

## Heroin users seek relief from drug's lethal grip

by Angela Green

(PART 1 OF A 2-PART FEATURE) About three years ago, White Oaks treatment center staff began noticing a new population of young people coming in for heroin detox.

It is a predominantly white, middle-class group between the ages of 18 and 25, though there have been clients younger than that. They come from Peoria and also from smaller towns and more rural areas.

Some of them live in nice, comfortable homes, either with their parents or on their own. Some are living on the streets or in drug houses.

Often, all that depends on just how far heroin has taken them. The common denominator when they show up at the treatment center's door is that they all want the help to quit.

"I get the feeling that probably some of these kids we're seeing at 18 and 19 have been using since high school," said nurse Carol Leckrone, manager of the inpatient detox unit.

"Usually heroin addicts, because they use so frequently, feel really sick when they get here. They feel like they're going to die. They're miserable. But the life-threatening (aspect) is being on the streets."

Once admitted, patients ditch their street clothes for scrubs, bathe and eat regularly, and have a clean bed to sleep in. That is a big deal for some patients. During their roughly weeklong stay, they also talk with counselors and doctors about their health and staying clean.

The hard part, though, is getting there. Heroin addicts, when they stop taking, go through a very physical withdrawal, with nausea, muscle cramping and other symptoms that resemble a nasty case of the common flu. Tylenol and other over-the-counter medicines don't help much.

But if a patient has \$105, he or she can get a five-day supply of buprenorphine tablets called Subutex that nearly wipe out all of the pain and discomfort of withdrawal.

Though it's only been approved for U.S. use for four years, word has gotten around that it works. Heroin users who want to detox want this drug.

ADDICTION RELIEF - Buprenorphine is a pill that patients place under the tongue for treatment of heroin's withdrawal symptoms at White Oaks treatment center in Peoria, Ill. Nurse Sondra McEnroe supervises the treatment. CNS Photo by Ron Johnson. TOO MUCH DEMAND

Unfortunately, there just aren't enough beds to accommodate the recent surge in heroin use. Entry to the detox unit is generally on a first-come, first-served basis with some restrictions.

Last year at White Oaks, 269 patients - 14 percent of all those admitted - listed heroin as their primary or secondary addiction. Just as many, if not more, were turned away because there just wasn't the room.

There were times when six or seven of the 12 beds were filled with heroin users, and staff had to turn away those with other addictions like alcoholism that also carry serious, and possibly deadly, health issues.

For that reason, the center now tries to limit it to just two or three heroin users admitted at a time.

"Honestly, I feel that if we had 50 beds, we could fill them," Leckrone said. "We have this great need, but this facility is only so big, and we're turning them away."

## OUTPATIENT DETOX

The Human Service Center, in conjunction with its partner group, White Oaks, is developing a new outpatient heroin detox program to serve more of this growing population, and hopefully serve them better.

"Right now, White Oaks only can offer inpatient help alone. The beds are very limited and the demand is quite high," said Mike Boyle, president of Fayette Cos., which oversees both of those treatment centers. "You hate to turn people away and know that they'll either stop using and get sick, or just keep using."

The company is consulting with national experts in designing the new program and hopes to be up and running by February or March.

A five-day dose of buprenorphine will be the cornerstone of this treatment, too. It has proved especially effective with young people, Boyle said.

The big difference is that because it is an outpatient program, clients will be able to go to work, sleep at home and otherwise go on with their activities. It makes detox a lot more convenient.

Another difference: After their detox, clients will attend regular counseling sessions for at least a few months.

The physical urges may be gone after five days of detox, but studies have shown a person needs a minimum of 90 days of ongoing treatment and support for it to be truly effective, Boyle said.

"If the person doesn't develop real-life situation coping skills, what is he going to do when he gets home and is craving or his friends are urging him to use?" he asked.

"I want this to be a very assertive program. If (a patient) doesn't show up, I want someone knocking on their door and trying to find them. Or at least calling."

## METHADONE OPTION

The new program will operate out of the Human Service Center, home to another outpatient program for heroin users: the methadone clinic.

Methadone has been used in treatment centers for 40 years. It is an inexpensive, legal opiate that is given to heroin addicts as a "maintenance drug" on an outpatient basis. Taking a dose every day prevents the flulike withdrawal symptoms from occurring.

Methadone users can gradually cut the dose and eventually stop using, or they can choose to take it the rest of their lives.

When used properly in a maintenance program, it can be very effective, Boyle said. "Many people remain on methadone for long periods, obtain employment and totally change their lives."

Data from 2005 for the Human Service Center's methadone program revealed that for persons receiving methadone for more than 90 days, urine drug tests showed 93 percent tested negative for heroin use and 82 percent had not used drugs of any type.

Still, "methadone is not the total answer," Boyle said.

Especially with the growing number of young heroin users, "Our theory is, why start a new generation of methadone maintenance?"

## GIVING HOPE

White Oaks' detox unit will continue to offer help, and hope, to those suffering from every type of drug addiction. It houses 85 to 90 clients a month for average stays of three to five days, Leckrone said.

Many are familiar faces.

"A lot of people do come back, but you never know when this will be the right time," she said.

"There's a lot of shame that goes with addiction. A lot of people who have had clean time feel really bad that they're back. People should not feel so down on themselves and realize they did come back to get help."

Leckrone, despite her experience in the field, said she finds it amazing that so many young people are using heroin, and all illegal drugs.

"When they're in that partying mode, that, 'It's not going to happen to me,' they just don't think about it," she said.

In Mike Boyle's opinion, the whole issue of treating, and preventing, drug use by the young cannot be solved simply with drug-prevention programs. The reasons for addiction go deeper than merely being hooked on a specific illegal substance.

Lifestyle strengthening programs are a better choice, he said.

"How do you prevent just one thing? The need is more for how to help kids have the positive social and family support they need" to make the right decisions, he said.

"The answer's much more than going through a drug-prevention program. It's having hope for a better life. The most important thing is starting by giving them hope.

"Then, if they have a dream, a goal, we can go in and help them find a job, a place to live. How can we expect people to recover when they're homeless?"

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