State subsidy for our courts is needed to assure skilled professional staffs. The State's first responsibility should be that of assuring a minimum of decent, well paid probation services. Hospitals and institutions provide the facilities for withdrawal from drug addiction after which treatment will continue to center in supervision administered primarily by probation officers.