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SPECTRE OVER NEW ORLEANS

Addict Must Have Will Before Help Is Possible

Methadone Provides Way Back to Normal

By ED ANDERSON
and BRENT MANLEY
(Fifth of a Series)

Approximately 770 former New Orleans are "hard core" heroin addicts are out to prove that where there is a will there is a way.

The "will" stems from the addict's desire to stop his "rip-and-run" existence—a life style that centers around a syringe, a hypodermic needle, "horse" and the crimes that usually accompany the acquisition of the "fix" materials.

But the "way"—conceded by physicians and psychiatrists as the best means now available to combat heroin addiction—lies in the methadone maintenance blockade treatment programs or in the civil commitment proceedings provided for under the 1966 Narcotic Addict Rehabilitation Act (NARA).

Prior to February, 1968, New Orleans addicts who had the "will" did not have a regular "way."

CLINIC OPENED

It was then that New Orleans surgeon Dr. James T. Nix opened a methadone research clinic in his office at 1407 S. Carrollton Ave. with one addict-patient. This followed a pilot methadone program run by Tulane University which was closed down for lack of funds.

In the two-year period that followed, Dr. Nix opened another clinic, and two other groups, as well as the city of New Orleans, established methadone research clinics for the heroin addict with the "will."

This, coupled with the July, 1968, founding of the local NARA-based outlet headed by Dr. Chet Scrignar, a faculty member of the Tulane University School of Medicine's Department of Neurology and Psychiatry, gave addicts the "way" that was lacking.

PROGRAMS AVAILABLE

To date, New Orleans addicts who want to end "ripping and running" can seek help from any one of six heroin addiction rehabilitation programs, including:

—The Nix Methadone Research Foundation (two clinics), 1407 S. Carrollton Ave., and 625-627 S. Prieur, headed by Dr. Nix and treating about 400 addicts;

—The NARA program, 1315 Gravier, headed by Dr. Scrignar, and treating 20 addicts in public health hospitals in Fort Worth, Tex., and Lexington, Ky., as well as 70 others in local out-patient care.

—The Drug Rehabilitation Clinic, 3604 Tulane Ave., headed by codirectors Dr. William A. Bloom Jr., assistant professor of psychiatry at the Tulane University School of Medicine, and Dr. E. Ward Sudderth, a clinical instructor of surgery at the Louisiana State University School of Medicine, which treats an estimated 160 addicts.

—Bethelehem House of Bread, 1136 Treme, headed by Dr. Frank Minyard, a New Orleans gynecologist, which treats approximately 60 women addicts; and

—The Narcotic Addict Rehabilitation Program, 2222 Simon Bolivar Ave., headed by its coordinator and administrator Mrs. Blanche Cook, which treaty about 60 addicts.

But what is the methadone story and why is it used in the local rehabilitation research clinics?

NEW CONCEPT

In 1964, New York City Drs. Vincent P. Dole and Marie Nyswander introduced a new concept into the field of treatment of the heroin addict—the methadone maintenance blockade treatment.

The doctors placed six "hard core" heroin addicts on the highly addictive, synthetic, morphine-like substance which was first used during World War II by the Germans as a pain killer-anesthetic.

The addict-patients were hospitalized for six weeks of treatment which included medical, dental and psychiatric care.

The first six methadone patients were treated daily with the drug, being given an initial base dosage, and increased gradually until a blockade level was reached.

(At such a level, the addict's desire to "shoot" heroin is satiated and, the doctors claimed, the addicts could function as useful members of society.)

In February, 1968, Dr. Nix patterned his clinic after the Dole-Nyswander method with an addict who wanted to kick a $100 to $200 a day habit.

And today that process is followed in the five methadone research clinics in New Orleans.

Although individual clinics may vary in their policies and approaches with addicts, the admittance procedure is basically standard.

'DESIRE' VITAL

In all cases, Mrs. Cook and the four doctors agree that the addict must want to help himself, and that he must seek help by coming to the clinic and not be forced into a methadone program.

Dr. Nix stated that many times the addict's wife or another relative may bring the addict to the clinic or a parole officer or judge may insist that the addict enroll in the methadone program, but in the long run, the addict has to want the treatment and must be willing to wait his turn on an overcrowded waiting list.

The methadone clinic directors said that after an addict is given a complete physical examination (including chest X-rays, examination of track marks on his body to determine if he is an addict, liver tests, urinalyses and others), psychological tests are administered to determine the addict's background and emotional stability.

In some cases, addicts already enrolled in the clinics or a panel of heroin addicts-turned-methadone - patients - advisers help the directors to determine if a potential patient is a bona fide heroin addict, by quizzing him about what he knows best — names of pushers, where to "score" and other "shop talk."

The directors stressed that such stringent tests are needed to keep non-heroin addicts away from the highly addictive methadone, and to prevent methadone addiction among soft drug and non-heroin users.

RECORDS CHECKED

The clinic directors added that police records are sometimes checked to make sure that an addict does not have an open charge pending against him, a factor that would bar him from methadone treatment.

When the addict is admitted to the clinic, they said, he is given a "consent to treatment" form to sign and is then started on a minimal dosage of methadone.

Mrs. Cook and the three physicians in charge of the methadone clinics said that dosage of the heroin-substitute narcotic is gradually increased during subsequent treatments for about two to three weeks until a blockage level (or maintenance level) is reached.

They added that during this time, the addict may "shoot" heroin because methadone may not be sufficient to satisfy his craving for drugs.

CRAVING LESSENS

Once the blockage level — which varies from addict to addict depending on the size of his habit, his bodily and mental functions, his stature and occupation — is achieved, the clinic directors said, then the addict's craving for heroin is dissipated, and he can begin to "function like a normal human being."

They stated that if the addict "shoots" heroin after the blockage level has been reached he will not get the "euphoria" (high) from the fix, because the methadone counteracts it and serves to frustrate the addict physically, psychologically and financially.

The directors said that if a methadone patient "fixes" while on the program then the heroin pusher is the only one who profits, since the patient literally throws away about $10 on a "heroin high" that has no effect on him—$10 that would cover the costs of a week's supply of methadone treatment.

The clinic directors added that a methadone patient has to take the liquid narcotic daily if he wants to function as a "normal person."

Patients are sometimes fined, suspended or dropped from the programs for having too many "dirty" urine specimens, selling narcotics especially in or near the clinics), being habitually drunk, fighting or missing too many methadone treatments.

THE NARA PROGRAM

Although the methadone clinics strive to maintain the addict at a certain level—unlike the street addict who feels he has to increase his heroin dosage in order to survive—NARA program patients are "gradually withdrawn from drugs" during detoxification treatments at United States Public Health Service Hospitals in Fort Worth and Lexington, said Dr. Scrignar.

He added that the act provides for the civil commitment of addicts

—in lieu of federal prosecution;

—after conviction of federal charges; and

—if he is not charged with any offense.

Dr. Scrignar stated that in such cases an addict "must go to the U.S. Attorney's office and file for civil commitment."

However, the local NARA director added that a person is admitted to one of the two hospitals only after a battery of physical and psychological tests determine that the person is a bona fide heroin addict.

The program lasts for 42 months, Dr. Scrignar said, with the addicts spending six months at one of the hospitals gradually being withdrawn from drugs, and being given "group therapy treatment."

He said the goal of the program is "to try to maintain the addict on an abstinence basis," without the use of any narcotic substitute, like methadone.

Dr. Scrignar added that the addict must spend the subsequent 36 months in out-patient or "post-hospitalization care" as part of the follow-up program provided under the NARA Act.

In that three-year period, he said, patients are given individual counselling—including marital counselling, psychological counselling, and, if necessary, methadone treatment, like the other four centers.

He stated that although the goal of the program is to maintain the addict on an abstinence basis, "it requires a lot of will power" by the addict.

The local NARA chief admitted that some of the addicts can't abstain from drugs and must be placed on methadone in order to function normally in society.

Ideally, the goal of the methadone programs in the city is to take the addicts off methadone gradually so that not even a narcotic substitute will be necessary to maintain them.

The literature distributed to heroin addicts when they first enroll in the Nix methadone program points out that:

"Methadone . . . is a strong narcotic, used in research in this program to stop heroin addiction. It will stop both the mental and physical desire for heroin once you have been built up to the blockade level.

"This is slowly reached during the first week by increasing the amounts daily. You will not feel high. You will feel uncomfortable the first couple of days.

"After you have reached your level, according to your amount of habit, you will notice no effects from heroin. You are 'cured' when you are able to get off the methadone and never return to heroin again.

"This has been done and everybody must try to do this when they are ready. Methadone will be cut down very slowly until your last dose will be just water. Your dose will never be cut or increased without you knowing (it)."

Concerning the ultimate cure of H addicts, Dr. Bloom said: "At least 30 per cent (of the methadone patients) say they would rather get off methadone but I know that they may go back.

"I am convinced they can be taken off methadone if the will is there."

So, in the long run, methadone is a matter of will on the part of the addict, and medical treatment on the part of the clinic directors.

But there is more.

Dr. Minyard said that unless the local clinics are able to rehabilitate the addict "psychologically, socially and economically" to give him "a full background," then the addict should never be taken off methadone.

Although he would like to see total abstinence from drugs by the addict, the House of Bread clinic director added that such could not be done successfully unless the entire lifestyle of the addict is changed by the programs, which he feels is not being done at present.

(Tomorrow: The rehabilitation program directors discuss their approaches to the heroin addiction problem.)

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WEMBLEY SUED; BIAS IS CHARGED

N.O. Plant Is Accused of Racial Discrimination

A former employe of Wembley, Inc., filed suit Wednesday in federal district court charging racial discrimination at the firm's New Orleans neckwear plant.

The suit was filed by Carl Galmon, who was employed at the plant from Aug. 5, 1968, to July 7, 1970, as a class action for himself and all other Negroes employed or who may in the future be employed by Wembley.

The plaintiff asks that the court order his reinstatement, that a declaratory judgment be issued holding the alleged practices in violation of the Civil Rights Act of 1964, and enjoin the continuance of the alleged discrimination.

Galmon claims that he was discharged because of his race.

He also charges that the company follows a practice of assigning blacks to only certain jobs, of harassing blacks who complain about the alleged discrimination, of refusing to promote blacks to other than "Negro jobs," of maintaining job categories identifiable by race, and of training whites for supervisory jobs but denying that training to blacks.