

## In Heroin Crisis, White Families Seek Gentler War on Drugs

By Katharine Q. Seelye

The New York Times, Oct. 30, 2015

NEWTON, N.H. — When Courtney Griffin was using heroin, she lied, disappeared, and stole from her parents to support her \$400-a-day habit. Her family paid her debts, never filed a police report and kept her addiction secret — until she was found dead last year of an overdose.

At Courtney’s funeral, they decided to acknowledge the reality that redefined their lives: Their bright, beautiful daughter, just 20, who played the French horn in high school and dreamed of living in Hawaii, had been kicked out of the Marines for drugs. Eventually, she overdosed at her boyfriend’s grandmother’s house, where she died alone.

“When I was a kid, junkies were the worst,” Doug Griffin, 63, Courtney’s father, recalled in their comfortable home here in southeastern New Hampshire. “I used to have an office in New York City. I saw them.”

Noting that “junkies” is a word he would never use now, he said that these days, “they’re working right next to you and you don’t even know it. They’re in my daughter’s bedroom — they are my daughter.”

When the nation’s long-running war against drugs was defined by the crack epidemic and based in poor, predominantly black urban areas, the public response was defined by zero tolerance and stiff prison sentences. But today’s heroin crisis is different. While heroin use has climbed among all demographic groups, it has skyrocketed among whites; nearly 90 percent of those who tried heroin for the first time in the last decade were white.

And the growing army of families of those lost to heroin — many of them in the suburbs and small towns — are now using their influence, anger and grief to cushion the country’s approach to drugs, from altering the language around addiction to prodding government to treat it not as a crime, but as a disease.

“Because the demographic of people affected are more white, more middle class, these are parents who are empowered,” said Michael Botticelli, director of the White House Office of National Drug Control Policy, better known as the nation’s drug czar. “They know how to call a legislator, they know how to get angry with their insurance company, they know how to advocate. They have been so instrumental in changing the conversation.”

Mr. Botticelli, a recovering alcoholic who has been sober for 26 years, speaks to some of these parents regularly.

Their efforts also include lobbying statehouses, holding rallies and starting nonprofit organizations, making these mothers and fathers part of a growing backlash against the harsh tactics of traditional drug enforcement. These days, in rare bipartisan or even nonpartisan agreement, punishment is out and compassion is in....



## **An Epidemic's New Terrain**

Heroin's spread into the suburbs and small towns grew out of an earlier wave of addiction to prescription painkillers; together the two trends are ravaging the country.

Deaths from heroin rose to 8,260 in 2013, quadrupling since 2000 and aggravating what some were already calling the worst drug overdose epidemic in United States history.

Over all, drug overdoses now cause more deaths than car crashes, with opioids like OxyContin and other pain medications killing 44 people a day.

Here in New England, the epidemic has grabbed officials by the lapels.

The old industrial cities, quiet small towns and rural outposts are seeing a near-daily parade of drug summit meetings, task forces, vigils against heroin, pronouncements from lawmakers and news media reports on the heroin crisis.

New Hampshire is typical of the hardest-hit states. Last year, 325 people here died of opioid overdoses, a 68 percent increase from 2013. Potentially hundreds more deaths were averted by emergency medical workers, who last year administered naloxone, a medication that reverses the effects of opioid overdoses, in more than 1,900 cases.

Adding to the anxiety among parents, the state also ranks second to last, ahead only of Texas, in access to treatment programs; New Hampshire has about 100,000 people in need of treatment, state officials say, but the state's publicly financed system can serve just 4 percent of them....

## **A More Forgiving Approach**

Among recent bills passed by the New Hampshire legislature in response is one that gives friends and family access to naloxone, the anti-overdose medication. Mr. Griffin, a few months after his daughter died, was among those testifying for the bill. It was set to pass in May but would not take effect until January 2016 — until Mr. Griffin warned lawmakers that too many lives could be lost in that six-month gap. At his urging, the bill was amended to take effect as soon as it was signed into law. It went into effect June 2.

Other parents like him have successfully lobbied for similar measures across the country. Almost all states now have laws or pilot programs making it easier for emergency medical workers or family and friends to obtain naloxone. And 32 states have passed "good Samaritan" laws that protect people from prosecution, at least for low-level offenses, if they call 911 to report an overdose. A generation ago when civil rights activists denounced as racist the push to punish crack-cocaine crimes, largely involving blacks, far more severely than powder-cocaine crimes, involving whites, political figures of both parties defended those policies as necessary to control violent crime.

But today, with heroin ravaging largely white communities in the Northeast and Midwest, and with violent crime largely down, the mood is more forgiving....



## **A Death on Staten Island Highlights Heroin's Place in 'Mainstream Society'**

By Michael Wilson

The New York Times, Oct. 2, 2016

The man entered the Red Robin restaurant inside the Staten Island Mall two minutes after 6 p.m. on a Friday. He walked straight past the booths and tables and entered the men's room.

A manager would find him there seven minutes later, lying on the floor with a needle and foaming at the mouth.

His name was Jonathan Ayers, 27, and he was declared dead within the hour that evening, Sept. 9, apparently of a heroin overdose.

Mr. Ayers's fatal overdose was the latest addition to a body count without precedent. So far in 2016, there have been 71 deaths that appear to be from heroin overdoses on the island, the Richmond County district attorney's office said, already on pace to more than double the record set two years ago. Nine people died of heroin overdoses in a recent 10-day period, prosecutors said.

Mr. Ayers left behind an account of his addiction. After his death, his mother, Ann Ayers, and brother, Christopher, found a journal he had kept for the last couple of years that chronicled the lies he had told them to conceal his continued dependence on drugs.

"I lie mostly I think because I am scared of being judged for the truth," Mr. Ayers wrote in May 2015. "This journal is where I tell the truth." Through the journal, his family would come to know the son and brother they had lost, and see the thoughts of a heroin addict.

Staten Island has been home to a heroin epidemic for several years, and it rivals the Bronx for the highest rate of deaths from heroin overdoses in New York City. The drug arrived to meet demand for opiates and fill the void left by law enforcement crackdowns on prescription pills, which were widely abused there.

Heroin, much cheaper than pills, became the drug of choice for the mostly white, middle-class neighborhoods on the island's south end. It was brought in bulk from other boroughs and New Jersey, and easily found on the island as an attractive diversion for bored and restless young people — creating a crisis for law enforcement, treatment programs and the parents of addicts, who have seen too many of their children end up in jail or the morgue.

Since 2010, the number of arrests on the island in which heroin or pills were found on the suspect has increased tenfold, to over 1,000 last year. Deaths attributed to heroin overdoses have also risen: In 2012 and 2013, the toll was 33 each year, and then jumped to 41 in 2014.

The deaths fall within a nationwide heroin epidemic that officials have compared to the onslaught of H.I.V. in the 1980s and 1990s. An estimated 125 people a day die from drug overdoses, 78 of them from heroin and pills. The rise in deaths has left virtually no corner of the country untouched, from New England to Appalachia to the Midwest and Southwest.



On Staten Island, the numbers could be far worse. Emergency medical workers and firefighters administered naloxone, an antidote to opioid overdoses, 89 times from January through July. Police officers have used it to save lives 35 times this year.

There have been new programs and initiatives and task forces and law enforcement operations and arrests. There have been infusions of funds. And yet nothing seems to be working.

“The drugs are too accessible and too acceptable,” Michael McMahon, the Staten Island district attorney, said in an interview last month. “There seems to be a whole new population that thinks it’s O.K. and not taboo.”

Mr. McMahon said too few resources were being directed to the epidemic.

“If this many people were dying from Zika on Staten Island, we would have an all-out emergency crisis response to it,” he said. “Anywhere else in the city of New York, if nine people died in 10 days from one reason, it would be declared a citywide health emergency.”

Mr. McMahon, shortly after taking office in January, announced the creation of the Overdose Response Initiative, with officers responding to every fatal overdose as if it were a homicide, gathering information on the victims and combing their cellphones for leads on the identity of the dealer of the drugs.

The investigations have given prosecutors and the police real-time data on overdoses; in the past, they had to wait for lengthy toxicology tests. The response has linked fatal overdoses to suspected dealers in two recent drug takedowns that led to 18 arrests.

Assistant Chief Edward Delatorre, the borough commander of Staten Island, said the police were initially led to believe that dealers had taken their own measure to avoid scrutiny — selling weaker heroin.

“We got word back that they were cautioning the other dealers who sold, ‘Be careful what you sell on Staten Island,’” he said. “But here we are again in September with a surge.”

Mr. McMahon believes that the recent string of deaths resulted not from a bad batch of heroin, but from the potency and ubiquity of the drug and the recklessness with which addicts are using it.

“What does that tell you, the death in the mall?” said Luke Nasta, the director of Camelot, an addiction treatment center on Staten Island. “It’s part of mainstream society. Bright, shiny glass and nice stuff. The abundance of America, and using heroin and succumbing to an overdose. It’s a crosscut of society. It’s here. There’s no denying it.”



## Drug Linked to Ohio Overdoses Can Kill in Doses Smaller than a Snowflake

By Jack Healy

The New York Times, Sept. 5, 2016

CINCINNATI — On the day he almost died, John Hatmaker bought a packet of Oreos and some ruby-red Swedish Fish at the corner store for his 5-year-old son. He was walking home when he spotted a man who used to sell him heroin.

Mr. Hatmaker, 29, had overdosed seven times in the four years he had been addicted to pain pills and heroin. But he hoped he was past all that. He had planned to spend that Saturday afternoon, Aug. 27, showing his son the motorcycles and enjoying the music at a prayer rally for [Hope Over Heroin](#) in this region stricken by soaring rates of drug overdoses and opioid deaths.

But first, he decided as he palmed a sample folded into a square of paper, he would snort this.

As he crumpled to the sidewalk, Mr. Hatmaker became one of more than 200 people to overdose in the Cincinnati area in the past two weeks, leaving three people dead in what the officials here called an unprecedented spike. Similar increases in overdoses have rippled recently through Indiana, Kentucky and West Virginia, overwhelming ambulance crews and emergency rooms and stunning some antidrug advocates.

Addiction specialists said the sharp increases in overdoses were a grim symptom of America's heroin epidemic, and of the growing prevalence of powerful synthetic opiates like [fentanyl](#). The synthetics are often mixed into batches of heroin, or sprinkled into mixtures of caffeine, antihistamines and other fillers.

In Cincinnati, some medical and law enforcement officials said they believed the overdoses were largely caused by a synthetic drug called carfentanil, an animal tranquilizer used on livestock and elephants with no practical uses for humans. Fentanyl can be 50 times stronger than heroin, and carfentanil is as much as 100 times more potent than fentanyl. Experts said an amount smaller than a snowflake could kill a person.

...Around Cincinnati, police officers and sheriff's deputies are so concerned about the potency of carfentanil and other synthetic opioids that they carry overdose-reversing naloxone sprays for themselves, in case they accidentally inhale or touch the tiniest flake.

Because of its potency, law enforcement agents have stopped field-testing the powders they find at the scenes of overdoses. When regional drug enforcement officers in Cincinnati pulled over two men on Aug. 26 and found an unknown pink substance, they sent it directly to the county coroner's office; it tested positive for heroin, fentanyl and carfentanil.

And as ambulance crews and the police rushed to respond to this recent wave of overdoses, answering 20 or 30 calls each day, they said they sometimes had to give people two, three or five doses of naloxone spray to revive them. Usually, one quick spray is enough to block a person's opiate receptors



and immediately jolt them out of an overdose. Some hospitals have had to give overdose patients intravenous drips of anti-opioid chemicals.

“Our antidote, our Narcan, is ineffective,” [Sheriff Jim Neil](#) of Hamilton County said, using a trade name for naloxone. “It was meant for heroin. It wasn’t meant for fentanyl or carfentanyl.”

Like much of the country, officials here along the Ohio-Kentucky border have been straining to cope with the toll of opioid use.

Accidental drug overdose deaths in Hamilton County doubled to 414 last year from 204 in 2012, according to the county coroner, most of those involving fentanyl or heroin.

There were an average of 92 overdose reports each month during the first six months of 2016, up from an average of 40 during the last half of 2015, according to numbers collected by the [Greater Cincinnati Fusion Center](#), a regional law enforcement and public health group.

As deaths mounted, officials formed anti-heroin coalitions and task forces. Police officers and addiction experts visited the homes of people who had overdosed to try to persuade them into treatment. The Cincinnati Enquirer even [has a heroin beat reporter](#).

Nan Franks, the executive director of the Addiction Services Council, the Cincinnati affiliate of the National Council on Alcoholism and Drug Dependence, said the problem was made worse by scarce bed space at the area’s lone publicly funded detox center and a constant lack of money for treatment services.

Ms. Franks said drugs were so cheap that addicts said they can walk through one housing project and get four free samples from dealers.

“People are waiting for treatment,” Ms. Franks said. “We need a better response to keep them safe.”

Five days after Mr. Hatmaker overdosed, a police car pulled up outside his home in Norwood, an independent city of 20,000 inside Cincinnati. Lt. Tom Fallon, the commander of the county’s heroin task force, was there to take Mr. Hatmaker to treatment.

As they drove, Mr. Hatmaker thought back to how he had gotten there. He said he started selling pain pills in 2012 after being laid off from his job at an online retailer’s warehouse, then started taking them, then turned to heroin. Cycles of withdrawal, jail and treatment followed. Some of his friends died or went to prison for selling drugs.

He said he does not remember much from this latest overdose — only waking in an ambulance and feeling the pain where medics had pounded his chest to keep him alive. The medics who saved him told him he was minutes from death, Mr. Hatmaker said.

“I’m tired of this,” he said. “I’m tired of overdosing; I’m tired of this life. Eventually, you’re just going to die.”

