

DAY'S RATION OF METHADONE CLINICS PROVIDE IT TO HELP ADDICTS FROM HEROINE

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A car pulls up in front of the Harper Drug Treatment Center carrying a 30-year-old man who has come to register for **methadone** treatment. The man, Marvin, who's been off and on heroin for 15 years, is not out of the car before another man on the sidewalk has flashed him the two-fingered V for Valium, a sign familiar to junkies.

Marvin shakes his head and walks past the street peddler to the entrance to the clinic. He won't be needing any Valium today, he thinks. He has done his last blow of heroin at five o'clock the previous afternoon, a double pack to last him 24 hours, by which time he assumes he will be medicated at the clinic.

As Marvin approaches the door to the clinic another man lingering nearby says to him, "Are you OK?"

Marvin nods, passes him by and says, "Yeah, I'm OK." That exchange means: "Do you want to buy any drugs?" Reply: "No, thank you."

THE DOOR to the clinic is opened for Marvin by a uniformed guard holding a red Bible. The guard says, 'How you doin' today?'

"Bogue as hell," he mutters, and starts up a flight of stairs to the clinic, whose offices are over the old Easttown Theatre, on Harper just east of Van Dyke.

As a teenager Marvin used to go to the theater to hear Ted Nugent, Joe Cocker and Humble Pie. Those were his pre- heroin days, when he used acid and mescaline. He still could cope then. Now he can no longer work, and he looks as if he hasn't eaten, slept or changed clothes in a month.

Through a barred window inside the clinic Marvin tells the receptionist he has come to start his **methadone** treatment. He hands her a slip of paper which verifies that a day earlier he has been through "central intake" at Herman Kiefer Hospital, where all Detroit-area drug addicts must go before they can be admitted to a clinic. Normally they are assigned to the appropriate clinic closest to their home. If that one is full, as it was in Marvin's case, they are assigned to the closest program with openings.

But drug treatment centers are literally overflowing with clients, and with new proposals by Gov. Blanchard to further pare substance-abuse and other state programs, there's renewed concern about whether clinics can adequately treat their clients.

"There's no more fat," said Vivian Terry, director **of** the Harper center , which used to employ six counselors for drug therapy. There now are five counselors for the 240 patients -- close to the state's allowed therapist-client ratio **of** one counselor for every 50 patients

THE HARPER CLINIC patients come in six days a week to drink their individually prescribed dose **of methadone** . (On Saturdays, they are given their Sunday dose to take home.)

A bad economy has dealt these centers a one-two punch and shows no signs **of** mercy. Since the late '70s many clinics have had to close their doors due to dwindling public resources for social service projects. (The Harper center, once an agency **of** the state, is now a private, non-profit corporation funded with federal and state money, plus nominal fees required **of** the patients.) But at the same time that remaining clinics are having their funds cut back, more and more workers are being laid off or watching their supplementary pay and unemployment checks cease. Drug addicts who once had a means **of** support for their habit are turning to the clinics in desperation.

Some **of** those who were straight, or drug-free, while they were working say that joblessness lures them back into drug abuse.

"It's when I get into an atmosphere **of** dragdom that I start messing around with drugs," said a 30-year-old Harper patient who calls himself "Clover" after a birthmark on his stomach. "It's the emptiness, having nothing to do, just blowing my mind off the boob tube, the ignorant box. The last time I started chipping (using drugs), I was trying to get jobs, and I kept getting turned down. It was disturbing to me."

THE RECEPTIONIST informs Marvin that it will cost him \$16 to register for his treatment and \$11 per week thereafter. Marvin says he doesn't have any money. The receptionist says she's sorry, but no money, no **methadone** -- that's the policy.

Marvin gets mad. If he had \$16, he says, he'd "go out and do a blow."

But staff members at the Harper center are used to this rationale, and they remain firm. Rosie Alexander, one **of** five therapists at the Harper center, says: "They try to tell you it costs too much, that they don't have a job. I say, 'Don't con me with that. You just told me you were maintaining a \$100-a-day habit. I'm not telling you to go knock somebody in the head for the money, but if you can maintain a \$100-a-day habit, you can come up with \$11 a week.' "

Marvin borrows a quarter and makes a phone call. In about a half hour, a friend shows up with the \$16 he needs for registration. Then he is told to come back in two days to begin his treatment. All **methadone** , in specific amounts, must be ordered from Herman Kiefer. Each **day's ration** , for all 240 patients, is brought to the clinic daily by armed couriers to insure against robberies.

Marvin is mad again. This means he'll have to go back to the dope house to tide him over for the next two days.

Marvin doesn't realize it could be worse. There could be a waiting list. If there are any more funding cuts, staff members say there will be a waiting list. All applicants will be turned back into the streets to manage until their **methadone** treatment can be started.

"And they'll tell you they'll get the dope any way they can," says Vivian Terry. "Some **of** them are exaggerating about how desperate they are, but when you look at their abscesses, their swollen hands and the general deterioration **of** their body, you know they're not exaggerating by much. Sure, you can say they had a choice and they chose to use drugs in the first place. But what now? Turn our backs on them? It just means we have to go out there in the streets with them, with our purses and our jewelry."

METHADONE IS a synthetic drug, even more addictive than heroin. It's prescribed for heroin addicts because, unlike heroin, it does not produce a euphoric high, it can be ingested orally, and the body does not build up a tolerance for the drug and a craving for ever-increasing amounts. A patient in a detoxification program is given gradually diminishing doses **of** it until he is drug-free. A person who has been addicted for many years and has had no success with detoxification may be put on a maintenance dosage, which, as long as he is faithful to it, allows him to be free **of** withdrawal symptoms and to function normally.

The object **of** the Harper center is to prepare every patient for eventual detoxification , which can be accomplished in as short a time as a month. The average is about six months.

Detoxification begins when the patient is physically stabilized on his initial dosage, and when he or she feels emotionally stable enough to start the descent. Even then it occurs in stages. Some patients can tolerate a cut in their dosage, but have a hard time making the psychological leap to total abstinence

"I still need something every day," says Linda, a blond, blue-eyed 26-year-old daughter **of** a bank manager, who was raised in Warren. "I'm what you'd call, I guess, a drug-oriented personality. I've been high on one thing or another since I was 11. So now go totally straight? Uh-uh. I don't want to wake up in the morning without something to get me through the day."

For years Linda supported a \$100-a-day heroin habit by working as a go-go dancer and -- cultivating her sources, "if not dancing, then with sugar daddies you meet in the bars. It's much easier for a chick. I've lived with a lot **of** dope dealers just for that purpose. I didn't like the guy, but if he was gonna supply me every morning . . . I'd stay there and keep house.

"But right now I'm just glad to be off the streets trying to scrounge for getting high every day. I've had too many close calls. I almost died too many times, and I've seen too many **of** my friends die."

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