

# The Westsider

A rebuttal

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## Scores free heroin proposal

By CHARLES B. RANGEL

Is there a miraculous, hidden solution to the heroin crisis? Ira Glasser (CCN and Westsider, April 19) suggests that the Answer is heroin maintenance, the distribution of free heroin by government-run clinics.

Is Glasser's claim true that the black market in heroin will dry up, reducing organized crime and police corruption? It seems highly unlikely. In England, the establishment of heroin maintenance clinics led to an increase in black market sales of heroin smuggled in from Hong Kong. In the United States, organized crime and police corruption both existed before the spread of addiction. Although drug trafficking is an important element of organized crime, its hand has its hand help into gambling, municipal construction pay-offs, prostitution, smuggling and sharking. Police corruption, as we New Yorkers witness

firsthand, runs the range from fixing parking tickets and ignoring consumer law violations to extortion, job-selling, organized burglary rings, protection of syndicate gambling and perjury. The legalization of heroin will not make these evils disappear.

Will drug-related crime be substantially reduced under the Glasser proposal? Certainly there will be some drop in crime by addicts. Unfortunately, many muggers and thieves will go on mugging and thieving to get money to supplement their government-financed addiction. The pushers will, at the same time, redouble their efforts to recruit new victims, especially young children. Without adequate supportive services, addicts on heroin maintenance will still be unable to obtain decent jobs and will return to crime to "earn" a living. The employment rate for addicts in London on heroin maintenance is

about 30 percent, just a few percentage points better than the rate for untreated addicts in Boston, according to Dr. Vernon Patch, director of Boston's drug treatment program.

Will "the worst effects of heroin addiction, including malnutrition, disease, infection, sudden death, unemployment, lack of housing and lack of medical attention be reduced substantially," as Mr. Glasser argues? The lack of critical supportive services—psychiatric and medical care, remedial education, occupational training, housing counseling—are major factors in the spread of addiction among the poor and among minorities. They are primarily causes of addiction, not simply symptoms as the Glasser proposal would have us believe. There are services that millions of New Yorkers don't have, whether they are addicted or not. There will be no solution to the heroin epidemic until these

services are made available to all our people and until racial discrimination and its effects are ended. For the addict, these supportive services can be provided in drug-free and methadone rehabilitation programs without taking the drastic step of establishing heroin maintenance.

practicalities to a heroin maintenance program. As Dr. Patch recently pointed out, it would be "a logistical nightmare." Since the effect of heroin lasts only a few hours, an addict would have to return to the clinic 4-6 times each day to obtain his shots. If, on the other hand, he is allowed to take the government-provided heroin home with him, he can expect large-scale black market diversion of heroin, just as we are seeing the illicit sale of

(Continued on page 8)

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## Free heroin no help

(Continued from page 5)

legally-obtained methadone by some addicts.

Dr. Patch, also Clinical Director of Psychiatry at Boston City Hospital, was asked whether the typical addict will settle for just not feeling bad, rather than getting high, while in a heroin maintenance program. Dr. Patch replied, "I think he'll chase the high. And the dosage range in the maintenance clinics in London extends from roughly 60 milligrams per day up to 1000 milligrams. It shows that some physicians have not really been able to resist the push of "

addict for more medicine."

There has been a sharp increase in multi-drug abuse among addicts in the United States and Great Britain. Deaths among heroin addicts and dabblers who also used methadone, barbiturates and amphetamines are skyrocketing. Heroin maintenance would only help feed that deadly fire.

It is also worth noting that in England there is a fast-growing shift away from heroin maintenance and towards methadone treatment.

The greatest problem which heroin maintenance raises is a moral one. Addicts who are 10 or 11 years old are no longer rarities. Can we say that our children have a "free choice" in deciding whether or not they will become addicted to a dangerous drug? Will school children be able to line up in the playground each day to obtain their injections of heroin?

A heroin maintenance program would be a confession of total failure to deal with both the causes and effects of drug abuse. It would signal an abandonment of hundreds of thousands of young lives. It would be government subsidization of addiction.

Both Mr. Glasser and myself are concerned about the "liberty of action" of the individual. Heroin maintenance would, however, be the destruction, not the preservation of that liberty.