

The Fight Against Drugs Is in A Mess

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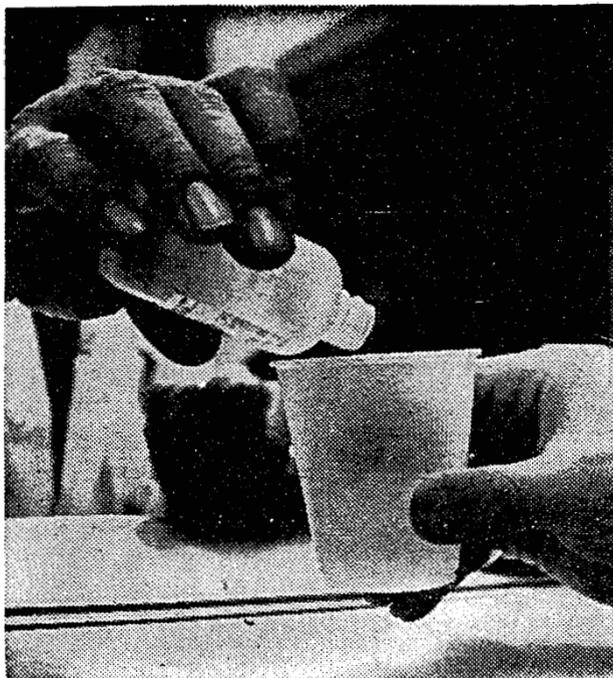
"Considering the magnitude of the problem, practically no research is being done." The subject was the apparent epidemic of narcotics abuse among young people in New York City. The speaker was Dr. George James, head of Mount Sinai Medical Center and Medical School and a former Health Commissioner of New York. He was expressing an opinion that is substantially shared by narcotics and public health specialists.

There is also general agreement that the fight against drugs here has become a chaos of competing programs, theories and personalities locked in an exhausting and expensive fight for limited funds and personnel, in which the major arenas have become the press and legislative hearings rather than the laboratory and clinic.

"It's getting to be a major industry," said Dr. Jerome Jaffe sardonically last week. "Either you sell dope or you cure addicts." Dr. Jaffe heads the State of Illinois drug abuse program, which is operated in collaboration with the Department of Psychiatry of the University of Chicago. Although its budget is only about \$2-million a year, perhaps one-thirtieth of the amount spent in New York State, the program is regarded as a model of unified and imaginative research and treatment.

Pointing up the backbiting that has come to characterize the narcotics picture here, a research committee from Paterson, N. J., that had been seeking guidance on the best way to treat drug abusers, concluded recently, "What's really needed is a study of the people who run the programs in New York."

There is no agreement even on such basic matters as the nature of narcotics addiction—whether, for example, it is an expression of an emotional illness or a physical disease, or a combination of both—and there is almost no reliable data on the extent of the problem. Five years ago the number of heroin addicts in New York City was usually put at 25,000. Today the figure is



The New York Times (by Neal Boenzl)

Methadone, a drug used to treat narcotics addiction, being given to a patient. "It now appears that Methadone is likely to become the major treatment method" in New York City.

often given as 100,000. Both are largely guesses.

Even with so pressing a problem as deaths related to heroin use, which for at least the last four years has been the largest single killer of young people in the city, little research has been done to find out whether these deaths are caused by individual hypersensitivity, the accompanying use of barbiturates or other drugs, or impurities in the heroin compound itself. In any event, few post-mortem examinations reveal classical signs of opiate overdose. The number of persons in the city who have died from narcotics-related causes this year reached 186 last week.

Research and long-term planning have been scanty, in the view of most experts, because waves of public concern lead to demands for immediate action. Thus, four years ago, it was the crimes purportedly committed by narcotics addicts that led Governor Rockefeller to make a compulsory treatment program a highly successful campaign issue.

This year, although it is doubtful that addict crime has been reduced, that program is seldom mentioned. What the public is worried about is the apparent spread of hard narcotics to the previously immune white middle-class sections of the city and the suburbs, and drug use by ever younger children in the black and Puerto Rican ghettos.

ing for heroin, which Dr. Dole believes is caused by permanent metabolic changes, and to block its effects if he does use it. Unlike heroin, an opium derivative, methadone creates no euphoria, needs to be administered only once a day, permitting the patient to hold his job, and the amount does not have to be increased to maintain its effect.

Because it is itself addicting, methadone has been opposed by the Federal Bureau of Narcotics and Dangerous Drugs, and Dr. Dole, an eminent researcher, has been subjected to harassment.

Nevertheless, it now appears that methadone is likely to become the major treatment method here. The state, which began its own experimental methadone program last year, has budgeted \$15-million for a major expansion, and it is being used in 20 other states.

The city's two major "therapeutic community" programs, patterned after Synanon in which former addicts play leading roles, are Phoenix House, which is operated by the city's addiction services agency, and Odyssey House, a private organization. They have encountered considerable diffi-

culties in finding funds and evolving successful treatment methods. The fact that it is relatively simple to measure statistically the success of the methadone maintenance program seems to have led Phoenix and Odyssey to make similar assertions of success with rather less verifiable data. Indeed, some experts who have examined the treatment records of these institutions do not regard them as reliable.

There are reportedly 918 persons in residence at Phoenix Houses throughout the city, all of whom are volunteers, out of a total of 2,220 who began treatment

in the past three years. A total of 79 persons are said to have completed the program. Of these, according to an official statement by Dr. Mitchell Rosenthal, the medical director, 77 "remain drug free." The statement is misleading, to say the least, since no urinalysis that would detect drugs or other formal follow-ups are made to verify this claim.

Odyssey House reports a "success rate" of 71.5 per cent, a figure that is also difficult to verify. A total of 280 persons are in residence, including 130 who are 13 to 17 years old. "Nearly 1,000 persons," according to James

Murphy, a senior staff member, have begun the program, and 95 are said to have completed it. As with Phoenix, no formal follow-ups are done to see if the graduates have remained drug free.

While the therapeutic community approach to treatment is now regarded by many disinterested experts as too expensive and time-consuming to be useful for the great majority of addicts in the city, some are confident that it can effect marked improvement among those who are amenable to it, particularly the younger addicts.

—TOM BUCKLEY

At the same time, it has become plain that despite 25 years of escalating penalties for narcotics offenses — a trend that now is being reversed to some extent—and continuously increasing numbers of officials assigned to enforcing these laws, more illicit drugs ranging from marijuana and methedrine to heroin, cocaine and even opium, are available than ever before.

Conclusions Difficult

Because none of the major treatment programs in the city has been in operation for more than five years, it is difficult to reach definite conclusions as to their worth, but here again, with one major exception, the outlook is generally regarded as ranging from discouraging to disastrous.

The exception is the methadone maintenance program developed by Drs. Vincent Dole and Marie Nyswander at Rockefeller University and now administered by the Beth Israel Medical Center through 12 participating hospitals here and several street clinics. Of the 2,500 men and women enrolled, according to statistical data regarded as reliable, 83 per cent have remained free of illicit drugs and the great majority are working, keeping house or going to school.

Methadone, a synthetic opiate, is administered in large daily doses. Its effect is to assuage the addict's crav-