

## Heroin's hold - addict wants her life back

by Angela Green

(PART 1 OF A 2-PART FEATURE) Julia Jinter parked the pickup and hustled through the icy rain into her mother's neat South Peoria, Ill., ranch, its windows festively lit for the holiday season.

Without a word, she walked right by her mother, ignoring the judgment on her face, and by her two sons, who shifted their eyes as if pretending not to see. She went straight into her bedroom, shut the door and locked it.

HEROIN'S HOLD - Julia Jinter holds her money and makes a call to a heroin dealer to buy enough to get by on her addiction. For \$120 a day she can buy enough to get high. CNS Photo by Ron Johnson. She peeled off her coat and the pair of jeans she had tugged on over her nightgown for this quick trip out and settled back onto the bed.

She'd felt like crap all day. She got sick the evening before and spent the night wracked with cold shivers, drifting in and out of sleep. And that afternoon, an argument resulted when she was too tired to take her mother shopping. It turned nasty, right in front of the kids.

Still, Julia found the energy to make one trip out that Thursday evening, even as the biggest storm of the year was just getting started.

She needed her "medicine." And there it was, finally in her hand, a tiny plastic bag holding a smidge of heroin. She snorts it, and for the first time all day begins to feel better.

It's a daily ritual for Julia that has grown beyond wearisome.

"I'm just tired of it," she said.

"This is a drug that affects your body and affects your soul. It strips you of all dignity and all respect. It dangles your soul in front of you and says, 'What will you do for me today?'"

That feeling has been a long time coming for the petite, pretty, 36-year-old - 11 years, to be exact. But she is finally sick and tired of her addiction's biggest side effects: being tired and getting sick.

The only silver lining to this dreary autumn day: Help, if Julia was strong enough to take it, was just around the corner.

After two years of drifting along on a waiting list, she was just one week away from beginning methadone treatment and saying goodbye to heroin.

Even before she found out she would be starting methadone, Julia agreed to share her story and experiences as a heroin addict in the hope of educating people about how devastating and addictive the drug can be.

Police and treatment officials alike have noticed an upsurge in heroin use in Julia's area in the last few years. The new users seem to be teens and young people. Some say it is in the high schools.

Julia has noticed this trend, too, and that's why she wants her story to be a warning.

### THE DAILY GRIND

For \$120 a day, Julia can buy enough drugs to get high. For \$60, she can buy enough to "get well." Any less than that, and she's getting sick.

Until Thanksgiving, she worked full time at a local dry cleaner and turned over her checks to her mother, who has custody of three of Julia's four children. She lost that job the morning she ran out of dope and was too sick with the flulike withdrawal symptoms to get out of bed - and too ashamed to admit as much to her boss, who thought she was clean.

"I don't get high in the morning. I wake up, and I get well, and I go to work," Julia said a week before her first methadone treatment. "I actually need it to function for the day."

She has less-than-legal ways of earning the money she needs to get high. Sometimes she turns tricks. Sometimes she gets drugs for a friend and takes some off the top for herself.

Much of her time is spent scrambling for her next hit: finding the cash, hooking up with a dealer, pocketing the \$10 bags and then finding a private place to hide away and snort up. She uses as many as six times a day.

The tools are simple and fit in her pocket: a dime bag of powder, a cut-off piece of straw and two small, rectangular plastic cards. She even has a ritual: gum or hard candy in her mouth as she does the drug, lip gloss on hand for when she is finished.

To stave off the sickness, Julia said she must do two bags in the morning, two in the afternoon and two at night. That last bag before she goes to bed causes her to drift between the waking and sleeping worlds all

night. As a result, she's always tired. There's no energy to help her kids with their homework, to attend school plays or basketball games.

She said she loves Yvonnee, 17, Gary, 13, and little Julius, 10, but she can't focus on being a good mom or on anything else until she's "well."

"They ask me, am I ever going to stop?" She pauses and says quietly, "And I tell them that I want to. I want the help. I want the help to stop."

#### IT'S EVERYWHERE

A few weeks ago, Julia was shocked to see a 12-year-old girl put a needle in her arm and shoot heroin in a drug house "like she was a pro and had been doing it for years."

Now, teens shooting up is not an uncommon sight. She said she knows kids who go to nearby Manual High School who are addicts.

"Heroin has become popular," agreed Mike Boyle, president of Fayette Cos., the controlling group over White Oaks treatment center and the Human Service Center in Peoria, Ill. "Our beds a year ago started to be filled with people coming in for heroin detox."

Staff began noticing a "brand-new population of young people" between 18 and 25 addicted to heroin starting about three years ago, he said.

White Oaks has to turn many of them away from the inpatient detox center for lack of space, but hopes a soon-to-open outpatient heroin detox program will help with the crowding. Police officials as well say they have noticed an increase in heroin usage.

When Julia first got into heroin 11 years ago, the heroin users in town were an "elite crowd," a small, secret club of people in their mid-20s. There was one dealer in town, two if you were lucky.

Now, Julia can name five off the top of her head. And the variety of people buying the drug astonishes her.

"Heroin is not the dirty drug people think it is. You're not lying on the street with a tie on your arm, a needle in your hand," she said.

"This is not a rich people's drug. This is not a poor people's drug. This is not a black or white drug. It's not a homeless or a Grandview Drive drug. This ... it's everywhere. It's affecting all people, all colors, all walks.

"This drug is just completely taking over everything. Everything it touches, it destroys."

#### CURIOSITY AND THE CAT

"I wish I could sit here and say I do drugs because I got beat as a child, or my mom and dad didn't love me. But that's not the case," Julia said. "Basically I did drugs because I was curious. And curiosity killed the cat."

Julia was 12 when she first tried marijuana. She liked it immediately. About three years later, she started using cocaine, putting crack on top of a marijuana joint to make a "primo."

**DRUG USE** - Julia Jointer snorts heroin while a friend prepares some for herself. CNS Photo by Ron Johnson. In her teens, she dropped out of school, ran away from home and began working for an escort service. During that period, she got to know a doctor who introduced her to prescription drugs. He started writing her prescriptions for Vicodin, "the ultimate high" for her up to that point.

Once she cut him off, he cut her off.

That's how she then got hooked up with heroin. She'd heard on the street that taking heroin was the next logical step up from painkillers.

A friend named Brian she'd been hanging out and smoking crack with got some for her to try. She remembers the experience vividly. It was life-changing.

"The minute I did it and felt the heroin go down the back of my throat, I said 'I love this.' I knew from that second on that was the drug I wanted to do.

"It took away every fear, every jitter, every worry of police at the door. It was the ultimate drug."

The two did heroin the next day, too. But Brian kept warning her that if she did it three days straight, she'd have a habit. Julia didn't believe it. She thought all drugs were mind over matter.

On day three, she woke up sick, like the worst case of the flu you can imagine, as she tells it. All that went away when she snorted another line of the drug, at Brian's urging.

"That's when I thought, 'Wow, I have a habit. I'm a heroin addict. I'm a junkie.' That's when I realized I had a problem," Julia said.

She was 25.

She's been homeless. She's worked the streets. She's stolen.

"I will do anything to get heroin. That's messed up when something so little can control you so much ...

sometimes I look at it and think, 'How can this little substance have so much power over so many people?'"

At one time, she had been clean for nearly five years. That included the two years she spent in prison on drug charges starting in 2000. She stayed away from the dope for a while after she was released, but then she met her husband.

Shilow, a fellow heroin addict, was clean at the time, too. They married after two months of dating. They both started using again after four months together.

Earlier this year, Shilow was arrested for allegedly selling drugs to an undercover officer. If convicted, he could face 13 years or so in prison.

#### GETTING TIRED, GETTING HELP

Julia said she's ready for this, ready for a change. "If there is such a thing as a bottom, I'm almost there. I'm tired of being me. And if you're tired of being you, you're ready for a change."

Julia's been to detox at White Oaks twice. One time she stayed, one time she walked out early. Neither time did she stay clean.

You walk out after five days and are expected to stay clean without a problem, she said.

"I know the methadone program is the best for me because I won't be rushed," Julia said.

She will get medicated once a day and meet for group counseling once a week.

Getting down to the Human Service Center won't be a problem, she said, because right now she somehow finds a way to get around all day to get money and drugs.

Julia said she's been wanting to do the methadone program for a while now. The first time she went to the office, they told her it was a 17-month waiting list. The second time, it was 13 months.

She visited again last week. She expected to be told her name was going to come up when it came up, but there was a spot for her.

The Human Service Center can accommodate 45 methadone patients on the rolls. That number is increasing to 65 through new state funding; the waiting list is now six months, tops, Boyle said. Certain populations, like pregnant women and those injecting heroin, have priority and get started on the program within two to four weeks of signing up, he said.

Julia said she has mixed feelings about methadone. If it helps keep her from being sick and stops her from doing illegal things, then it will be worth it. But to her, it's just a clean version of heroin, one she assumes the government doesn't mind because it profits from it.

"I think I'm going to have my life back. Right now I just exist. I make it day by day, second by second. I'm going to be able to get up and go. I'm going to be able to live."

#### THE BIG DAY

Early last December came the big day. Julia was up early for her 9 a.m. appointment to get her first dose of methadone. For the first time in a long time, she spent some time in front of the mirror, fixing her hair and putting on makeup.

Her mother watched. "I'm proud of you," she told her, a little teary-eyed.

Just before Julia's ride showed up, she got a call from her pastor, wishing her luck.

She had saved half a bag of heroin for the morning. As she tapped out a line, it really sunk in: This would be the last time she would do this.

"It's like saying goodbye to that boyfriend that's no good," she explained later. "But I'm just ready to be done with it."

As she walked in the Human Service Center and down the hall to the methadone clinic, a group of men's heads turned to check her out in her cream sweater, tight jeans and tan suede boots. This is the reaction Julia gets when she gets dressed up and puts some work into herself. She didn't do it much when she was using, she said, because she didn't have the energy, and she didn't feel pretty, anyway.

Before she got her dose, she had to get a quick physical. Her tests came back positive for cocaine use, Dr. George Gilbert told her. She admitted she'd used last Wednesday.

He warned her she could be thrown out of the program if she mixed methadone with any illegal drugs. The methadone wouldn't take effect if she did, anyway.

"It would be problematic and foolish," he told her. "This is not a program you want to take lightly. There is a waiting list."

Julia assured him she didn't drink and wouldn't be doing any more drugs now that she was on this.

He asked her how she felt to gauge if she was ready for the methadone dose. Two hours after she used that

half-bag, she already was starting to hurt. Her back ached, her legs felt like they were crawling, her stomach was cramping up, and she was sweating.

He signed off on the methadone prescription with one last warning that she should have a regular, family physician.

After a little wait, Julia got her first dose of methadone, the powder mixed up and poured into a glass of punch. She'd been warned that it tasted like crushed aspirin, and it did.

She sat down and waited for the effect. "It didn't give me any instant gratification like heroin. But I bet it probably has to build up in your system."

An hour later, the sweats were gone and her stomach had lessened its hold. She felt better. Not high, but well.

She talked of her plans for the future that a counselor had helped her lay out the day before. She wanted to get a job and go back to school, get a degree in child care.

But her immediate plan was simple: She just wanted to go home and take a nap. "I'm exhausted just from my mind working so much to get to this day. You know what's so beautiful?" she asked. "I'm going to lay down and take a nap and not have to worry about waking up sick. What a great thought."

(PART 2 OF THIS 2-PART FEATURE WILL BE PUBLISHED JAN. 19, 2007)

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