## AP analysis

CADET SLOUCH by Jim Earle Inexperience costly to Muskie

 than the public tears and fiery
temper.
, He became the front-runner,
and consequently everybody's and consequently everybody's
target, extremely early. And
right right up to his withdrawal Thurs-
day from competition in the priday from competition in the pri-
maries among Democratic presimaries among Democratic presily learned how to defend himself, much less mount an offensive.
The gut of the problem seem The gut of the problem seemed
to be the manner in which Mus-

## Refrigerators



## 'I hate graduating seniors!

kie, a Maine senator, became No. ward ineptness at all the wrong
I among the hopefuls. It was times and his ultimate fate seems  ood luck when he was pocked of in speak for the Democratic side on
national television on election Me, 1970, easy chair before a stone fireplace in a rustic New England
setting contrasted strongly with setting contrasted strongly with
the fire and brimestone speech the fire and brimestone speech
by President Nixon which the Republicans chose to show. Many Democrats who survived
that particularly frightful electhat particularly frightful eleche at once became the image of what the Decame Derats wanted to put up against Nixon, a calm voBut right off Nixon pulled a
fast one on him and changed his
own style. White House rhetoric
was lowered and the whole Repa as a dignified president in the
midst of scrapping Democrats. midst of scrapping Democrats.
Then at the same time the oth-
er Democrats did get into it, and er Democrats did get into it, and
Muskie had to run against them. He never quite made that adjustHe never quite made that adjust-
ment. To the end he was still
campaigning against campaigning against Nixon,
Humphrey or McGovern. Humphrey or McGovern.
Add to this the fact that Mus
us-
sthey voted first choice for while
units must be taken to the laun-
dry substation at the hospital. The num
$845-6342$.

## Legal heroin a working system

 for British government, addictsLONDON $($ PP $)$ - A heroin ad-
dict who mistimed his last dose dict who
walked in
twitching. "You look awful," a doctor
said. Then he handed out a legal said. Then he hander out a legal
narcotics prescription under the
tax - subsidized National Health
Program. Program.
Once again a junkie had
turned up just for another fix that could eventually kill him, rejecting the chance for free
withdrawal treatment at a government hospital. But at least there was no need
for him to turn to crimes of vio lence to raise money for inlegal
drugs. And with legal narcotics available, there was less profit
incentive for incentive for gangsters to start
mass blackmarket operations here.
He was taking advantage of
Britain's system of treating adHe was taking advantage of
Britain's system of treating ad-
dicts as patients rather than dicts as patients rather than as
criminals, a practice once denounced by former U. S. Atty
Gen. John W. Mitchell as "the surrender approach." the United States, but evidence accumulates that it works toler-
ably well here ably well here, following some
key revisions.
The number to the government is declining. clining among the younger age groups.
Britain's drug situation by comparison to the U. S. prob-
lem. At its peak there were probably fewer than 4,000 addicts
in this nation of 55 million, against perhaps of 200,000 million,
York City York City alone.
But the British addiction rate grew alarmingly over the past
decade, calling the whole system
into question and forcing some
major changes.
The system was riddled with
abuse. Rogue physicians pri-
vately overprescribed for regis-
tered addicts, who then sold their
surplus to pay the rent or buy
food, sometimes hooking a new
young junkie.
A new law in 1968 limited the
legal prescription of narcotics to
government-run clinics. By 1969
the number of known addicts on
hard drugs had dropped.
Part of the drop was due to a
change in the method of record-
ing addictions. The new system,
in effect a census taken on the
last day of the year, eliminated
from that year's figures those
addicts who had died, given up
drugs, left the country or for any
other reason had been deregis-
tered. Previously these cate-
gories were listed as known ad-
dicts.
Abuses continued und er the
new system, often because hard-
pressed do t to r i in National
Health hospitals lacked the time
or training to deal with addicts.
In the early days of the clinic
system doctors were known to
prescribe drugs for a new addict
without even checking his arm
for needle marks. An ad dict

## Cbe Battalion

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 Enirom


 spokesman said. "If they pre-
scribe too little, the addict looks
elsewhere; too elsewhere; too much and
tempted to feed the black ma
ket. But the clinics keep the b tempted But the clinics keep the ba
ketce about right." ance about right. Although fewer than 25 p
cent of the clinics patients o
for in-hospital withdrawal car for in-hospital withdrawal care drug use, the clinics can clai
some success some success.
In setting government faced the elinics thessibility that addicts willing to get legal prescriptions from their own doc-
tors would shy away from staterun clinics and look elsewhere.
Addicts themselves claid tighter control of drugs at government clinics has forced up th price of black market heroin
from a pound a grain in 1967 6 pounds or more today. That
means a rise to $\$ 15.60$ from $\$ 2.40$. To meet the black market, law due to take effect later thi
year will sharply increase year will sharply increase jail
sentences and fines for druag
pushers, while relaxing them for users. Many British specialists doubt
if the British control system if the British control syster
would work in the United States.
Dr. P. H. Connell the Maudsley Hospital'stor of dependence clinic nospital's drug
says: "Our experiendon says: "Our experience is that if
there are other drugs availabl illegally, the addicts will want to score on them."
Another Britis
worker, believes there is no real answer to the drug problem. "It you press it in he says, "whe you press
swells up in
ways will."

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