

Centers answer county plea for drug rehab

By EVE ROSE
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Teen-agers' increasing hardcore drug use and a lack of adequate drug treatment centers is forcing hundreds of families to seek help outside the county — and in many cases outside the state — at an added cost of thousands of dollars.

Responding to that migration, county officials are supporting efforts by a hospital and an out-of-state drug treatment program to establish facilities here.

Anne Arundel General Hospital and Medical Center has bid for state approval to build an in-patient treatment center for approximately 35 patients age 25 and under.

And Straight Inc., a long-term treatment program for adolescents based in Springfield, Va., is scheduled to open a resource center Jan. 25 at West Garrett Place in Annapolis.

Straight — a highly regimented program involving parents and their children — is used by 18 county families identified as having children in need of drug treatment.

The new Straight center in Annapolis will not offer the in-patient care that officials say the county needs, but it will offer referral services and a support group for the many local families whose children are in the

program.

The hope is that the hospital's proposed facility will fill the missing link in adolescent services, said Daje Mumford, coordinator for the county's Drug and Alcohol program.

Meanwhile, six other groups are vying for a share of the potentially profitable drug treatment market in central Maryland.

Preliminary plans for the hospital's center include a dozen beds reserved for adolescents and another 13 for people age 18 to 25 at a cost of between \$250 and \$350 a day, said Jeffrey Sanderson, hospital vice president.

Treatment would last anywhere from 30 to 60 days as trained counselors, doctors and nurses lead therapy sessions, education programs and outpatient care.

To show their support for the hospital's plan, the county has pledged \$100,000 for construction costs, and land in Government Park off Riva Road for the \$4.3 million facility. The school system has agreed to provide educational services to the adolescents in treatment.

"Youngsters placed in this program will be taught the skills they need for another kind of lifestyle," County Executive O. James Lighthizer said

(See CENTERS, Page A13)

ANNE ARUNDEL'S DRUG PROBLEM: THE SEARCH FOR SOLUTIONS

CENTER

(Continued from Page A1)
in October, when plans were first unveiled.

But as bureaucracy and red tape take hold, the hospital may have to wait as long as a year for the state to make its decision, and even then there is no guarantee that the center will be approved.

Fearful of a glut of drug treatment facilities, the state has proposed strict guidelines to limit the number of new centers that can be built in central Maryland.

As a result, the hospital faces stiff competition, not only from existing programs but from the six other programs seeking state approval.

"The additions industries is a highly profitable one," said Sheldon Weisgrau, health planner for the Maryland Health Resources Planning Commission, which will review the hospital's application.

"If it wasn't, I wouldn't be getting so many applications."

For many families costs at such facilities can be prohibitive, averaging up to \$450 a day. Insurance often does not cover substance abuse treatment.

Weisgrau said drug treatment is one of the few health care services split into a two-tiered system.

"There are some centers that are for people who have no money, and then there are other centers for patients who can afford to pay for care," he said.

Based on what he knows of the hospital's application, the proposed center will cater mostly to those who can afford to pay, although he said the county's pledge of funds and land could change that.

Mumford said he hopes to keep costs as low as possible, but that will depend on governmental funding and private donations.

The state provides annual funding for approximately two months of treatment for 21 Anne Arundel adolescents who cannot afford the costs of in-patient care. Hospital and county officials hope to be able to trans-

fer those funds and patients to the hospital's center.

"It's very frustrating to wait for state approval because we feel ready to go," Mumford said.

"The hospital is committed and the need is definitely there."

In fact, in 1985 and 1986 the county estimated that 220 children were seeking in-patient care for drug and alcohol abuse problems.

That number may be low, because only half of the 22 hospitals surveyed responded, said Dr. John Sutton, a pediatrician who worked on the survey for the County's Alcohol Advisory Council and is helping plan the hospital's proposed treatment center.

Some families are seeking treatment for their children at facilities as far away as Pennsylvania. Others are in Washington, D.C., Montgomery County, Cumberland, and at Straight in Virginia.

But there is no guarantee that the hospital's center will attract all the adolescents who are currently leaving the county. Many parents choose

programs based on treatment philosophy as opposed to location.

Still, county officials believe that, if the program is sound, distance would be a serious consideration when parents choose a program.

"We have a situation where children are at least an hour to four hours removed from their families," Mumford said.

The separation can hinder rehabilitation, making it difficult and even impossible for parents to participate in therapy, Dr. Sutton said.

Distance also interferes with after-care, which often includes regular support-group meetings that can prevent teen-agers from slipping back into drug and alcohol abuse.

On top of the therapeutical difficulties, many parents are paying thousands of dollars in added transportation and education costs to send their children out of the county.

Fueling much of the drive for a drug treatment center is the belief that adolescent substance abuse is on the rise.

The availability of harder drugs

like crack, a highly potent form of cocaine, and PCP has many drug counselors worried as they watch drug and alcohol abuse increase in the county.

Even in the past six months, drug counselors have witnessed a sudden rise in the use of these drugs among teen-agers.

At Anne Arundel's Open Door, a state-funded out-patient program, there is a steady stream of adolescent drug and alcohol abusers seeking counseling at the center, but officials there believe what they see is just the beginning.

"If we had all the teens in here that needed counseling, we would have lines outside the door and around the block," said Catherine Bishop, Open Door program director.

At North Arundel Hospital's Detox Unit, the problem among adolescents has intensified, said Steve Buchness, a drug counselor and program supervisor.

The average age of patients treated in the unit has dropped by 11

years over an eight-year period from 41 to 30, he said.

A decade ago, the hospital was treating one adolescent every other month. Now, at least three adolescents are admitted every month.

Further complicating the problem is the influx of polydrug users, people who take more than one drug, often with alcohol.

While North Arundel does provide in-patient treatment for adolescents, it is hardly adequate, Buchness said.

Treatment at the detox unit is short-term emergency care, lasting anywhere from five to seven days, and is not geared specifically for adolescents.

A long-term adolescent treatment facility would complement the services offered at the Detox Unit, Buchness said.

"The record shows that teens involved with drugs and alcohol need not so much to be dried out or detoxified as . . . re-educated, re-oriented and strengthened against the pull of drugs and alcohol," the county executive said earlier this year.