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Monday, Jun. 01, 1959

TIME

Medicine: Prescription from the Bench

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Narcotics addiction is both a physical and emotional illness, but doctors rarely get to treat it and can do virtually nothing to prevent it. In the U.S., prevention is left to law enforcement officers, and addicts go from court to jail. This is all wrong, says New York City's Chief Magistrate John M. Murtagh, 48, who from the bench has studied the sordid side of narcotics law enforcement and its failures for ten years. For addicts he urges medical treatment, both physical and psychiatric, as well as help in rehabilitating themselves, and long-term doctors' care. Only thus, he argues, can the illicit traffic in marijuana and narcotics, estimated at \$400 million a year in underworld profits, be wiped out.

With U.S. addicts estimated to number somewhere between 60,000 and 300,000, dispensing of narcotics is under such strict federal regulation that (except for thefts from hospitals and doctors) practically no legitimate drugs get to the addicts. But tons of narcotics are smuggled in, mostly from Italy, much by such Mafia leaders as Vito Genovese. The Treasury Department's 420-man Bureau of Narcotics cannot check the flood. In

Britain, with only a few hundred known or suspected addicts, there is little smuggling; addicts get maintenance doses through legal channels.

Though prestigious organizations of law-abiding citizens—notably the New York Academy of Medicine—have urged adoption of the British system, Judge Murtagh has no hope that anything so revolutionary would be accepted in the U.S. In *Who Live in Shadow*, written with Sara Harris and published this week (McGraw-Hill; \$4.50), Murtagh offers a compromise prescription: ¶ Set up facilities under federal auspices for treating narcotics addicts in all major cities.*

¶ Commit addicts to the special hospitals for at least two months for medical (including psychiatric) treatment, vocational training, and rehabilitation. ¶ Keep discharged victims visiting the hospital's outpatient clinic for continued psychiatric treatment and rehabilitation; prescribe maintenance doses of narcotics at cost† on a tapering-off schedule for addicts who revert to the drugs; prescribe minimum maintenance doses for incurables.

¶ To keep legal drugs out of illegal trade, let addicts have no more than two days' supply at a time; fingerprint and photograph them to prevent registration at different clinics under aliases.

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Ironically, it is the law and the methods of its enforcement that have convinced Murtagh, charged with the administration of the law, that drug addiction is less of a legal than a social and medical problem. Murtagh is outraged because bull-necked Federal Narcotics Commissioner Harry J. Anslinger dismisses the addict as "an immoral, vicious social leper." As the law works, Murtagh points out, multimillionaire underworld masterminds are virtually never caught (Genovese is a rare exception), and neither are the stratified middlemen, who peddle heroin in amounts down to ounces (at \$500 an ounce for the pure "horse"). A few "pushers" (the smallest of small-fry peddlers) are caught, but for the most part the courts and the jails see only the addicts—the sick.

*There are now only three hospitals for addicts in the U.S.: two federal, at Lexington, Ky., and Fort Worth, and one run by New York City for victims under 21. †Main reason most addicts turn to crime is that illicit drugs cost several hundred times the legal price, and the "habit" may set them back \$500 a week.

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