NOT FOR PUBLICATION OR
PUBLICATION REFERENCE

Bulletin, Drug Addiction
and Narcotics
1955 p. 1125
Appendix H p. 1

APPENDIX H

The Riverside Hospital Project for the Treatment of Juvenile Addicts

by

Dr. Raphael Gamso
Director, Riverside Hospital
North Brother Island, New York, N.Y.

The Riverside Hospital for the treatment of drug addicts under twenty-one years of age, was set up in 1952 because of the increasing number of these young addicts appearing in New York City. There had been considerable feeling that Lexington was too far away, and was a prison type unit in which it was believed that the young addicts might be adversely affected by older addicts. In addition, there existed at Lexington only very limited educational opportunities for these young people, most of whom were still of school age. The distance from New York City made family participation in the treatment unlikely. Furthermore, there were no provisions for after care and voluntary patients could leave Lexington at will.

It so happened that at the time when these problems were becoming urgent, the New York hospital system had at its disposal an unused hospital on North Brother Island and the Riverside unit was set up there. The island has only thirteen acres of land and is therefore, unsuitable for agricultural work of the type done at Lexington. The surrounding water served to keep the patient population from contact with the outside world. The Board of Education has set up school facilities there; a principal and thirteen teachers are provided.

A law has been passed under the New York Public Health Code, which enables narcotic users under twenty-one years of age to be ordered by a court into the Riverside Hospital for treatment, guidance and rehabilitation. The hospital then has jurisdiction over the user for three years. This process can be repeated if the user is under twenty-one years of age when the third year expires. It is, therefore, theoretically possible to keep young addicts under the control of Riverside Hospital until age twenty-four. Patients are seen by the court only upon the petition of an adult. The adult may be either a parent, a social worker, a doctor, or other interested persons. One half of the patient population comes in this way directly from the community, the other half comes as a result of being apprehended by the police for anti-social activities. Charges are usually held in abeyance while treatment at the hospital proceeds.

Patients are actually sent to the hospital following a hearing at the Narcotics Term Section of the Magistrate's court. This meets four times a week and a social worker from the hospital goes there to see any patients who are being referred. The hospital endeavors to obtain history and other

information on patients before they are seen in court but some people also turn up spontaneously knowing that a court hearing is to be held that day. The narcotic user's case is then brought before the court and the Magistrate orders the patient into the hospital.

The patient is brought to the hospital by ambulance and received in a separate building at the ferry slip. Here the patient is examined and put into hospital clothing and sent to a withdrawal ward where he will spend three to four weeks. The actual withdrawal procedure only takes three or four days, after which the patient gets a thorough study by the therapeutic team to which he has been assigned on arrival. There are a number of therapeutic teams operating, each team being composed of a psychiatrist, a psychiatric resident, a psychiatric social worker, a nurse, a psychologist, a recreation leader, a school teacher and an occupational therapist. There are also vocational guidance personnel available to the team. After the patient has been in the hospital three or four weeks a diagnostic conference is held by the team. At this critical point the patient usually requests release. This request can most often be ignored. However, if the patient's behavior is too severely disturbed or anti-social for an open facility such as Riverside Hospital, the patient may be discharged as unsuitable for treatment and followed in the Riverside Hospital after-care clinic on the mainland. Occasional psychotic or mentally deficient patients may be transferred to the appropriate State institution by way of Bellevue Hospital. Following the psychiatric evaluation, there is a three week period of transition in which the patient goes to classes in the morning and takes vocational and aptitude tests and is tried out on various types of institutional work in the afternoon. Following this period, a long term goal and therapeutic plan are drawn up, the patient receiving either psychotherapy or case work as well as appropriate scholastic and vocational work. The hospital has a baseball and basketball team which may play other teams within the city and the patients are taken in groups to athletic or educational events in New York City.

The parents are seen by social workers either at their visits to the island or in the after-care clinic in the evenings. In addition, there is a parents-staff evening held once a month to which the parents can come and ask questions of the staff and at which lectures and movies are presented. In general, these families have not been too responsive.

Before the patients are discharged from the hospital, detailed plans are worked out involving the conditions under which the patients will live and arrangements are made about either job or school activities. The patients are then put on therapeutic leave and again passed through Narcotics Term where the judge warns that they are still under the jurisdiction of the Court. They are then seen by the social worker or a psychiatrist in the after-care clinic in the evenings. If they are unable to adjust psychologically or if they return to drugs they are returned to the hospital for more treatment. It is the feeling of a good many of the people on the staff that the first hospitalization is more of an introduction to the possibility of help

with their problem than a real therapeutic opportunity. Usually patients are resistant to help on this occasion and are much more amenable to therapy on their second hospitalization. This has been true to such an extent that several of the therapeutic teams feel the patients should be kept in the hospital only a minimal period of time on their first admission and should then be allowed to return to the community and be readmitted for definitive treatment if necessary.

* * * * * *

Discussion

Dr. Kalbaugh asked what was the admission rate.

Dr. Gamso replied that about 400 adolescents were admitted last year of which 215 were first admissions.

Dr. Fraser asked what was the average census.

Dr. Gamso replied that the census had been around 113 last spring, had dropped to about 65 during the summer and was now back up to around 115 again.

Dr. Cameron asked whether follow-up data had been assembled and analyzed.

Dr. Gamso replied that this had not been done as yet.

Dr. Kalbaugh asked whether there were any problems with patients who had been informers and were, therefore, in trouble with the other patients. Could guards be provided for patients who had been informers?

Dr. Gamso said no. If such patients needed to be protected they would have to be transferred elsewhere.

Dr. Fraser asked how one determined when a patient should be discharged.

Dr. Gamso replied that there were wide variations between the teams in their judgments concerning this.

Dr. Seevers asked whether all patients admitted were true addicts or just occasional users.

Dr. Gamso answered that by the time adolescents came to Riverside they were regular users and had been on the drug regularly from six months to a year or more.

Dr. Tainter asked whether the problem was increasing or decreasing in New York City.

Dr. Gamso stated that fewer patients were being received in the 13 to 15 year age group but in the older age groups the numbers were about static. Dr. Gamso commented further that originally the proportion had been about 66% Negro, 15% Puerto Rican and 19% white; more recently there had been about 52% Negro and 32% Puerto Rican and 16% white. Barbiturate addicts were not received; only heroin addicts were taken. Dr. Gamso added that there was no serious contraband problem. In response to another question, he stated that the sex ratio was about 5 males to 1 female.

Dr. Starr closed the discussion by commenting that Dr. Gamso might eventually be able to provide a good many of the answers on the effectiveness of current treatment of drug addicts which the Committee had been desiring for so long.