

# NEWS RELEASE - - -

**PETER W. RODINO**

10th District • New Jersey  
U. S. House of Representatives

FOR RELEASE SUNDAY,  
APRIL 26, 1970 AND AFTER

## RODINO PROPOSES VIGOROUS FEDERAL PROGRAM TO CURB NARCOTICS USE

Rep. Peter W. Rodino, Jr. (D-N.J.) announced today that he has formulated a plan for a vigorous three-pronged attack on the narcotics problem.

Rodino, who is Dean of the New Jersey Delegation and a senior member of the House Judiciary Committee, stated: "The use of hard-core narcotics has now reached epidemic proportions. Every day in every community and neighborhood the narcotics tragedy is unfolding before us and continues unchecked. In my view, it is essential that the Federal government take stronger and more effective steps to curb this growing narcotics crisis.

"First, we must reduce the demand for narcotics by providing effective medical supervision and control of every person known to be an addict. When necessary, the addict should be taken off the street and committed to a medical facility. This can and should be done swiftly and effectively -- and without infringing on Constitutional principles. Early next week I plan to introduce a proposal along these lines.

"Second, persons responsible for the unlawful sale of narcotics in the United States should be subjected to the most vigorous law enforcement program that we are capable of developing. The drug pusher who is himself not addicted but who preys on the addict is among our most heinous criminals and must be scourged. I also plan to introduce a proposal along these lines in the near future.

"Third, vast acres of illegal opium poppies now growing abroad must be destroyed. To eliminate the supply of heroin-type drugs, our State Department should intensify its efforts to obtain the maximum cooperation from foreign governments. We should assist in the efforts of governments which do cooperate. I shall also propose legislation on these lines.

"If each of these proposals is to be effective, clearly the broad facilities of the Federal government must be mustered. As a result, the proposal that I am introducing will give the President authority to assign to the narcotics program any Federal facility that he considers necessary. I recognize that this involves the delegation of broad powers, but I am convinced of the need for such powers to cope with the heroin epidemic."

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SUMMARY OF THE RODINO BILL,  
THE PROPOSED NARCOTIC ADDICT REHABILITATION ACT OF 1970

In general terms, the purpose of the proposed legislation is to extend the coverage of the Narcotic Addict Rehabilitation Act of 1966 in two ways:

First, the proposed legislation would provide for the medical treatment, supervision and control of any person known to be a narcotic addict.

Second, the proposed legislation would make available for the medical treatment, supervision and control of narcotic addiction a wide variety of existing Federal facilities, as well as provide for the establishment of new Federal facilities to the extent that they are necessary.

Under the proposal, as well as under the Act of 1966, the term "narcotic" is defined to include such drugs as heroin, morphine, and cocaine. It does not include marihuana.

MEDICAL TREATMENT, SUPERVISION, AND CONTROL OF NARCOTIC ADDICTS.

Under Title III of the Act of 1966, procedures were established for the civil commitment of certain narcotic addicts. However, under Title III of the Act of 1966, the only persons who are able to initiate civil commitment proceedings are: the addict himself, or a person related to the addict. No provision is made in Title III of the Act of 1966 for the initiation of commitment proceedings by public health officials or for the civil commitment of persons charged with a crime. In addition, Title III of the 1966 Act requires that either the addict, or a person related to the addict, first petition a United States attorney.

The proposed legislation would amend Title III so as to enable any of the following to initiate civil commitment proceedings: (1) the addict himself; (2) a related individual; (3) the Surgeon General; (4) a United States attorney; and (5) a United States District Court on its own motion.

In the case of a commitment initiated by the addict himself, or related individual, the original petition would be submitted to the Surgeon General rather than to a United States attorney as called for in the Act of 1966.

Under the proposed bill, commitment proceedings could be initiated by a United States attorney or by a United States District Court on its own motion under circumstances under which the addict has been charged with a crime. The commitment of persons charged with a crime provided for in the proposed bill would not be in lieu of prosecution and would not operate to suspend or delay the disposition of the criminal charge. The proposed bill would not affect Title I

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of the 1966 Act, which provides for commitment in lieu of prosecution in the case of certain eligible offenders, who are not charged with crimes of violence.

The proposed bill would provide no basic alteration in the procedures already established in Title III of the 1966 Act for those persons who are committed. Summarized in brief, those procedures are as follows: The addict would be committed to the custody of the Surgeon General for treatment (including post hospitalization treatment and supervision). The treatment, including post hospitalization treatment, may last for 42 months. In the case of a confinement in excess of three months, the patient may petition the court and the court order his release if the confinement is no longer necessary or desirable. The results of any hearing, examination, test or procedure to determine narcotic addiction cannot be used against the patient in any criminal proceeding.

THE EXPANSION OF FACILITIES FOR MEDICAL TREATMENT, SUPERVISION  
AND CONTROL OF NARCOTIC ADDICTS.

Under the Act of 1966, and Section 341 of the Public Health Service Act, the Surgeon General has been authorized to establish treatment facilities both for in-patient and out-patient services.

Under the proposed bill, the President is authorized to make available by Executive Order for temporary use as in-patient or out-patient medical centers, any Federal property or facilities to the extent that the Surgeon General determines that adequate facilities are not available.

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