Monroe County and the War On Drug Abuse

By BARBARA MOYNEHAN

"The root of the drug problem," stated Dr. Harold C. Miles, director of the Monroe County Department of Mental Health, "is that the American public is the most over medicated civilization in history. It therefore should surprise no one that young people turn to drugs to cure their growing pains."

As a result of the upsurge in the non-medical use of drugs, especially among adolescents, what previously had been a phenomenon emerged rather suddenly as a major social problem.

A nearly hysterical public outcry demanded swift and immediate attention to the issue. The New York State Narcotic Addiction Control Commission (NACC) was established in 1966 to develop and fund programs for treatment, education, prevention, rehabilitation and control, throughout the state.

In 1970 County Manager Gordon A. Howe requested the director of Mental Health Services to submit the outline of a program to control drug abuse in Monroe County.

Dr. Miles commented about the program: "We are building on a solid base of clinical services to meet the needs for diagnosis, emergency treatment and withdrawal of persons involved with drug abuse."

"We have made no systematic attempt," Miles' outline continued, "to search for hidden problems or to meet the problems at earlier stages. . . . What we are proposing reflects both an expansion and reinforcement of the existing service network, the beginnings of a more definitive treatment program, and the beginnings of an educational program which, hopefully, will head off drug abuse before it begins."

But, there is a problem blocking the realization of these proposals. Money.

"There is close to $200,000 sitting at the county treasury right now that we can't get to because of red tape," he explained, "and Monroe County has a commitment for $1,000,000 in state aid promised through the NACC Youthful Drug Abuse program."

"Often we find ourselves in a position of having to spend a lot of money on a promise of 50% state aid and the aid never comes," Miles said. "There also is the possibility that the auditors will descend on us two or three years later and say 'give us back some of the state aid'."

"The in-kind matching of services type spending program would allow schools, for example, to say here is a health education teacher who in the school year 1970-71 spent 25% of her time teaching drug abuse in the classroom, her salary was $12,000 so $3,000 worth of her time was devoted to drug abuse.

"The state will give a matching amount of state aid — $3,000 for that school to enable another health education teacher to spend the same amount of time."

"But," he qualified, "the local fiscal people and legal people say this is brand new to us. We have dealt with those state auditors for so long and know them so well that we want to hear what Mr. Arthur Levitt says about this thing."

Arthur Levitt is the state comptroller.

To explain further the "promises-programs-problems dilemma", three words Dr. Miles considers synonomous when it comes to working with the state, he elaborated: "Now, Mr. Levitt, some of us were old enough in the saddle to be alert enough to look out for Mr. Levitt's field hands. We dealt with them before and we said that we are not going to go for this in-kind thing until we have it in writing from Mr. Levitt.

"Mr. Levitt blows the whistle on many state agencies by simply saying that the state aid that was sent is illegal, give it back; it happens all the time!"

"What they do, of course, when you can't give it back is deduct it the next time you claim state aid for public or mental health, so they can get you one way or another," Dr. Miles concluded.

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On the subject of school drug counseling or drug education, Miles made a more positive reply. "I think the schools deserve a big compliment for tackling this problem on their own initiative."

He opposes scare tactics in drug education. "The way to teach people about drug abuse is not to parade the horrors of drug abuse in the emergency departments of the hospital. We learned in cancer control that the surest way to keep people from coming in to find out if they have cancer is to show someone in death row. It scares them away."

"Besides," he said, "the young people are pretty knowledgeable these days and it is because of misinformation dealing with marijuana that they don't trust any official information on drugs. I'm convinced that young people don't trust the older people like me because they feel that they have been hoodwinked on this marijuana thing."

When asked which drug is the biggest problem in Rochester, he quickly replied: "Alcohol! by a ratio of 100 to 1." He then admitted that "most of us are not willing to take the attitude that we know how bad even marijuana is, because we don't."

"In the law," he pointed out, "marijuana is classified with heroin, but anyone who puts marijuana in the same sentence of the law with heroin really should have his head examined for soft spots because it just is not so."

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Dennis A. Walsh, deputy director of Monroe County mental health, interjected that "the criminal justice system needs a little jacking up; this is not solely a medical issue."

Walsh admitted that there is friction between the law and medical aspects. "We have different points of view on the problem and how to solve it, but we are interdependent and do need each other," he explained.

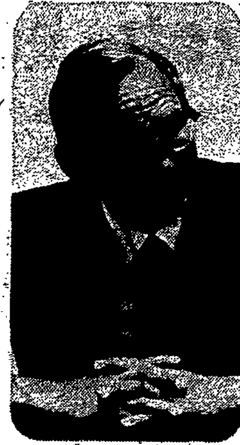
"Often we get pressure," added Miles, "to certify legally that someone is an addict, who according to medical standards is not one.

"One has to discriminate between habituation and addiction," Miles explained. "We now use the generic term: dependence. Addiction is physiological; body tissues compensate to having the drug and get sick from lack of it."

He explained further that "physically speaking, withdrawal from alcohol and barbiturates are the most dangerous and painful to experience."

Walsh, who works primarily at Rochester General in the Methadone-Withdrawal clinic, described the methadone withdrawal program as "another tool, and we don't turn down tools for a job like this."

"Shortly after the Rochester Mental Health Center opened in 1967," he explained, "patients began coming with narcotic withdrawal symptoms for which they requested treatment. They were admitted to an in-patient withdrawal program, known as G-1, for treatment. As a waiting list for G-1 developed, we began offering some treatment on an out-patient basis to people who were awaiting G-1 admission. Before long, several patients had been completely withdrawn from narcotics before their name came up for admission to G-1. It was then decided to offer patients the option of withdrawal on an in-patient basis or withdrawal in the out-patient clinic."



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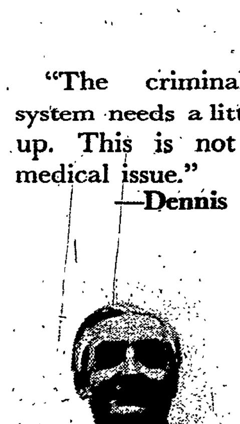
—Dr. Harold C. Miles



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Photos by Laurence E. Keefe

He described how the out-patient program operates: "Patients would be seen for six consecutive visits over a two-week period on Monday, Wednesday, and Friday mornings. They would be given methadone, 5 mgs., q.i.d. (four times daily) first week and 5 mgs. q.i.d. for the second week."

"A psychiatrist," he continued, "signs all prescriptions and supervises the other members of the staff, which consists of back-up help from the rapid intake staff, other nurses from G-1 and from the social work assistants in the out-patient clinic."

Recently the federal government approved a methadone maintenance program for Monroe County. Dr. Miles differentiated between the methadone withdrawal clinic and methadone maintenance saying: "The maintenance program substitutes one addiction for the other, it doesn't really go for a cure."

"The premise being," he continued, "it is better to have an addict hooked on methadone than on heroin because methadone is 15¢ a day which is equivalent to $75-$100 a day for heroin. It prevents him from being a curse to society, by stealing to pay for his heroin habit," Miles said. "And he is more productive on methadone than on heroin because he isn't down all the time, and there is no need to increase the methadone dosage since there is no pleasure, it just cuts out one's craving for heroin."

Dr. William T. Hart, director of the Rochester Mental Health Center at Rochester General Hospital, which operates the withdrawal clinic and will operate the maintenance program, explained that the maintenance program here "won't begin operating for several months because of lack of funds."

"We are applying for NACC money to finance it," he continued, "but, it's like having a fishing license but no pole; the program is approved but we still don't have the funds to operate it."

Next week: The Monroe County Narcotics Council chairman, Charles Schiano, gives his views.