

SOME OF THE RESULTS OF THE HARRISON ANTI-NARCOTIC LAW.*

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The Harrison Act placing morphine and cocaine with their derivatives upon the Internal Revenue list has made a crime out of a disease, for while the narcotic habit may start as a vice, if continued it eventually becomes a disease. Whatever the justification on the grounds of the final welfare of the people at large may be, the enforcement of this law must work a hardship to many individuals. To make, by legislative fiat, a criminal out of a man who for one reason or another, has allowed himself to become the victim of a slavery whose chains he is absolutely powerless to break, without offering him any assistance in winning his freedom, seems an injustice. An appreciation of this unhappy situation led the United States District Attorney of the district of Philadelphia to invite a number of gentlemen to take up a study of the subject of narcomania, both from the medical and sociological standpoint, with the view of determining some solution for this great problem which would be fair to both the community and the victim. You as pharmacists are vitally interested in this law, and I thought that perhaps it might be of interest to present for your consideration some observations springing out of my connection with this committee.

I shall divide the topic into three questions: (1) Is narcomania a really threatening peril to the American people? (2) Have the beneficial results of the Harrison Act been sufficient to counterbalance the expenditure of the time and money which its provisions have necessitated? (3) What is the best way of combating the evil?

The danger to the community of a vice of this nature is to be measured in three dimensions: (1) its effects upon its victims, (2) its extent, and (3) its rate of increase.

It seems hardly necessary to dwell upon the injurious effect upon the individual of the habitual use of narcotics. The community is injured in two ways: First, from the diminished efficiency in its units and, second, through the increased crime, the result either directly or indirectly of the drug. The lessened working capacity of the drug fiend is due in part to the effect upon his moral nature—lessening of ambition, sense of duty, etc.—and in part to the physical degeneration which the habit produces. While occasionally we meet with a patient who has taken morphine for years without any very evident impairment to the general health, it is so rare as to cause comment. Among the cases which applied to the Philadelphia Narcotic Committee there was an average loss of weight of thirty pounds. As most of these cases were by no means extraordinarily robust before they began the habit, this loss of flesh indicated a real diminution of work capacity. Practically all of the addicts under our observation who had been engaged in occupations requiring any real effort, either mental or physical, had been forced to abandon them, and were living either as dependents on their relatives and friends, or else as purveyors of vice and petty crime.

The work of the Philadelphia Narcotic Committee has been largely among the inhabitants of the tenderloin district. If the victims were limited to this class, who after all are but slightly productive, the danger to our national life would be much less menacing; but, unfortunately, they are drawn from all grades of

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society. The scroll of dishonor bears on it the names of reputable physicians, college presidents, druggists, merchants, artisans, and men from every walk of life; women from the brothels claim sisterhood with the social leaders in their degradation.

While the general public does not grasp the intimate connection between drug habits and crime, it is a fact well known to the police and students of drug habits that the use of narcotic drugs tends to the increase of crime. With cocaine this is due to the delirious excitement and the sense of intellectual and physical exaltation which it causes, and this drug frequently leads to crimes of violence. Morphine, however, has generally a depressing effect upon its devotees and therefore rarely leads to crimes of violence. It does, however, lead to much petty crime—prostitution, pocket-picking and the like—partly the result of the moral deterioration, and partly from the need of money to satisfy the craving, and the lack of disposition or power to work for the money.

As to the extent of the habit: There is no possible means of making any accurate estimation of the number of drug fiends in this country, but it is manifest it is very large. Lucius P. Brown (State Food and Drug Inspector) from his experience in administering the Tennessee law, which requires registration of victims of drug habit, computed that there were about 200,000 habitual users of opium or cocaine in the United States. My own guess, based on the amount of drug imported, is that the number of opium fiends does not exceed 100,000. But even this figure is appalling.

While we cannot determine the actual number of victims, there are reliable data to show that drug habits have been increasing at an alarming rate.

In 1870 the population of the United States was a little under thirty-nine million. The average importations of opium—including morphine, as well as both the crude and smoking opium—for the decade 1870 to 1879 were, in round figures, 243,000 pounds a year. In the decade of 1900 to 1909 the importations of opiates were approximately 664,000 pounds a year, the population being in 1900 seventy-six million. While the population had been increasing 95 percent the consumption of opium had increased 173 percent. This means a *per capita* increase in the consumption of opiates of approximately 40 percent. The increase in the demand for opium becomes all the more significant when we realize that the introduction of coal-tar analgesics, of the synthetic somnifacients, such as chloral, veronal, etc., has lessened the medicinal use of morphine and opium.

It is manifest, therefore, that not only has there been during the last forty years a continual increase in the absolute number of victims of the drug habit, but also that the rate of increase of drug fiends has been much more rapid than that of the general population. It is further obvious that with all due allowances for the inaccuracy of any guess at the number of drug victims the opium habit has reached a magnitude meriting close consideration. In view of these facts, any man possessed of patriotic feelings or love of humanity must welcome any change of conditions which will diminish this growing evil, even if it necessitates some self-sacrifice on his own part. On the other hand, to make ourselves uncomfortable without accomplishing anything is foolish. The Harrison Act has laid new burdens upon the druggists, and to a lesser extent upon the physicians; burdens, however, which we would bear gladly if by so doing we can prevent the spread of narcomania. But if the Harrison Act does not accomplish its purpose, out of justice to the pharmaceutical profession it should be repealed. We are justified, therefore, in demanding some definite evidence of the efficacy of this Act.

The short time that has elapsed since the act went into force, as well as the tremendous derangement of commercial conditions by the European war, makes any deductions from the amount of opium imported to the amount consumed somewhat unreliable. For example, in 1897 there was over one million pounds of crude opium imported, in 1898 it dropped to seventy-two thousand pounds. This extraordinary variation was due to changes in the tariff, but I quote it to show how great fluctuations in the importation of opium may be caused by external conditions. The fact, therefore, that the quantity of opiates imported in 1915 was nearly 20 percent smaller than in 1914, while interesting, must not be given too great significance.

Much more trustworthy data can be derived from the amounts handled by wholesale dealers. The tremendous increase in 1897 which was due to an anticipated high tariff on opium was compensated the next year by an equally abnormal diminution in the imports. That is, the pharmaceutical manufacturers bought up large quantities of opiates which were stored away until needed. The annual sales, however, of such firms afford an accurate criterion of the amount of drug being consumed in the country; for the individual consumer, especially when afflicted with the characteristic thriftlessness of the confirmed dope fiend, does not store up any large supply of the narcotic.

I have written to three of the largest wholesale pharmaceutical houses in Philadelphia inquiring as to their sales of opiates as affected by the Harrison Act; to these gentlemen I wish to extend my thanks for their courtesy in giving me the desired information. These houses all reported a diminution of 50 percent or more since the Act went into effect. One of them gave me the relative figures for opium, morphine, and codeine which seem to me to be very significant. While the sales of morphine and opium during the first four months of 1916 showed a decrease of about 75 percent as compared with 1914 the amount of codeine sold remained practically the same. Since the latter is rarely, if ever, used by habitués the implication is inevitable that the decrease in the consumption of opiates is due solely to lessened illegitimate use.

Whether these figures will hold for the rest of the country is questionable. We have been fortunate in having in Philadelphia a United States Attorney who has taken a strong personal interest in the narcotic problem and has been exceptionally diligent in the enforcement of the Harrison Act. I feel satisfied, however, that this law has already yielded sufficient results to justify its existence.

The power of the act has, however, been in a large measure destroyed by the interpretation of the courts. Section 8 of the act provides "that it shall be unlawful for any persons not registered under the provisions of the act, and who has not paid the special tax provided for by this act, to have in his possession or under his control any of the aforesaid drugs." The United States Supreme Court has held that the word "persons" can apply only to dealers, that is to those who buy or sell the drugs. In a recent case in Philadelphia the Judge ruled that the possession of large quantities of the drug, together with mortar and pestle, apothecaries' scales, gelatin capsules and similar paraphernalia was not proof that the accused was a dealer; it is necessary that he be detected in the actual sale. While this last decision, of course, holds only for the Eastern District of Pennsylvania, for that section, at present, the Harrison bill is almost a dead letter as an immediate restraining influence.

You and I may, at times, rail at the pedantic decisions of the courts, but the fact remains that the framers of our National Constitution wished each state to be sovereign in all matters affecting only its own citizens; that the Federal Govern-

ment should exercise no police powers within the borders of any state. The way in which the Harrison Act has been in some places administered has clearly been an invasion of state-rights. Nominally the act is intended to raise money for Uncle Sam to build warships or post-offices and pay salaries—practically it has cost more to administer than the revenue it has yielded. But, despite the decisions which have limited its effectiveness, it still remains charged with an enormous potentiality for good because it makes it possible to enforce state laws restricting the traffic in these drugs.

We now come to the third question: How are we to fight this monster which threatens our civilization? It seems to me we should attack it with three sorts of weapons, sociological, educational, and legislative.

While drug habitués are found in all classes of society they flourish especially among the vicious and the criminal, those who make up what we in the East call the "tenderloin districts." The fight against the drug evil is part of the larger fight against all forms of debauchery. But the sociologic aspect I shall not at present discuss.

The education of the general public as to the danger of narcotism both to the individual and to the community rests chiefly upon the pharmaceutical and medical professions. But we ourselves need to be taught our own shortcomings. Physicians must be brought to an appreciation of the fact that the too ready recourse to the hypodermic needle has led many a victim to life-long slavery. Did you as pharmacists realize the devil that lurks in the cough syrups, and other narcotic patent medicines, which you so thoughtlessly hand across the counter, you would forever banish this class of preparations from your shelves. Would you destroy the happiness, ruin both the body and the mind of your fellow-men for a few paltry pieces of silver he gives you?

The Harrison Act exempts preparations containing less than 2 grains of opium or $\frac{1}{4}$ grain of morphine in each fluidounce and most of the recent state laws have followed the national legislature in this regard. Nevertheless, do not try to salve your conscience with the thought that so small a quantity cannot do much harm. The most pathetic case of morphine habit I have ever seen was acquired from the use of a widely used Cough Syrup, by a man who was entirely ignorant of its dangerous character. One yellow-fever infected mosquito may not be as dangerous as ten, but it is enough to kill you if it happens to bite you; so one grain of opium may not be as dangerous as ten, but it is enough to rob a human being of his home and happiness and to rob society of a useful citizen, giving in exchange a worthless, hopeless parasite or perhaps even an actual criminal.

I believe, however, that at present the greatest gains against this enemy can be made by proper legislation. Already some nineteen or twenty states have anti-narcotic laws harmonizing more or less closely with the Harrison Act, but there is need not only for prohibitive legislation in the remaining states but also for amendments to stop up the holes which clever rogues have found. Time fails to recount the various schemes for obtaining "dope" which have come to the attention of the Philadelphia Narcotic Committee and I only wish to say that the great majority of them involved the partnership—either innocently or maliciously—of the doctor or druggist or both.

Upon us, gentlemen, rests in large measure the responsibility of awakening the nation to its peril and of directing the efforts towards its alleviation. Let us pray God we shall not be found wanting in our time of opportunity.
