

TEMPORARY COMMISSION on NARCOTICS ADDICTION
City Hall New York, 10007

November 22, 1965

Hon. Robert F. Wagner
Mayor, City of New York
City Hall
New York, New York 10007

Dear Mayor Wagner:

As you are most keenly aware, the problem of narcotics addiction in New York City is a staggering one. Few problems have stirred such public interest and legislative activity or created more debate than the treatment of narcotics addicts and narcotics control.

The Commission, composed of leaders from voluntary agencies, the judiciary, the medical profession, informed citizens, elected and appointed City officials, has had the benefit of great expertise and a healthy diversity of views within its membership. Consensus was reached on most of the recommendations in the final report, otherwise the majority view prevailed. However, one Commission member, Mr. Nathan Straus, III, has filed a dissenting report.

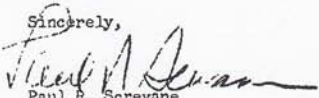
The Commission has met bi-weekly and occasionally at weekly intervals over the past eight months. Its members have served with interest, enthusiasm, and dedication. The Commission has studied the reports given by some seventy-five experts at the Gracie Mansion Conference on Narcotics Addiction.

The Commission has evaluated existing treatment programs and facilities. It has reviewed present laws, their enforcement, and the California experience with civil commitment of convicted addicts. It is evident that to date no one proven cure has been found, no panacea discovered, no control program found to be wholly adequate. Here and there, however, small successes have been identified.

Taking advantage of all available information, the Commission has formulated recommendations for a comprehensive program for treatment and control of narcotics addiction. In keeping with its charge, the Commission confined itself to narcotics addiction and did not become involved with problems related to abuse of the other dangerous and addictive drugs.

The Commission now has the honor to submit its report to you.

Sincerely,



Paul R. Scervano
C H A I R M A N

Other experiences with mandatory supervision have shown that a meaningful in-patient treatment program combined with close supervision during aftercare produces favorable results. The Commission, therefore, while expressing disappointment that the State civil commitment program in New York City has not achieved its anticipated results, favors giving it a longer trial, with constructive action to correct the existing limitations.

2. Drug Maintenance Research

In research studies of narcotics addiction at Rockefeller Institute (now Rockefeller University) it was found that a synthetic narcotic widely used in withdrawal from drugs, methadone hydrochloride, possessed a property not previously known. Large doses of methadone appeared to remove the craving for heroin and block out the effects of other narcotics, including heroin. Moreover, methadone seemed to meet the tests for a medically useful drug for long term maintenance, i.e., an optimal dosage level achieved without subsequent need to increase the amount; long action necessitating only a single dose per day; effective orally; a safe, non-toxic drug that permits patients to maintain an alert functional state. The researchers report that continuous and extensive studies of the original group of six addicts who have been maintained on methadone for the past two years have revealed no deleterious psychological or physical effects.

An integrated research and demonstration project combining medical supervision and rehabilitation of each patient was developed first by Drs. Vincent Dolc and Mario Nyswander at the Institute, with the support of the Health Research Council of New York City. The study is now being

further developed in the setting of a general hospital.

The treatment program is divided into three phases. In Phase I, patients are admitted to the hospital for a maximum of six weeks. The patients have a small, open ward separate from the rest of the hospital. Each patient is given a complete medical, dental and psychiatric examination. A stable dosage level of methadone is determined for each patient. Attention is given to the patient's family and housing needs and to his vocational potential. In the first two weeks of hospitalization, the patients are encouraged to leave the hospital for a few hours at a time to begin setting the stage for their re-entry into the community. Patients going out on leave during the first two weeks must be accompanied by hospital personnel; later they may go out unaccompanied. The experimental units are kept small in order to allow staff members to individualize the many aspects of the patient's medical and social treatment.

In Phase II, patients are discharged from the hospital and become out-patients. They return daily for their medication and to submit urine specimens for chromatography examination. During this phase, the patient is encouraged to further his education and to find employment and housing. It is anticipated that in Phase III, patients will have made progress towards becoming socially and financially self-supporting persons, relative to their abilities. Throughout the treatment, the patients' state of abstinence from opiates is systematically checked by urine analyses.

Three in-patient research units were in operation at Manhattan General Division of Beth Israel Medical Center by August 1965; a 9-bed and a 6-bed unit for males and a 4-bed unit for females. During the

Lower East Side Narcotics Center plans to (a) expand its ongoing community program of individual and family counseling, information and referral, community education, vocational evaluation, job placement and (b) develop a sheltered workshop program and (c) experiment with a modified form of half-way house in which two groups of six male addicts would be housed in single rooms in each of two large rooming houses in the area. A resident counselor living in each building will maintain a relationship with the addicts and liaison with the agency and other community resources.

Salvation Army plans to establish a Half-Way Treatment Center in Manhattan serving female addicts from all boroughs. The Center will contain residence quarters for at least 20 women and girls discharged, drug free, from City and State prisons, detention facilities, and hospitals.

The agency will provide a continuum of service beginning with its traditional pre-release service to addicts in correctional institutions and continuing with supportive services to the half-way house residents and its "graduates."

It will offer some services at the Center and others will be available through the agency's ongoing family casework, job placement, camping, women's lodging and optional religious services.

The above agencies have been allocated funds for the fiscal year 1965 -66 by the New York State Department of Mental Hygiene and have been recommended to receive additional support from the New York City Community Mental Health Health Board.

The application status is indicated individually for each of the seven agencies described below.

Daytop Lodge and Daytop Village

Daytop Lodge is a residential facility on Staten Island serving addicts on probation from the New York State Supreme Court, 2nd Judicial District. A portion of its support is from the National Institute of Mental Health. The program is patterned after the Synanon method, with work assignments on the premises, re-education to modify personal values and attitudes, and the operation of the entire environment by residents and staff almost all of whom have been addicts. The program is under professional direction.

Discussions were held with the officers of Daytop Lodge which has a capacity of 25, on a proposal to operate a facility to be known as Daytop Village, as an extension of Daytop Lodge, and to accommodate approximately 200 male and female addicts. The Interdepartmental Health Council found this an experimental program for which it recommended support through a Community Mental Health Board contract, subject to selection of a suitable site. To date a site has not been approved and no contract has been negotiated.

Greenwich House Counseling Center, sponsored by Greenwich House, a voluntary community agency, is a licensed psychiatric clinic for addicts. Its service is entirely professional. There is no waiting period.

A State Department of Mental Hygiene grant for the fiscal year 1965-66 will permit the agency to restore a portion of the program that was curtailed when its original grant support expired.

A contract with the Community Mental Health Board has been recommended to enable the clinic to re-establish at full complement its staff of psychiatrists, social workers, psychologists, and public health nurse.

Haryou-Act, as part of its program to provide Central Harlem with services and cultural programs designed and operated by local leaders, has projected a Narcotics Institute for the area.

One unique feature is that the whole array of services necessary for an attack on addiction, including treatment and research, would be contained within a single administrative structure. Thus, a continuum of services would be provided and the addict not lost to treatment because of the need to move from one agency to another.

The proposed program includes a local hospital to be used for detoxification; in-city and out-of-city half-way houses and health ranches; a battery of vocational, educational, and employment services; individual and group counseling; and access to all the activities sponsored by the parent organization, i.e. Haryou-Act. The Institute would be under professional direction. Professional staff would be augmented by extensive employment of former addicts.

Application has been made for anti-poverty funds to support the Narcotics Institute. The Interdepartmental Health Council has indicated general approval of the program's goals and methods, and is in consultation with the agency on some of the specifics related to medical care.

Narcotics Anonymous

Five of the 32 Narcotics Anonymous groups in the United States function in New York City. Narcotics Anonymous has been in operation since 1948 and is patterned after Alcoholics Anonymous. Addicts meet together to help each other through discussion of every day problems. The addict abstains from drugs a day at a time.

The organization, which does not now have any full time staff, has recently submitted a request for funds to employ staff members and keep minimal records so that the program can be expanded and evaluated. A recommendation is pending on its application for assistance.

The Quaker Committee on Social Rehabilitation plans to open a half-way house for 30 female addicts from twenty to fifty years of age and to offer them a wide range of therapeutic services, including a sheltered workshop. It maintains a pre-release program in the City's detention facilities and at Manhattan General Division of Beth Israel Medical Center, staffed by volunteer workers. The State Department of Mental Hygiene has allocated funds for the present fiscal year. Supplementary support through a Community Mental Health Board contract is under review.

Synanon

The Synanon method provides a unique residential setting away from the addicts' home community for male and female addicts. They are expected to remain drug free after admission for an extended period of time before returning to the community. The former addicts exercise pressures on newly admitted addicts to conform to the expectation of a drug free environment. The emphasis is on formal and informal group interaction. Professional leadership is not employed.

A series of discussions was held with Synanon officials to explore possible ways by which the City might support the care of New York City addicts at Synanon facilities - most of which are on the West Coast - and at the same time evaluate the effectiveness of the Synanon method.

The Interdepartmental Health Council proposed a series of conditions considered essential to any financial transaction between the City and Synanon. Although accepting the reasonableness of the conditions, Synanon declined the City's offer because it could not be in the form of an unconditional grant.

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For New York CityII. Transfer of Office of Narcotics Coordinator
To Mayor's Office

The Commission recommends transfer of the Office of Narcotics Coordinator from the Health Department where it is now located to the Mayor's Office.

The Commission believes that location in the Mayor's Office would increase the effectiveness of coordination among the many city agencies involved in addiction control and treatment, between governmental and voluntary agencies, and between city, state, and federal agencies.

III. Functions of the Office of Narcotics Coordinator

The Commission recommends separation of the coordination function from program or operating responsibility and^{also} that the Office of Narcotics Coordinator be responsible solely for the function of coordination. In general, the functions of the office should include:

- a. responsibility for continuous planning of the City's program for the control of addiction and treatment of addicts.
- b. Compilation and dissemination of available current information on the addiction problem and the resources available for control and treatment in New York City.
- c. development and coordination of educational

- d. consultation to community organizations and city agencies in the design of new service or demonstration treatment projects.
- e. liaison with state and federal agencies.
- f. performance of staff service to the Commission on Narcotics Addiction and Drug Abuse.

In making the above recommendations, the Commission underscores the need to give the Office of Narcotics Coordinator the necessary authority and to provide adequate professional and supporting clerical staff to perform a comprehensive job of planning and coordination.

IV. Role of the Interdepartmental Health Council

The Commission recommends that the Interdepartmental Health Council, supplemented for this purpose by the Commissioners of Correction and Police or their designates, continue to function as the City's official body for screening and evaluating all treatment program proposals. In addition, consultation would be held with the New York City Office of Probation and the Parole Commission whenever appropriate. The Council's recommendations would be forwarded to the Office of Narcotics Coordinator to be implemented by the particular agency or organization best suited to carry out the recommended program.

For New York State the Commission recommends that:

- I. The Office of New York State Narcotics Coordinator be created in the Executive Office and made responsible directly to the Governor, for effective coordination of all the addiction control and treatment programs conducted by state agencies.