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"Where can my child get cured of this terrible thing? Where do I turn? Where do I go?"

(SUN-TIMES drawing by Harry Grissinger Jr.)

### Dope—And Chicago's Children

## Where Can 'Junkie' Get Medical Help? Not in This Town!

(This is the fourth in a series of articles on Chicago's \$60 million narcotics problem. A SUN-TIMESman talked to addicts, peddlers, judges, police and social workers. This is his report.)

By Herman Kogan

**I**N ALL of Chicago and Illinois there is no place where the addict, young or old, can get the vital medical and psychiatric treatment that will help him "kick the habit."

No person, according to local laws, can be arrested simply because he is taking dope. He can be picked up only for possessing the stuff or selling it or on a disorderly conduct charge. Many don't hit the showup and the courts until they commit a crime stemming from their quest for dope-money.

But parents of young addicts are seeking answers to the desperate questions:

"Where can my child get cured of this terrible thing? Where do I turn? Where do I go?"

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SOME Municipal Court judges try to solve the problem by bawling out the youngsters when they are brought before them.

"You let that stuff alone and obey your parents," is a typical piece of well-meant but completely ineffective advice.

Others send the addicts for 60 or 90 days to the County Jail or the Bridewell. Neither has the facilities for effecting a cure, which, according to the best authorities, takes at least a full year.

In such an institution, the addict usually is given the "cold turkey" treatment. That means complete withdrawal of the drug, resulting in such symptoms as aching nerves, twitching, restlessness, nightmares, intense itching, gooseflesh, sneezing spells and all sorts of digestive turmoil. In extreme cases, the addict is taken to the prison hospital and fed a mixture containing some type of opiate.

The number of addicts who "kick" the habit in such places is small. More than one junkie said:

"You stay off while you're there—unless you can get someone to smuggle the stuff in or there's a crooked guard that'll get it for you—but once you leave you can't wait to meet the swing man."

WITH youngsters under 17, the situation is even more difficult. These juveniles are being sent to the State Training School for Boys near St. Charles, where all that can be done for them is to withdraw the drug.

Earnest staff members try to talk to the youngsters there, warning them of the dangers of renewal of the habit. But they assert that much, much more is needed, especially in the field of psychotherapeutic methods. The training school, 60 of whose 450 charges are addicts, does not have enough psychiatric personnel to do that job.

What's worse, friends and relatives of those boys manage to smuggle dope to them. It's easier to do so there than in larger institutions, because the training school does not have the authority to search visitors.

In recent months, heroin has been slipped to inmates in jars of hair oil or face creams (now barred from the list of acceptable gifts), in a hairbrush set with a false partition that also contained a hypodermic needle and syringe, and beneath the stamps of small envelopes.

If the inmate doesn't have a hypo-

dermic needle, he sometimes stuffs the dope into his vein by using an ordinary needle and eye dropper.

AN ADDICT cannot be committed to a mental hospital unless a physician will certify that he is, at the moment, a danger to himself or to those in his community.

Although there have been many complaints from worried teachers and principals about hypodermic needles being found in school lockers, little has been done by school authorities to attack the problem. High schools, by law, are supposed to give at least 12 lessons on the dangers of narcotics and alcohol. Says Dr. Andrew C. Ivy, head of a narcotics-problem committee:

"It is a matter of common knowledge that this law is unknown or ignored in most schools at the present time."

POLICE, primarily concerned with law enforcement, have neither the manpower, the time, experience or facilities to help cure addicts.

But something is being done locally to keep young addicts from going on and on toward certain tragedy—and mostly it seems to be done by the Juvenile Protective Assn.

That organization, founded nearly half a century ago by Julia Lathrop, is supported by private contributions and the Community Fund of Chicago. Now headed by Jessie Binford, it constantly brings to the attention of the police reports of taverns, pool halls and other spots where peddlers thrive.

That is only part of its work, however, in connection with the narcotics problem. For a mild-mannered, earnest and plucky JPA staff member, Harland Gilbert, more than any one individual in the city, has been responsible for personally seeing to it that young addicts hit the road to recovery.

SOME 18 months ago mothers started bringing their dope-using sons and daughters to the JPA offices in Hull House. They had found heroin capsules in the youngsters' pockets, the inevitable needle marks on their arms.

Gilbert, assigned to find facilities for curing the addicts, learned that there were none here. As a matter of fact, there are only two hospitals for drug addicts in the country. Both are run by the United States Public Health Service—one at Fort Worth, Tex., the other at Lexington, Ky., an overnight trip from Chicago.

Since that time, Gilbert personally has taken some 50 addicts to the Lexington hospital. Some go voluntarily, others have been turned over to the JPA by Judge Joseph Drucker in Boys Court after they appeared before him.

Through Gilbert's work and the

JPA's spread of information about the Lexington hospital, police have started recommending to parents that they see to it that their drug-addict son or daughter takes the trip and the treatment instead of trying to break the habit in a local jail.

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WHEN the addict gets to Lexington, he goes to the office of the local federal narcotics agent. Kentucky's "Blue Grass Law" makes it a crime for any admitted addict to be at large. So the agent takes the addict to a local magistrate, who promptly sentences him to a year in jail. Sentence is just as promptly suspended with the provision that the addict immediately go to the hospital. Some addicts are committed here directly by federal judges here who, unlike lower-court judges, have such power.

The hospital, directed by Dr. Victor H. Vogel, considers drug addiction a problem in psychosomatic medicine, involving a derangement of the entire personality, physically and mentally.

Treatment of patients, who include farmers, ex-ministers, and teachers in addition to high-school students, consists of a gradual tapering-off of the drug. Then a physical conditioning process starts—with good food, exercise and medical attention. Good living habits are

encouraged. Finally, there is intensive therapy by able psychiatrists.

In addition, the patients—they never are considered inmates or prisoners—can work on the outlying farm, in shops, on the local paper, "Blue Grass Times," go to chapel or the gymnasium or bowling alley.

If they have been committed legally, they must stay until the staff considers them ready to buck the same conditions that led them to their addiction. If they are voluntary patients, they can leave at any time.

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A NEW group seeking to cut down the ranks of addicts is called "Addicts Anonymous." In intent and method, it resembles the older and well-established Alcoholics Anonymous organization. It was founded in 1947 in Frankfort, Ky., and works, in some cities, with Alcoholics Anonymous.

To those going to Lexington for the first time, Addicts Anonymous lets them know that the break-off process will be tough. They are reminded that they will be nervous, lose their appetites or eat ravenously, perhaps pass out frequently, worry and be depressed and irritable, have many aches and pains, yawn, sneeze and sleep a lot.

"But if you hang on like a man," states "The Key," the AA newspaper, "we can assure you everything will be all right." The newspaper's slogan is:

"Easy Does It—24 Hours a Day  
—One Day at a Time."

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FACILITIES at Lexington get more crowded week by week. Most of the younger patients are from Chicago.

There are variations, but the same weary pattern of all is evident: Inadequate homes, inadequate parents, wrong companions, bad community conditions and exploitation by the peddlers.

Precise figures on those who, after getting the cure, eventually return to dope, are hard to estimate, since many who leave drop out of sight and cannot be traced. Hospital officials carefully claim, in the known cases, a complete recovery rate of 25 to 30 per cent.

(In the final article of this series in Friday's SUN-TIMES, read what Chicago can do to fight the dope problem more effectively.)

