

New weapon against drug dealers is OK'd

By Nelson Williams Jr.

Two recent rulings by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) could prove to be the biggest weapons 13th Precinct police have in keeping drug dealers off our street corners.

After several meetings with the 13th Precinct, the Manhattan Neighborhood Council (MNC) and other local leaders, OASAS approved the use of a drug that should considerably cut down on traffic at seven East Side methadone clinics. The state agency also established a pilot program in which the

names of methadone patients arrested for drug dealing will be given to clinic officials.

Both OASAS and community leaders believe these landmark steps will drastically cut down on the sale of methadone and other drugs on the streets near clinics, which has become a brisk business in the last few years.

"We're hoping this will be the beginning of the end of 23rd Street as a drug super-

State helps police take on methadone dealers

market," said Gerard Schriffen, co-founder of MNC, a coalition of 145 community organizations. "Our goal is to have no methadone on the street for sale, period."

Almost any morning of the week, police and passersby can spot dealers on 23rd Street, peddling methadone. Many are patients at area clinics -- including five run by Beth Israel at 429-433 Second Avenue, at 25th Street -- which give out daily doses of the drug to hundreds of recovering heroin addicts.

The illegal sale of methadone has become so popular in the neighborhood that dealers of other drugs have been drawn to the area, according to police. Recent crackdowns by cops on the Lower East Side has pushed even more dealers north, to 14th Street and above.

"drug infestation" of the area near Stuyvesant Town led Assemblyman Steve Sanders to call for a major drug sweep, which 13th Precinct cops have begun to carry out over the

last two weeks. Yet it was Sanders' recommendation that local leaders contact OASAS that may result in 23rd Street finally being cleaned up.

In late August, OASAS gave clinics the O.K. to use long-acting methadone (LAMM) with some recovering addicts, which means many of them would be visiting clinics only two to four times a week, instead of six times.

Particularly troublesome for cops have been Saturday mornings, when clinics provide clients doses for that day and the next, when they are closed. Many of the patients then head to 23rd Street to sell their extra doses of methadone.

"We don't want these problem patients and neither does the MNC," said Dan McGill of OASAS. "This is a win-win situation."

OASAS and local officials have applauded the 13th Precinct, which has agreed to turn over its list of arrested drug dealers so clinics can determine if their clients are selling their doses in-

stead of taking them. Clinics can then decide if recovering addicts need additional counseling, or if they should be terminated from the program.

"We're willing to do the legwork to ensure that individual clients are not involved in the illegal sale of drugs in the streets and parks," said Lieutenant Joseph Tango, special operations officer at the 13th Precinct. "We think this will be a very successful project that should be enacted throughout the city."

While our residents are more concerned with the daylight drug dealing that plagues Stuyvesant Park, Union Square Park, 14th Street and 23rd Street, MNC members from the Lower East Side to Harlem report similar problems with methadone sales, according to Schriffen.

"It's the same complaint," said MNC's co-founder, "just a different address."

As the area with the most methadone clinics, the East Side has been at the forefront of the push to curb

dealing near the program sites.

"We have been focusing on ongoing neighborhood and business complaints about illegal drug sales and related crime for years," said Arlene Harrison, president of the Gramercy Park Block Association and a member of MNC. "We see this pilot project of MNC in partnership with OASAS as

a positive step in addressing longstanding community concerns."

Others, including the 13 Precinct's Tango and the MNC's Schriffen, feel that OASAS could put even more teeth in its policies. "We believe that methadone clinics should have to supervise the actual consumption of the doses."

"That would eliminate most of the problem right there," said Tango.

A program such as Beth Israel's would have to hire much more personnel to handle its 1,500 patients, however, said Schriffen.

"We just consider it a major accomplishment that the community has gotten together with a state agency to make these changes," said Schriffen.

LETTERS TO THE EDITOR

THE REAL DOPE

To the Editor:

Manhattan Neighborhood Council (MNC) welcomes your story ("Residents Welcome Change at Methadone Clinics," Sept. 5, 1996) on the changes in methadone clinic policies initiated by the N.Y. State Office of Alcoholism and Substance Abuse Services (OASAS) after a series of meetings with MNC representatives.

However, contrary to what you reported:

- The use of long-acting methadone will not render daily visits and take-home doses obsolete, but it can reduce the number of clients who are given methadone in this way.

- The use of long-acting methadone may not cut the overall client population at local methadone clinics, but it can lower the number of times any one client must come to a clinic each week, thus reducing street traffic.

- The Beth Israel program on East 25th Street treats 1,500 clients each week, not each day.

- Finally, while MNC is most definitely a congress of delegates from civic, community, residential, business and political groups throughout the borough, it is not (yet) a citywide organization.

*Gerard Schriffen
Dag Hammar skjold Center*

An Alternative To Methadone Is Approved

New York Clinics See New Hope for Addicts

By LISA W. FODERARO

In a move that could make it easier for heroin addicts to adhere to treatment, New York State has approved a longer-acting alternative to methadone, the synthetic narcotic used to stave off the cravings of heroin addiction. Unlike methadone, which must be taken every day, the new drug, marketed under the brand name Orlaam, is taken three times a week.

The decision to offer the alternative was embraced by treatment providers, who see it as a convenient option for the 42,000 patients in methadone treatment statewide — many of whom must show up at clinics daily for doses — and by New York City neighborhood groups eager to reduce drug trafficking around methadone clinics.

Because of its potency and the potential for illegal sale, the Food and Drug Administration prohibits treatment clinics from allowing patients to take the new narcotic with them for use later in the week, as they often do with methadone.

The medication, levo-alpha-acetyl-methadol, commonly known as LAAM, was approved by the F.D.A. in 1993 and is currently used to treat heroin addicts in most states. The New York State Office of Alcoholism and Substance Abuse Services approved its use last month and is now notifying methadone clinics about applying for permission to offer the drug.

"If you have to go to a clinic every morning and wait on line, that certainly adds an extra burden to the logistics of your day," said Daniel McGill, a spokesman for the state agency. "This will also open up opportunities for the staffs at clinics. It will free up some of the time of the counselors to help people who need more intensive services."

But Mr. McGill cautioned that the new drug would not replace methadone and said only 20 percent of current methadone patients might switch to LAAM. "This does not mean that all present methadone patients will automatically start receiving this long-acting alternative," Mr. McGill said. He said clinics would still want to give patients a daily dose of methadone when treatment starts to "get a handle" on a client's needs. In addition, long-term methadone users already visit only once a week for a single dose, taking home another six.

Because of the prohibition against sending home the new medication, community groups are hoping LAAM will reduce drug-dealing around clinics. A small minority of patients abuse the system, treatment providers say, by selling a dose of methadone on the street for \$25 to \$40, usually to addicts whose heroin source has dried up.

"This will make a difference," said Gerard J. Schriffen, co-chairman of the Manhattan Neighborhood Council, an organization of 140 community groups, block associations and political organizations.

Mr. Schriffen said he often saw people selling methadone outside clinics. "My wife was with our three young children when someone came out of the clinic at Beth Israel," he said, "and five feet from the front door they tried to sell her methadone."

The council, a growing voice in the debate over the scope and locations of social-service centers, sees LAAM as a first step in cleaning up areas around clinics, Mr. Schriffen said. "Our goal is to prevent illegal drug sales on the street, and the only way we can see that happening right now is to not let methadone out on the street," he said.

But that's not likely to happen. "From a common-sense point of view," Mr. McGill said, "I don't see our taking any treatment options away from someone running a clinic."

Allowing patients to take home metha-

Albany Allows Drug Clinics to Use Substitute for Methadone

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done is, in fact, part of the rehabilitation process, providers say. More than half the patients in methadone-maintenance programs have take-home privileges. State guidelines require patients to make daily visits for the first three months, a requirement that will not change with LAAM, Mr. McGill said.

At methadone programs like the one at Albert Einstein College of Medicine in the Bronx, patients who have consistently shown progress and tested negative for illicit drugs for two years are able to pick up their methadone supply in only two visits a week. After three years, they go just once a week.

"When you have a real job and you

A long-acting heroin substitute may help reduce trafficking near clinics.

have to go to work every day, coming once a week would probably be more attractive than LAAM," said Ira J. Marion, executive director of Substance Abuse Programs at Albert Einstein. "With LAAM, a patient would still have to go Monday, Wednesday and Friday." But LAAM could still be beneficial for newer patients, he said.

Patients might also prefer LAAM to methadone because of the evenness of its effect. "Some people like Tylenol; some people like aspirin," Mr. Marion said. "In those patients who have tried it, they feel better with LAAM because it doesn't have peaks and troughs. They don't know they took it at all."

The drug, which is structurally similar to methadone, is made by Roxane Laboratories Inc., a pharmaceutical company in Columbus, Ohio. Like methadone, LAAM blocks cravings for heroin and eliminates the high if heroin is taken, but its effects last up to 72 hours instead of 24. The medication was studied and tested for more than two decades before gaining F.D.A. approval.

Whether it works as well as methadone seems open to debate. Mr.

McGill said it was just as effective but others say some addicts seem better off with methadone. "It is a different medication and people do not react to it the same way," said Dr. Robert G. Newman, president and chief executive of Beth Israel Medical Center, which runs 23 clinics in New York City with more than 7,000 patients.

Dr. Newman said that the real need in New York City was for more treatment slots. Methadone clinics serve 34,700 of the estimated 200,000 heroin addicts in the city.

"The big problem facing methadone treatment," he said, "is that the capacity is woefully, tragically inadequate to meet the existing demand among people who want to leave the life of heroin addiction."