

THE HIGH COST OF GETTING HIGH PAYING THE PRICE OF DRUG AND ALCOHOL ABUSE TAKES \ LOVE AND MONEY, BUT FINDING RIGHT TREATMENT IS DIFFICULT

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On a crisp fall evening in 1984, Mark was doing what he loved best in life: watching his handsome son, Johnny, star in yet another high school football game.

But on that particular night, all of the familiar sights and sounds of the game were tinged with nostalgia for Mark. If he had been a crying kind of man, a few tears probably would have trickled down his cheeks into his mustache. But, as usual, he managed to keep his feelings locked inside.

"It was his best ball game by far, and I knew it was going to be his last," Mark said of his son, melancholy now that old memories were being dredged up. "The hardest thing I ever did was admit Johnny had a drug problem. . . ."

The next morning Mark and his wife, Marie (whose names have been changed to protect their privacy), told Johnny they were going fishing. But instead, the three of them drove from their home in a Central Kentucky county to Lexington, where Johnny was left at Possibilities Unlimited, a drug treatment program for young people.

"I kept thinking, should I deny him the normal adolescent things, the parties, the football, the dating?" Mark recalled. "Our friends and neighbors thought we overreacted. Our only support came from my brother, an older couple next door and one school administrator."

To the rest of the world, Mark and Marie explained, Johnny was a normal, all-American boy. He was charming to his teachers, extremely popular with his friends, a standout in baseball as well as football, an average student. His heavy "partying," which kept him busy most weekends, was passed off as just "one of those things" boys do.

"Even after he was in the (treatment) program a principal at his school said, 'I know the druggies, and he isn't one of them,' " Marie recalled.

But Johnny was a "druggie," who had abused alcohol, marijuana and whatever other drugs his pals happened to have. The only difference between him and the more troubled youngsters in his school was that Johnny hadn't hit rock bottom. He was still functioning at a level that most people consider acceptable for teen-agers.

Johnny was lucky on two counts: He had loving parents who detected his problem, and - perhaps equally important - he was covered by an insurance plan that picked up 80 percent of Possibilities Unlimited's \$5,400 tab.

For many families, finding treatment for a drug-abusing child is much more difficult. Most drug counselors say that by the time parents admit their child has a drug problem, the child's drug use is probably heavy enough to require residential treatment.

But in Lexington there are no full residential treatment centers for young people. In fact, there are only two in the state of Kentucky - Brooklawn and Charterton, both in the Louisville area.

Even the alternatives to residential care are meager in Central Kentucky.

Possibilities Unlimited, a non-profit corporation that opened in Lexington in September 1983, is the closest thing to a residential program. In the early stages of treatment, children are boarded with parents of other drug abusers at night and are kept at the corporation's facility on Wilhite Drive during the day.

If Possibilities Unlimited doesn't meet a family's emotional or financial needs, the alternative is usually counseling by a treatment specialist in private practice or through a non-profit agency. This kind of treatment is often ineffective for children in advanced stages of drug use. It can also be expensive, and the waiting lists are usually long for the handful of specialists who treat young drug abusers.

Dr. Edward Maxwell, a Lexington psychiatrist who has a private practice and works at Charter Ridge Hospital and the University of Kentucky Albert B. Chandler Medical Center, said that his caseload was so heavy that he hadn't accepted a new patient in 2 1/2 years.

Myrtle Procter, a mental-health specialist who counsels adolescent drug and alcohol abusers for Comprehensive Care Center in Lexington, runs two weekly group therapy sessions and plans to start a third. With 56 children under her care, she has to turn down new clients and must limit her groups to those children who really want help.

John Walsh, a Louisville drug counselor who operates the non-profit Morton Clinic on Burt Road in Lexington, complained that most of the children he treated need residential treatment simply because "we're not catching the borderline cases, the real early ones."

But for parents, teachers and other adults who have close contact with young people, catching the problem in time may be the greatest challenge of all.

"By the time the problem is big enough to affect school and emotional performance, it's way out of control," Maxwell warned. George Ross, executive director of Possibilities Unlimited, encouraged people to watch for "the four stages of chemical dependency." They include:

The initial user, who has just begun to experiment with drugs.

The problem user, who begins using drugs to manage his feelings - his behavior is starting to change.

The psychological addict, who is convinced that drugs are the only way he can manage his feelings.

The physiological addict, whose body has to have the drug to maintain itself.

The earlier a drug problem is detected, the better the chances for successful treatment. But gauging - and even defining - success can also be difficult.

"We will not be successful with every family," said Ross, who gives parents a 50 percent chance of a "cure" for their children.

To Ross' peers, however, that percentage looks pretty good. Mrs. Procter, whose clients often get little love or support from their parents, has learned to measure success with a much shorter ruler.

"One of the hardest things in the world for me to accept is that success for some children is diminished use, not abstinence," she said. "If kids who were smoking (marijuana) every day and 'partying' all weekend are now only smoking and 'partying' a little on the weekend, then that's a success."

Mrs. Procter and the others say that the Lexington area desperately needs some sort of halfway house for children who've completed a residential treatment program but still need supervised care before they're dumped back into their old environments. (Brooklawn is already planning to build such a place in Louisville.) Some would also like to see an afternoon treatment program, where kids who are trying to kick the habit could do their homework, listen to records and have a counselor nearby to lean on when temptation threatens.

The Governor's Task Force on Drug and Alcohol Abuse Prevention, headed by former Gov. Julian Carroll, is drawing up legislative and funding plans for drug abuse prevention and treatment programs, to be presented to the 1986 General Assembly. But Carroll isn't terribly optimistic about the chance for success in a state whose budget for drug and alcohol abuse treatment, prevention and intervention - \$6 1/2 million - ranks 50th in the nation.

"Our policy-makers are . . . used to dealing with the results of the crisis rather than the cause of the problem," Carroll said.

When he was governor, Carroll said, "I was just as guilty of lack of knowledge as they are. I never realized that drugs were the cause of most of the problems I was dealing with, including the high school dropout rate, the high cost of insurance, workers compensation and law enforcement. . . . I never dealt with the drug problem (as governor) and, quite candidly, they are still not dealing with it."

- Caption: PHOTO Herald-Leader/David Perry Dr. Edward Maxwell warns that the problem is usually not noticed until it is way out of control.
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