gets heart and liver and kidney transplants, and he will keep this process on and on. At what point—this is sort of a merry-go-round. At what point do we say, "Well, enforcement in this case is not the answer, but medical approaches and attention must be attempted"?

Mr. CLARK. Let me say a word about alcohol and then a word about narcotics.

It is a sad commentary it has taken us as long as it has to recognize that alcoholism cannot be treated as a law-enforcement problem. It is also something of a sad commentary that it wasn't the legislative branch or the executive branch, but the judicial branch that first started showing this to us in the *Easter* case and in other decisions.

The President has sent to Congress this year the Alcoholic Rehabilitation Act. It recognizes alcoholism as a medical problem. It also recognizes the terrible imposition the alcoholic has been on local law enforcement. One-third of the arrests in the United States today are people under the influence of alcoholic beverages, and you are not really protecting the public in these cases. You are protecting the individual from himself.

Narcotics are different. There are not 48 million addicts in the United States. The traffic in narcotics is illegal. It is conducted by criminal elements. It is conducted in large measure by a criminal conspiracy, a national and international criminal conspiracy of organized crime. It is a very severe law-enforcement problem.

Narcotics today are not looked upon like alcohol. We have alcohol in our homes; and we condone the use of alcohol, most of us—even our churches. But not so narcotics. And we have to keep operating in that way. We have to enforce the laws that prohibit the sale and use of narcotics. We are saving our children, saving our people from a loss of meaning in their lives. It is very important that we do so.

When the individual user has fallen into narcotics, he has had about as unfortunate a thing happen to him as can happen to an individual. He will thereupon tend to become, if he hasn't already been, a person involved in a life of crime. And the public then has to be protected from him, because he will engage in petty thievery, mugging, and other crimes. This isn't the alcoholic, this is the addict. And we have to be protected from his criminal behavior.

So, we have to do two things. We have to protect society from narcotics and dangerous drug users, and we have to work medically to try to salvage those who have fallen into that miserable existence.

Chairman BLATNIK. Getting to the narcotic addict now, I completely agree with you on the need for enforcement to protect society. We use the example of the alcoholic addict, the incurable alcoholic, who goes in circles and so on. Let's get to the addict now. I can't think of anything more cruel than young people who are enticed into the use of an addictive drug and are getting helpless, more helpless, and more pathetic than an alcoholic. Say you have an advanced case of a narcotic addict, you put him in Lexington. What happens from then on? Maybe Mr. Giordano should answer that question. What I am getting at, it is not the same process repeated as with the alcoholic, who goes into jail, a drying-out tank, or a hospital ward for a short time and comes out and repeats the process and keeps this up for 10 or 15 or 20 years. Does the same thing happen to the average narcotic addict?