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A PROPOSAL TO END HEROIN ADDICTION AND TO REDUCE
CRIME IN THE DISTRICT OF COLUMBIA BY FIFTY PERCENT

The Problem

The District of Columbia is now being torn apart by a continually rising crime wave. This crime wave has had a profound negative social and political impact in the District of Columbia and throughout the nation.

Last fall the D. C. Department of Corrections released a study which cast considerable light on the source of the tremendous flood of criminals coming into the criminal justice system. This study indicated that at least half of the serious crimes committed in the District of Columbia were committed by heroin addicts.

All men coming into the D. C. Jail for one month were interviewed and urine samples were obtained. The Study, which began in the summer of 1969, revealed that 44% of the men coming into the Jail had been using narcotics during the twenty-four hours preceeding their arrest. Virtually all of this drug abuse was the result of heroin addiction. Seventy percent of the heroin addicts identified in the Jail Study had never received treatment for their addiction. The remaining 30% had received only detoxification, which was clearly inadequate. The discovery of this high rate of heroin addiction was without precedent anywhere in the nation. New York City, which for years was considered the narcotics capital of the United States,

found most recently that no more than 11% of individuals arrested had used heroin. The D. C. Jail Study also revealed that, whatever the arrested individual's previous criminal record may have been, once he became a heroin addict he became a compulsive criminal who engaged in criminal activities virtually every day to support his habit. The average habit cost \$44.00 a day. This was equivalent to three to five times that amount in the value of stolen goods.

Making some relatively conservative assumptions, these data reveal that the direct dollar cost of heroin addiction in the District of Columbia in stolen money and goods is approximately \$240,000,000 a year. The indirect costs are incalculable.

The Jail Study also demonstrated that in the Nation's Capital the heroin addict is involved in all types of serious criminal activity, not only in property offenses. For example, more than half of the men sent to the Jail for criminal homicide and armed robbery were heroin addicts.

Heroin addiction is like an epidemic of Plague - the infected person passes his infection to those around him. To stop this epidemic, swift massive action must be taken to treat all infected persons. Unless all infected persons are reached, the epidemic may rage without abatement despite modest treatment success with some infected persons.

In view of the fact that at least half of the serious crimes committed in the District of Columbia are committed by heroin addicts, there are two major advantages to focusing on the problem of heroin addiction instead of the broader social issues of crime prevention. First, the magnitude of the problem is reasonably well known. Preliminary analysis of the data from the D. C. Jail Study suggests that there are probably 3,000 to 5,000 chronic heroin addicts in the District of Columbia who are regularly engaged in serious criminal activity. Although it is impossible to know how many heroin addicts there are in Washington, it seems unlikely that there are more than 10,000 to 12,000. Five thousand is a reasonable guess. Second, heroin addiction is now a treatable condition and therefore the problem of heroin addiction is solvable. Recent evidence has conclusively demonstrated that methadone maintenance treatment for heroin addiction is not only useful for almost all chronic heroin addicts but that it has a very high rate of success for the full range of individuals who are addicted to heroin. For example, a current ongoing study in New York City shows that over a three year period after starting methadone maintenance the arrest rate for the treated group fell from pretreatment levels of about 20% a year to 2% a year. Using the same data, the employment level for men increased from 29% at the start of treatment to 92% three years after being given treatment. These data on methadone maintenance

are new. The first conclusive independent evidence was presented in the Journal of the American Medical Association slightly more than a year ago.

Synanon-like, self-help programs have also demonstrated their effectiveness although they are more difficult to establish, smaller, more expensive, and less acceptable to some addicts than methadone maintenance programs.

The Goal

This Proposal calls for the establishment of the goal of the elimination of heroin addiction in the Metropolitan Washington area within three years. Although it is obvious that all heroin addicts cannot be identified and treated in a three year period, the available evidence suggests that it will be possible to come very close to this goal. Since the addict must sustain his habit primarily by his criminal activities, it has been shown that once his expensive habit no longer drives him, his criminal behavior usually stops. Achievement of this goal would have a profound national impact politically. It would demonstrate the capabilities of the current national and local Administrations to deal effectively with one of the major social problems in the Nation as well as in the District of Columbia. The impact on the local community of a major, sustained reduction in crime would be profound. The pessimism and cynicism which now largely paralyze community efforts in

the District of Columbia would be eliminated. It is anticipated that considerable new initiative and enthusiasm would be generated within the District of Columbia community within six months to one year of the establishment of the clear down-turn in the crime statistics. On the basis of the available evidence, it is reasonable to assume that within a three year period the rate at which serious crimes are committed in the District of Columbia would be reduced by at least 50%.

The Solution

This Proposal calls for the rapid implementation of a staged program to achieve the goal of eliminating heroin addiction in the Metropolitan Washington area within three years.

It should be noted that this Proposal in no way conflicts with the need for more vigorous law enforcement in Washington. The achievement of the goal of this Proposal would be enhanced by more effective law enforcement. On the other hand, without this sort of vigorous treatment effort it is most unlikely that law enforcement alone will turn our crime statistics downward in the face of an expanding heroin epidemic.

1) Establish an Addiction Control Agency within the District of Columbia Government which would immediately assume responsibility for comprehensive program planning and implementation. This new Agency would immediately assume full budget control of the

appropriations for the Departments of Public Health and Corrections in the areas of heroin treatment. The effective annual rate of these two current appropriations for fiscal 1970 is about 1.3 million dollars. This would allow program capabilities to be established which would take in twenty new patients a week. Within one year 1,000 people would be enrolled in continuing treatment. Although methadone maintenance would be the primary treatment program, a major commitment would also be made to self-help abstinence programs. The Addiction Control Agency would also be eligible for additional grant funds from such agencies as HEW and OEO.

2) Establish a White House Task Force on heroin addiction control in the District of Columbia. This Task Force should include the most distinguished individuals in the country and should meet for three days within the next month. The Task Force would review the work of the Addiction Control Agency and its long range objectives as well as suggest means of achieving these objectives. By means of this Task Force the Administration's major commitment to eliminating heroin addiction and to reducing the crime related to it would be communicated to the professional and political communities.

3) Devote a portion, perhaps \$1,000,000, of the proposed fiscal 1970 supplemental budget request to narcotics addiction control programs. This would increase the program capabilities considerably since these funds would become available in the late spring or earlier summer of 1970. This course of action would

again demonstrate the Administration's determination to achieve its goal of eliminating heroin addiction in the Metropolitan Washington area. It would raise the program intake capacity to 50 per week and permit establishment of a major public information, prevention component aimed at reducing the recruitment of new heroin addicts. Special programs would also be developed for the teenage addict.

These additional funds in FY 1970 would permit implementation of PL 764 for the involuntary civil commitment of unmotivated heroin addicts.

4) Secure legislation to establish a governmental non-profit corporation to be called the Washington Addiction Control Authority. This Authority would be made up of distinguished individuals who would oversee its operations and its budget. It would be funded by direct appropriations and by grants. It should be established for a period not to exceed three years and have as its sole objective the elimination of heroin addiction in the Washington area. At the end of three years a thorough evaluation would be made with the strong possibility that the Authority's program components would be broken up and returned to more traditional governmental agencies. The establishment of such an independent Authority is essential for the following reasons:

a) This Authority would bridge the political and geographic boundaries in the Metropolitan Washington area. This is not possible using the traditional governmental mechanisms.

b) This Proposal calls for a massive, unprecedented mobilization of talent and resources to achieve the objective of eliminating heroin addiction in the Metropolitan Washington area. The traditional limitations on governmental functions make rapid mobilization particularly difficult. These limitations include but are not limited to Civil Service considerations.

c) Establishment of this Authority would facilitate innovative techniques for harnessing the resources of the private sector. These techniques would include contracts for the purchase of services.

5) Secure additional funds in FY 1971 to a total annual appropriation of about 6,000,000 a year.

Feasibility and Objections

The New York Addiction Control Commission has just established the goal of enrolling 5,000 heroin addicts in methadone maintenance treatment over a five year period. The Commission appears capable of meeting this objective. To date this is the most ambitious single program of addiction control anywhere in the Nation. The other major heroin addiction program in this country is located in Chicago. In both cities the total number of known addicts is so large (40,000 in New York City) in relation to the program capabilities that it is not possible to plan to reach the entire addict population within a few years. Thus, the District of Columbia with its estimated 5,000 heroin addicts would be the first city anywhere in the Nation which would attempt to treat all its addicts within a fairly short period of time.

A number of questions relative to the feasibility of this effort remain. For example, previous drug treatment programs have dealt with a slightly older addict population than we have in the District of Columbia. Questions can be raised about the advisability of placing several thousand heroin addicts on methadone maintenance. The evidence available so far, while not insuring the success of the program, supports the assumption that the goals can be achieved. It is important to note that both the Health Department and the Department of Corrections in the District of Columbia Government support this Proposal.

The emergence of several thousand ex-addicts in a relatively short period of time will be an event of profound political and social significance for the District of Columbia. It is anticipated that the rapid implementation of this bold program will stop the epidemic of heroin addiction now raging in the District of Columbia. The power and dedication of the large number of ex-addicts who will be working with the program cannot be estimated. It can be assumed that they will become a potent force in helping to achieve the objectives of this proposal.