



Department of Justice

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"TO HEAL, AND NOT TO PUNISH"

AN ADDRESS BY

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ATTORNEY GENERAL OF THE
UNITED STATES

At a

Testimonial Dinner Honoring

R. Brinkley Smithers

New York City

December 9, 1971

It is a privilege to be asked to participate in this banquet honoring Brinkley Smithers. I have known and admired him for many years, and I am delighted to be able to say so to this audience tonight. I'm also pleased to bring him the good wishes of the President of the United States, who is thoroughly aware and appreciative of his leadership in the movement to control alcoholism.

I believe it is fair to say that no person in the history of this movement has approached Brinkley Smithers in the generosity of his support. Through the Christopher D. Smithers Foundation, which he founded in honor of his father in 1952, he has made repeated gifts to this cause over the past two decades.

Last July he made a personal grant of \$10,000,000 to Roosevelt Hospital in New York City for treatment and rehabilitation of alcoholics. This is the largest single gift ever made in this field, and I do not except even the various grants made in recent years by the Federal Government. I must confess that when I first read about this magnificent grant I thought some typesetter might have inadvertently added a cipher or two. It is a most extraordinary example of dedication to a cause, even by the generous standards of Brinkley Smithers.

Nor have the contributions of our honored guest been confined to financial values. He has given just as unstintingly of his own time and energies. If you read a list of the national and New York organizations to combat alcoholism, you will almost be reading a list of the organizations that he has founded or headed.

So I must say tonight, without fear of contradiction in this assembly of experts on the subject, that among the many world leaders in the crusade against alcoholism, no one casts a longer shadow than Brinkley Smithers.

The other reason I am happy to be here is that it gives me the chance to talk about an aspect of alcoholism that I feel needs to be addressed by a law enforcement official.

I refer to the fact, acknowledged now by all professionals in the field, that alcoholism as such is not a legal problem--it is a health problem. More especially, simple drunkenness per se should not be handled as an offense subject to the processes of justice. It should be handled as an illness, subject to medical treatment.

Now, this may seem fairly obvious to most of you here in this room, who are thoroughly informed on this subject. But it is not generally recognized throughout the country.

In all but a few of the states in the Union, public drunkenness is an offense punishable by a fine or jail sentence or both.

In other words, our knowledge in the field far surpasses our action. The result is that in most of the cases which come to public attention, a major disease is not being treated by doctors, therapists or medical technicians. The disease is being treated by policemen, judges, and jailers.

This is no reproach to the latter group of professionals, many of whom know from distressing experience that this system is wrong. It is a serious misuse of their time, abilities and resources. It is likewise a failure to use the skills of the medical practitioners who are the ones qualified for this work. And it is a desperate injustice to the victims of the disease.

I feel strongly about this situation partly because of its unnecessary drain on the resources of the criminal justice system. At least one-third of all arrests in the United States are for public drunkenness. In some cities the proportion runs as high as three-fourths. The commitment of police on the street and for processing at the station house, the commitment of jail space and facilities, the commitment of time by judges, court administrators and courtrooms--all this constitutes an enormous drain on a justice system that is already overtaxed by felony cases. This misuse of tax-supported resources is bad enough, and constitutes a problem crying out for solution.

But still more important is the fact that this system is absolutely ineffective as a lesson or deterrent. Those who have witnessed the arraignment of drunk arrests in the lower courts of any large city can testify that it is, indeed,

a revolving door. A study in Los Angeles showed that in a given year about one-fifth of the people arrested for drunkenness accounted for two-thirds of the total drunk arrests. In one typical case in another city, a homeless alcoholic was arrested every other day that he appeared on the street over a four-month period.

The so-called "drying out" accomplished during such overnight jail terms has not, to anyone's knowledge, ever reformed an alcoholic. It has often, however, contributed further to any health infirmity he might have been suffering from, and has demeaned him still further with overcrowded conditions devoid of the barest human facilities.

In the process it has also demeaned the courts and the administration of American justice. Drunk arrests in big cities are often, if not usually, brought before the judge en masse--10 to 20 at a time. The typical defendant is almost never represented by counsel, which means that the procedures are often perfunctory, without any real consideration of guilt or innocence.

It is not surprising that many if not most of the policemen and judges involved know full well that this system is a distortion of legal processes. But in most localities they also know that it is all we have for dealing with public alcoholism. They therefore tend to develop a benevolent paternalism toward their charges--taking care of them the best they can within the limits of their authority and resources. It would be the same if the police and the judges were forced by law to take care of accident victims; as compassionate human beings they would do their best, but they could not help knowing that the system was senseless.

So we cannot blame the police or the courts for the system, and in many cases we must commend them for making the best of a bad situation. The blame must be faced by the public at large, which after all is the master of its own government. And if the public is unaware of this gross injustice, then it is the public that needs to be educated.

Fortunately, as many of you know, progress has been made in recent years. In 1966 the District of Columbia Circuit of the United States Court of Appeals ruled in the Easter case that the public drunkenness of a homeless alcoholic was involuntary. Therefore, he could not be held accountable before the law. In the same year another Appellate Court made a somewhat similar ruling in the Driver case.

In 1967 the United States Supreme Court heard a similar case -- Powell v. Texas. While it ruled that the defendant was accountable for being drunk in public because he did have a home to go to, a majority of the justices also expressed an opinion that coincided with that of the two appellate decisions -- that a homeless alcoholic is not accountable for his act.

The important point is that the courts have decided what the experts had been saying for years -- that alcoholism in itself is involuntary and therefore is not a legal offense in the ordinary sense.

Unfortunately, these cases have not been heeded as they should be, and the constitutionality of the related laws in most states has not been challenged.

However, the court rulings were taken into account by two commissions investigating the criminal justice system--the District of Columbia Crime Commission and the United States Crime Commission. They both reported in 1967 that public intoxication should be treated by public health services rather than as a criminal offense.

In turn, these recommendations influenced Congressional thinking, and new laws were forthcoming to establish this change of policy in the District of Columbia and encourage it in the states. Thoroughly associated with much of this legislation is the name of Senator Harold E. Hughes of Iowa, who of course is with us tonight. Among other things, the latest Federal legislation established an Institute on Alcohol Abuse and Alcoholism, within the Department of Health, Education, and Welfare. President Nixon has shown his deep interest in this organization by asking for and receiving from Congress an additional seven million dollars of health initiative funds for its work.

At the same time, the court cases and the Crime Commission recommendations have been noticed by the legislatures of a few states. They have changed their laws to provide for health treatment of one kind or another, and some of them have repealed the legal sanctions against alcoholism. But the rest of the states and most of the localities have not yet responded, although some legislatures are considering the matter. Throughout most of the country the situation remains as archaic as ever.

In fact, even in some states where the approach has been changed, new questions have arisen.

What is the role of the policeman?

If he can no longer make a drunk arrest, can he forcibly remove a subject to a health care center?

If the subject cannot be incarcerated, can he be committed to any kind of treatment against his will?

Fortunately, answers to some of these questions have recently been offered by several commissions that have carefully drawn up proposed model state laws on the subject. The latest and most important is the work of the National Conference of Commissioners on Uniform State Laws, which adopted a Uniform Alcoholism and Intoxication and Treatment Act last August. Among many other provisions are the following:

First, a person appearing to be incapacitated by alcohol must be taken into protective custody--not an arrest--by the police or a special emergency service patrol. He is to be taken to a public health facility for emergency treatment.

Second, if the subject has inflicted physical harm on another or may do so, he may be committed for emergency treatment for up to five days on the certificate of an independent physician.

Third, for a longer period up to 30 days, and with extensions for a maximum of seven months, his commitment must be made by a court.

So as a result of developments in the past five years we have made several important strides.

We have won an opinion from the courts that alcoholism in itself is involuntary, and should not be subject to legal sanction.

We have secured legislation by Congress and by a few states supporting this principle and establishing civil medical treatment as an alternative

We have a carefully drawn uniform law on the subject that can serve as a model for the states. And I would note the fact that the Commission drawing up this Act is composed of a representative from each state, and he is obligated to see that the act is introduced in his legislature.

Finally, we have gained enough experience from the operation of forward-looking laws in the District of Columbia and some of the states to uncover some sound operating principles.

For instance, we know that it does little good to remove alcoholism from the purview of the law if you do not substitute a full-dress medical treatment--not only a detoxification process, but a thoroughgoing program aimed at recovery from the illness of alcoholism.

Again, the program must include the closest cooperation and communication starting at the top level between the public health officials and law enforcement officials. The police must have an understanding that their role continues--not in an arresting capacity, but in one of helping subjects to the designated health center, voluntarily if possible, involuntarily if necessary.

Finally, the program must make a strong appeal to voluntary

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