

Diacetylmorphine: Heroin and the struggle to withdraw

by Kevin Gillese

If you're an average movie goer, the word "heroin" has very distinct connotations. It is "H", "smack," "la came," "horse," "hard stuff," "white stuff," "shit." Its users are young and grubby junkies; needle freaks who wrap their arms with rubber tourniquets and "crank" their junk from dirty needles into blistered and swollen veins. The men who fight those junkies and their suppliers are tough, hard-nosed cops — typified by a "Popeye" Doyle who carried his gun in an ankle holster and can blast his way out of the tightest situation.

And yes, there is that scene happening in our own city. There are junkies that boost and push in the downtown bars. There are the RCMP undercover agents, "narcs," and the occasional large busts of junk. And there are the complaints of the police commission about heroin-motivated crimes on the upswing in Edmonton. No one can tell you precisely how many addicts there are in the city and what kind of social (and individual) damage they inflict. But the junkies are here, the heroin scene is here — it's real and it's recognized.

But there's another heroin scene in Edmonton, too. It's not the pushing scene of the bars and it's not the grubby slum scenes of the movies. As a matter of fact, it's the side of heroin addiction that film directors and Hollywood have virtually ignored. It's called stopping. Getting out. Withdrawing. Struggling — not to get

the shit together to fix yourself into euphoria, but to stop the shit from going into your veins in the first place.

Methadone withdrawal

That struggle — to stop the use of one drug, heroin — is sometimes aided by the use of another drug, methadone. Methadone is a synthetic chemical developed in Germany during World War II as a narcotics substitute. It has been used in the treatment of heroin addicts in North America for about ten years and in Edmonton for the last five years. Generally one of two methods is used in methadone treatment: (1) replacement and withdrawal, or (2) maintenance.

A maintenance program is just that — a program which maintains a person's addiction to a drug but substitutes methadone (given under clinical conditions) for the illegal heroin.

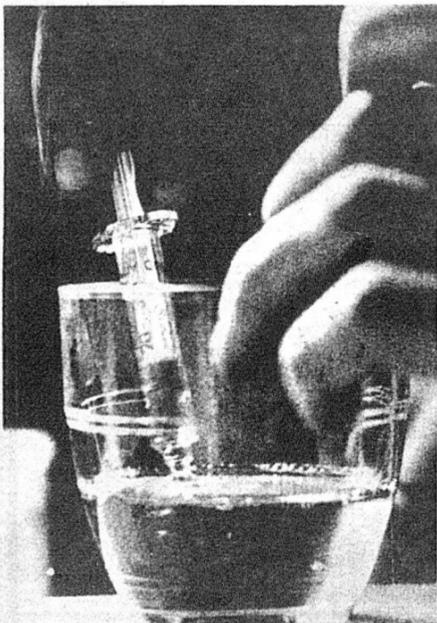
The replacement and withdrawal method replaces the addict's usual heroin dosage with a sufficient dose of methadone to avoid withdrawal symptoms. The dose of methadone is then reduced gradually over a period of time (usually under three months) until the addict is drug free. It's with this replacement and withdrawal program that heroin addicts in Edmonton usually attempt to kick their addiction.

"The average narcotics addicts steals between \$43,000 and \$57,000 in merchandise during the year to support his habit, as compared with the \$2000 a year needed to place an addict in a methadone program."

Figures for Baltimore area, 1970 from National Institute of Mental Health, U.S. July 15th, 1971, Quoted by Dr. Burton Podnos.

"Persons addicted to morphia are inveterate liars and no reliance whatever can be placed upon their statements."

Sir William Osler, 1881



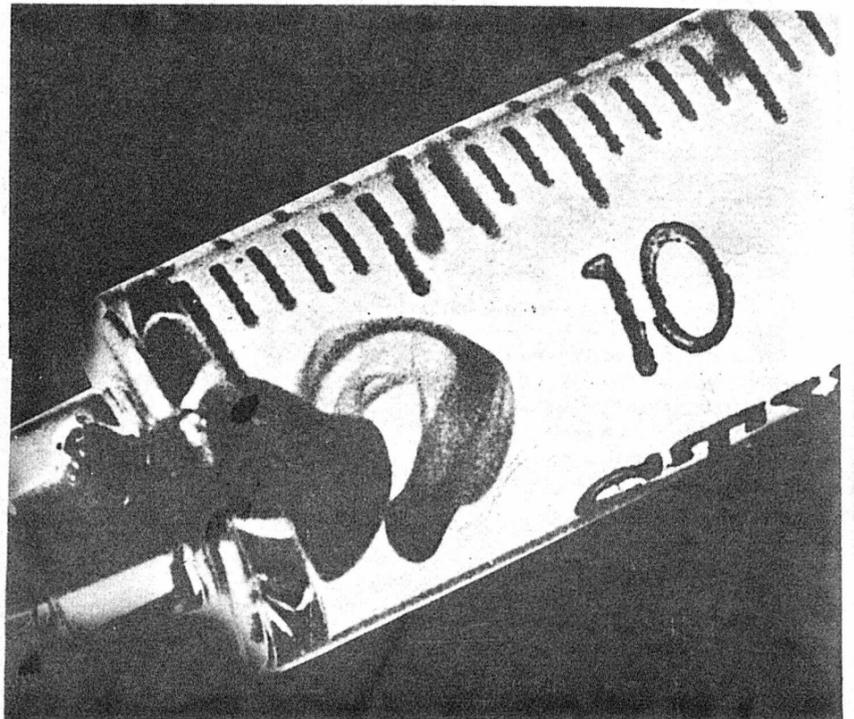
The Edmonton clinic

There are fifty-five heroin addicts receiving treatment in the City's West End methadone clinic. The habit they are trying to kick can be very firmly entrenched in their systems. "It's hard to get off heroin," says clinic pharmacist Bill Christopherson, "because the addiction is physiological as well as psychological in most cases, and that can put the addicts through some extra agony. They'll have cramps, muscle aches and pains — but it's exaggerated on TV. We've seen some patients withdraw in a very short time without pain... solely because they wanted to."

Even after the patients are off junk and settled down to their new lives, there's always the memory of

"Drug addiction is a state, a periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychic (psychological) and generally a physical dependence on the effects of the drug; (4) detrimental effect on the individual and on society."

World Health Organization Commission on Addiction-Producing Drugs.



the "old days" and the danger of slipping back into addiction. "We do have a high recidivism (return) rate," says the clinic director Dorothy Ranks, "because they're hooked on the way of life — they like the excitement of trafficking, stealing, sitting in the old haunts and so on."

One of the senior counsellors at the clinic, Gordon Ronning, echoes that opinion: "Interestingly enough," he says, "it's not that difficult to get off heroin. It's hard to *stay* off. Our job, then, is to work with the ex-addicts and get them into circles where their friends and associates will not be heroin users. That means encouraging new interests, such as education, for example, or new job opportunities. Because if they sit around in the bars talking about the good old days, they'll go back."

If they do go back to using illicit drugs — and in particular barbiturates and/or excessive alcohol — while taking their methadone supplement, they can be putting their lives in jeopardy. "A lot of deaths by overdose are actually caused by overdosing on *different* drugs," explains pharmacist Christopherson. "On the street, it can be quite common because what you get on the street is a real gamble, anything from nothing to pure heroin, cut with

anything from milk sugar to battery acid or strychnine.

"As well, if the addict starts drinking alcohol or popping barbiturates while on methadone, a synergistic or potentiating effect may occur and the result can be illness, prolonged drug effects or even death."

Because of that possibility, the methadone clinic monitors the urine of all its patients for possible traces of other drugs. If such traces are found, the patients are warned to stop using the other drugs. If the traces are repeatedly found, the patient will be denied methadone. "It's a simple method of establishing rules and regulations and not going back on your word," says director Ranks. "We have got to make sure the program is not abused and the only way of ensuring patients are not doing other drugs on the streets is by daily urine analyses and enforcement of the rules."

Street addicts seek help

The addicts that walk through the doors of the clinic do so by their own direction and will — because they want to stop their addiction. Their ages vary from twenty to fifty