

## COLUMBUS STRUGGLING WITH WHAT TO DO ABOUT KIDS ON DRUGS

Columbus Dispatch, The (OH) - September 19, 1988

Author/Byline: Alan Johnson, Dispatch City Hall Reporter

Edition: HOME FINALSection: NEWS

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He started drinking at 12. By the time he was a freshman in high school, Tony was smoking marijuana regularly.

Soon he was using harder drugs - cocaine, LSD, prescription pills.

"In school, out of school. In the morning, at lunch, before bed. I did it any time, anywhere," he said.

And he considered suicide.

"I realized I was in trouble, that something was wrong, but I didn't know what to do."

Tony is one of an estimated 12,700 Franklin County youngsters who have alcohol and drug problems.

Counting the kids with drug problems is much easier than finding ways to treat them, officials are finding. Adolescent drug and alcohol abuse plagues Columbus and Franklin County, but half the beds in treatment programs are empty, mainly because parents cannot afford the costs - as high as \$15,000 for a 30-day program.

Inpatient programs are available at Harding Hospital, Saint Anthony Medical Center's Talbot Hall, The Campus, Parkside Lodge of Columbus, Maryhaven and Shepherd Hill Hospital in Newark, Ohio. Outpatient services are available through Kidscope, Children's Hospital and Project Linden.

These programs are relatively expensive. Few are accessible to youths whose parents do not have the money or insurance to pay for treatment. That's why Tony was lucky - his parents could afford it.

Tony, now 17, went through two inpatient programs but slipped back into old habits with old friends. Ironically, he picked up new drug contacts in those programs and found them useful when he got out.

Finally, Tony's parents, Joseph and Brenda , took him to Kidscope.

Kidscope, which is 2 years old, offers a tough and restrictive treatment regimen. The 15-month outpatient program costs \$9,500.

"You really have to love your child to bring him here," Mr. said in an interview. "We loved Tony during that time, but we did not like him.

"I would have borrowed or done anything to get the money."

"We saw three choices for Tony," Mrs. said. "It was death, prison or treatment. It was a life-or-death thing."

Youngsters entering the Kidscope program live with a foster family the first 35 days and attend

sessions in the Kidscope center on Winchester Pike seven days a week. They are not allowed to watch television, listen to the radio, visit old friends or talk with their families more than once a week.

The youngsters' privileges and freedoms are gradually restored as they escape drug and alcohol dependency, Michael Swingle, Kidscope director, said.

Swingle said the program, which was started by parents, remains heavily dependent on their participation and financial support because the agency receives 66 percent of its operating budget from direct payments and insurance.

After spending 7 1/2 months in the Kidscope program, Tony is concentrating on staying "clean."

"I look at drugs now as such a waste," he said. "When I see people at school I used to do drugs with, I feel sorry for them. That's the only time I get depressed."

Long-term treatment, such as that offered by Kidscope, is needed locally, Columbus City Council members Cynthia Cecil Lazarus and Thomas L. Kaplin concluded after touring adolescent drug and alcohol centers in Chicago last week. Columbus is considering funding

local drug and alcohol treatment for youths, beginning in 1989.

The Franklin County Adolescent Drug & Alcohol Abuse Task Force, composed of representatives of government, treatment facilities, insurance providers and education, is working on a funding and organization plan.

"There is no system, especially for people with no money," said Ronald L. Pogue, a task force member and former Cleveland police officer now with CompDrug, a Columbus alcohol and drug treatment program.

"If what this community is looking for is a quick fix in a nice, neat package, they're deluding themselves," Pogue said. "This problem developed over decades. It's not going to go away overnight."

Jane Schoedinger, city human services director and chairman of the task force, said Columbus appears to have fallen behind other cities in dealing with adolescent drug and alcohol abuse.

The task force is expected to make a final report, including funding recommendations, in November, she said.

- Index terms: TONY
  CHILDREN DRUG AID JUVENILE
- Record: 8802010549
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