

# addiction from it

years and they generally come from the heroin "street scene."

Peter (not his real name) is a "street" addict who did come to the clinic for help. He had done different drugs before heroin — MDA, LSD, marijuana, hashish, etc. — "but heroin was the first thing I ever injected.

"I did a fifth of a cap (a cap is heroin in capsule form, usually containing between 10 and 30% pure heroin and sold for approximately \$50 on Edmonton streets) the first time, the same amount about two weeks later and I got really high. At first, I only did it on special occasions; I wasn't addicted.

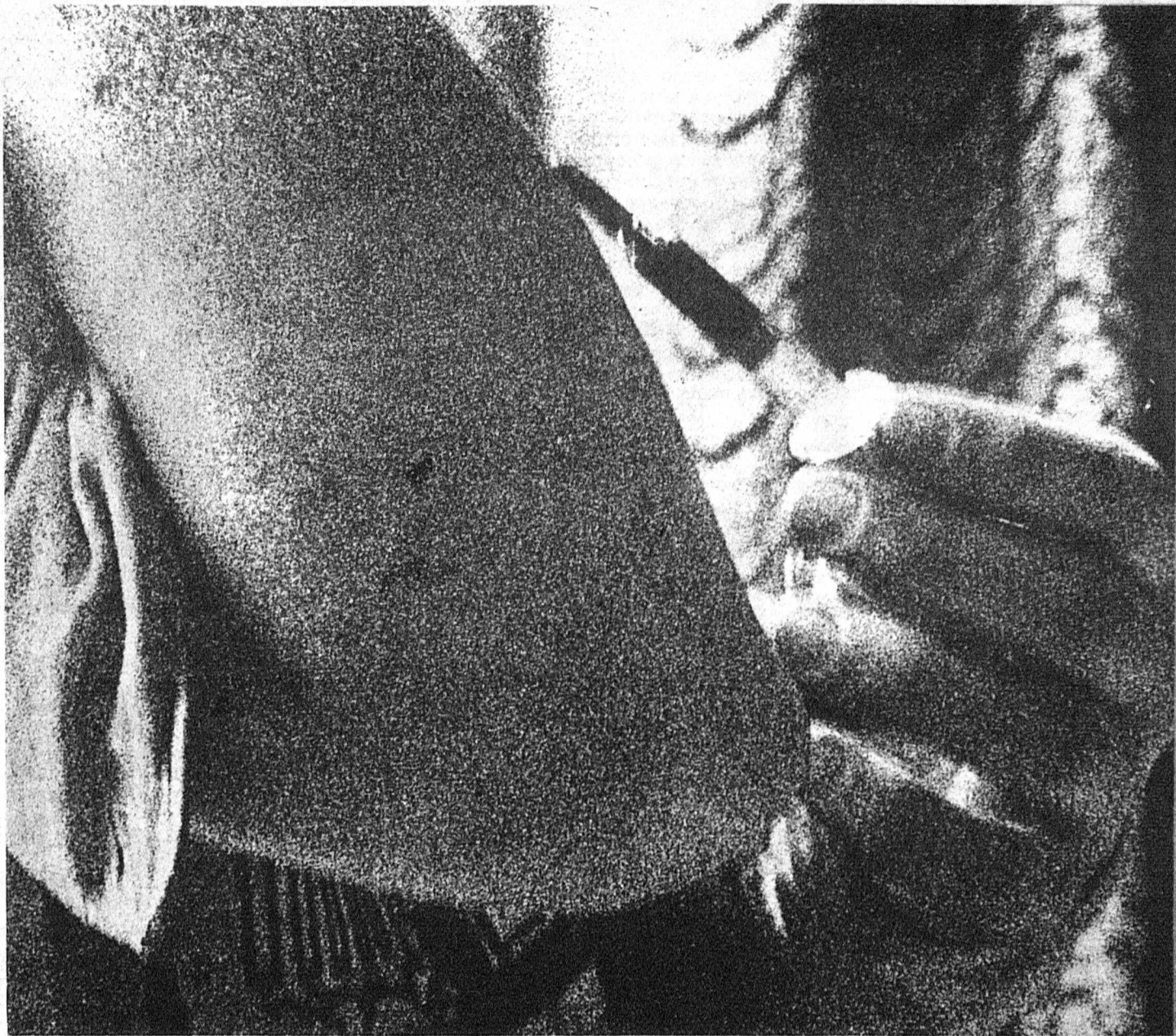
"But I had friends who were dealing it and they came onto me with a front. I'd sell ten or fifteen caps for them and either keep the money or the dope. So I kept the dope and ended up with three bundles with me in the house (25 caps/bundle).

"Then I started to do it regularly. It was just like having cigarettes around the house. If you've got a cigarette you smoke it — the same for the dope. I guess that sounds kind of funny but that's the way it was.

"And then it went from there. I was up to 12 caps a day of bad dope at one time. I was getting into debt and trafficking rather heavily. I was making trips to Van and overseas to buy more and more dope and my head by getting more and more spun out.

"And during the whole time, I was totally strung out, I refused to say to myself, 'I am a junkie and the first thing in the morning I need a fix.' I never wanted to say that to myself."

"I came here (to the clinic) then, to check it out. I don't really know



what pushed me to come — I'd heard bad and good things about it. But I came here and I saw a counsellor named Dave — a really understanding, a really good person. After a bit, I was switched to Gordon (Ronning) but I didn't automatically click with him. Now, I've got a lot of respect for him — he's a very level, comfortable person and he doesn't look at me as a problem — but as a person he can talk with.

"And for a heroin addict — for any addict — that's who the good counsellor is: the one who understands you as a person and not as an addict, who shows some understanding and trust of the addict.

"I came here because I was in trouble. I was sure that I couldn't come down off 12 caps a day. I've

"In '65, if you didn't do drugs you didn't get in with people. It was a sense of longing, feeling like I didn't fit in anywhere. With drugs, I did.

"Janis Joplin, Jimi Hendrix, they were all doing it — the Rolling Stones, Quicksilver, Rod Stewart, they were all doing drugs. It tends to make someone believe it's a really beautiful trip... and it really looks nice. The flowers, the beauty of it, everything.

"But it's a pile of trash, a pile of shit."

Ken Fiaschetti, at present working for Narconon after seven years as a heroin addict and three criminal convictions.

stayed on meth for the last two years, on maintenance, but I'm coming down off it. On meth I could hold down a job and I went back to university last year. I'm even kind of interested in medicine somewhere down the line, but if I go back to school seriously, then I'm going off methadone — it hampers your studies and ties you down. I'm still addicted and I'm still a junkie. It's a drag and I've still got to come down. But I'll do it."

Peter, after a stay in the junkie's world and a stay in the straight one, claims that he isn't too interested in going back from methadone to junk:

"The scene isn't all that neat, that's for sure. I've got some horrible memories. Near the end I was busted; the RCMP kicked in the door of my house, and dragged me and my old lady out of bed. They beat both of us up and my old lady had a bone chipped. The doctors said that if it had been broken, she would have died. That's the reason I got off of a charge of trafficking, because the cops refused to come forward and testify.

"But I don't want to make it sound like all the RCMP are like that. Some of the cops really try to help people out on the streets, in court, etcetera. I know at least two RCMP who would never stand by and watch somebody being nearly kicked to death.

"But there are other bad things happening in the junk scene. A junkie will do anything for a fix — they're rats and rip-off artists. You've got to be careful. It's a game of war against

the cops, the narcs, sometimes your suppliers and friends.

"But I'd sooner be a junkie than an alcoholic," he adds. "Junkies can be some of the nicest people you've ever met. And they don't fit the standard description that you see on TV. Sure, there are junkies like that — but they come in all kinds — skinny, fat, businessmen, hippies, everything."

Gordon Ronning agrees with Peter that heroin addicts cannot be typified. "It's common that people think addicts are differentiated by the different drugs they are addicted to but that's just not true. The heroin addict is the same as any other addict and the problems in dealing with them are just about the same."

"Initially, heroin addicts are quite a bit more paranoid than other addicts, such as alcoholics, but that's because of their criminal status. It's functional paranoia — that is, you have to be paranoid to exist on the street. But once you break that down and can begin to talk with them and share a mutual trust, you've got the problem half-solved."

Once you've got that trust, they can be helped to re-enter the world they've left. "You might say that being a heroin addict is being a drop-out and it's hard to go back," says Ronning. "Methadone frees them from the criminality of heroin and from the necessity of dealing for a living. We try to work out solutions to living in society, without being a junkie."

"Three types of opiate narcotic abusers have been identified: (1) Medical - the first type may become dependent ... through medical treatment. Uncommon.

(2) Professional - including physicians, nurses and other health professionals who become dependent through self-medication from readily available supplies. The addict who is able to obtain an adequate supply of drugs through legitimate means is, in general, difficult to distinguish from other persons.

(3) Street - the addict more often associated with images of opiate narcotic abuse. Most people who become dependent on heroin do so in their late teens or early twenties. Many also have diagnosed emotional problems prior to the use of narcotics.

Heroin users in Canada are predominantly Canadian born and white with an approximate sex ratio of 7 males to every 3 females among known users.

Most users are introduced to the drug by other users and friends.

Users injecting heroin may receive reinforcement from the act of injection.

*The establishment of a self-identity as a heroin addict and the feeling of accomplishment and self-esteem associated with "hustling" heroin and obtaining it may contribute to continued heroin use.*

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