

'Cages and coffins'

State officials say new approach needed to deal with burgeoning opioid, heroin epidemic

By SANDY RHODES

Special to The Era

The heroin epidemic is hitting Pennsylvania hard and rural areas of the state seem to be getting the brunt of the assault.

"We are very concerned about rural areas," Department of Health Secretary Dr. Karen Murphy said. "Statistics are much higher in rural Pennsylvania as compared to our urban counterparts."

Murphy, along with Human Services Secretary Ted Dallas, Physician General Dr. Rachel Levine and Drug and Alcohol Programs Secretary Gary Tennis, held a town hall meeting on Facebook to discuss the opioid crisis. Two of the questions they answered were submitted by an Era reporter.

One was how they are going to combat the heroin epidemic in rural Pennsylvania.

Officials said there is a 315 percent increase in hospitalizations from heroin overdose in rural areas, compared to a 143 percent increase in urban areas — a difference of 172 percent.

"The problem is definitely considerably worse in rural areas," Murphy said.

In order to tackle this problem, the Department of Health plans on working with rural health systems and health clinics to see what can be done to restructure the health care system to make it better.

One facet of this is the Centers of Excellence proposed by Gov. Tom Wolf, who earmarked \$34 million in his 2016-17 state budget. The new funding will provide 50 centers that will treat 11,000 people who do not have access to treatment.

Regarding the Centers of Excellence, the administration has received 116 proposals that came from 48 of the 67 counties in the state. Many of these proposals came from rural areas, highlighting the need for action against the epidemic in these locations.

"Rural Pennsylvania is the focus of the Department of Health, as well as all of us," Murphy said.

Over the past few months, members of Wolf's administration have traveled the state to discuss the opioid and heroin epidemic as well as to push for his budget, in roundtable meetings. In 2014, nearly 2,500 Pennsylvanians died from a drug overdose. Heroin and opioid overdose are the leading cause of accidental death in Pennsylvania, killing more individuals each year than motor vehicle accidents.

Of the 27 meetings to date, three (11 percent) have been held above Interstate 80 and all three were held in urban areas — Erie, Williamsport and Scranton.

But location is just one aspect of the epidemic — funding for treatment is also a concern.

Tennis said that over the years, funding has dwindled. Federal funding for drug and alcohol treatment has been cut by 25 percent “in real dollars.”

“We were already underfunded.”

Then for years before Wolf came into office, state funding was cut each year. This resulted in people not being able to get the care they needed for the length of time they needed.

This goes into treating the “whole person” — looking into why a person is addicted, their physical health as well as their mental health.

Tennis said the state is working on a public relations campaign — “PA Stop” to let people know help is available.

“Anybody can get addicted to opioids. Anyone. And if you do, you are at risk to moving to heroin.”

There is a big hurdle to overcome before some addicts can receive treatment — that is the stigma attached to drug addiction.

“Out in the public, people think this issue is in one particular segment ... it has faces of all,” Murphy said. Tackling the stigma is “critical in addressing this public health crisis” and delays people from getting into treatment.

“These are mothers, fathers, brothers and sisters people we know,” she said. “Parents don’t want to admit their children are having a problem. We have husbands and wives who don’t want to come out and say there is a problem.”

One key to overcoming this is to let people know that no one is immune to addiction.

“We need to get people into treatment to save lives,” Murphy said. “We are losing seven Pennsylvanians every day.”

One weapon in their arsenal is the standing order for Naloxone that was signed by Levine. Last year, more than 1,000 were saved, but far more have been lost.

“At last count, we lost 2,500 Pennsylvanians to overdose. In American, we are losing 1,000 a week,” Tennis said.

And while addiction is an illness, it is treated different from any other illness.

“I can’t think of any other disease that we wouldn’t intervene to get people help as quickly as possible,” Murphy said. “The stigma is very important for us to address and we will work to address it diligently so we are effective in getting people into treatment faster.”

People also view addicts as a product of their own making — they made bad choices so they should have to pay the consequences.

“Most diseases are a result of bad choices,” Tennis said. “Those with heart disease often have made bad choices in terms of their poor eating choices or lack of exercise.”

Casting shame on others for bad choices is counterproductive, he said.

“To point the finger is really a deadly, deadly practice. What other disease would we tolerate, at a national level, funding for only 10 percent of those in need? Instead, we pay seven times more to wait until people deteriorate into the criminal justice system and then we

pay far, far more. Or we wait until they die of an overdose.”

In the end, incarceration or death is not solving the problem.

“The policy of cages and coffins as treatment or a response to any disease is not a civilized response. We really truly need to take this stigma on.”

This may result in residents becoming safer as well as helping those struggling with addiction.

“We could have much safer communities if we finally move into the light and understand this truly is a disease.”

Before people make a rush to judgment, Tennis harkened the words of Dr. Benjamin Rush, one of the Founding Fathers who signed the Declaration of Independence, who said, “We need to stop looking at this as a moral failure and we need to start looking at this as a sickness.”

Until that happens, addicts are bound to shun treatment to avoid the shame.

“It’s time we finally get it.”

Media mogul Heindl getting word out on Elk County drug abuse

By SANDY RHODES

Special to The Era

A Ridgway man has set up a lifeline for those who want to get off drugs, as well as those who seek to get drug dealers off the streets.

Dennis Heindl, owner of Laurel Media, has set up a toll-free number for anyone seeking to free themselves from the grip of addiction and for anyone who has information on someone dealing drugs. The number is 844-341-4400.

“It is anonymous, strictly confidential,” Heindl said, adding callers will leave a message. The only people with access to listen to the messages are members of the North Central Pennsylvania Municipal Drug Task Force. If someone calls seeking help, they will be helped. If someone calls with information on a criminal activity, it will be followed up on.

Heindl believes in this project so much he is putting his money where his mouth is. He has funded the toll-free number and is offering a \$1,000 reward to information that results in the conviction of a dealer. The caller has to leave his or her name in order to be eligible for the reward.

“If we save one kid or family,” Heindl said of his goals in fighting drugs. “There are so many things kids don’t understand ... that people who deal don’t tell them.”

One of those is the long-standing consequences. There are people becoming addicted, losing friendships and family members, and becoming entangled in the legal system.

“There are consequences,” Heindl said.

For instance, someone convicted of a felony cannot obtain a passport, hold certain jobs, vote or own a gun.

But with Heindl’s effort, the word is getting out. One meeting was held in Ridgway to educate the public on drug use.

A second meeting will be held from 7 to 9 p.m. June 28 at the Red Fern in St. Marys.

There were 286 people in attendance there and Heindl hopes to surpass the 300 mark with this meeting.

Elk County Sheriff Todd Caltagarone will be the main speaker. Three people will talk about how they overcame addiction and another will talk about the effects of addiction on children. There will also be a question-and-answer period with Elk County District Attorney Shawn McMahan and members of the drug task force.

People of all ages are invited to come to the meeting. He added that it does not matter where a person comes from, only that they come and find out what is happening. In the last meeting people came from Bradford, Corry and Clarion.

“Educate, educate, educate,” Heindl said.

He hopes to hold meetings in Kane and Johnsonburg, too.

“There is hope,” he said, adding “(addicts) have to want help. If not, we are spinning our wheels.”

Heindl became interested in the drug epidemic in this area, ironically, by people’s disinterest. He and his wife, Rose, went to a meeting where only four people showed.

“That was ridiculous. This is such an important subject and no one attended.”

Heindl then sponsored the meeting in Ridgway, which was educational not only for those in attendance.

The media mogul has been getting the word out about drug use in the area through a myriad of ways — his radio stations, the Ridgway Record, Facebook, church bulletins and word of mouth. He has also received pamphlets from drugfreeworld.org that have been in distribution.

Now, he has signs with the toll-free number that people can put in their yards or in their store windows.

The signs can be picked up at The Hound radio station, the Ridgway Record, St. Marys Daily Press or Kane Republican. Buttons with the toll-free number are also being made.

But the education has extended beyond the people.

“It is 100 times worse than what I thought. I can’t believe it goes on the way it does. It has gotten out of hand.”

For instance, Heindl heard of someone who was willing to pay \$1,000 each for fentanyl patches someone received after surgery.

It is that constant need to reach that first high again that, ultimately, is unattainable.

“It only takes one time and you are hooked.”

And people may not realize what they are putting into their bodies. Meth contains battery acid, heroin can be laced with rat poison or fentanyl.

As the momentum builds in the fight against drugs, so does Heindl’s enthusiasm.

“It is exciting to be honest,” he said. “Something is getting done, to help. I really believe in this.”

And he is in it for the long haul.

“This is not a flash in the pan. It will go on as long as I am alive.”

And Heindl is quick to point out that this is a community effort.

“I am trying to make this program ‘the end of drugs in Elk County,’” he said. “This epidemic is 10 times more widespread than I could imagine.

“Keep up the good work on your end and you can bet I am going to keep pursuing a solution on this end.”

Loss of best friend prompts Ceres woman to get sober

By SANDY RHODES

Special to The Era

Caitlyn Stein met her best friend when she was about 10-years-old. In the decade since that first meeting, they shared everything — a love of music, a love of laughter, a love for each other.

And a love of heroin.

Caitlyn’s best friend was Danni Fitzsimmons. Danni died Oct. 23 of a heroin overdose.

Less than six months later, Caitlyn would lose another dear friend. Cause of death — heroin overdose.

Now, the Ceres woman is sharing her story. It is a story of love, loss, heartbreak and, ultimately, survival.

“I used to be so ashamed. I was embarrassed of my story,” Caitlyn said. “I was afraid to embarrass my loved ones.

“I have nothing to be ashamed of. It has made me who I am today. I hope my story helps just one person. To either get the help they need or to make them never want to try drugs.

“It truly only takes one time.”

A life of loss

In 2007, Caitlyn's world was shattered when her mother was murdered by an ex-boyfriend in Shinglehouse.

"He was a coward ... there was something wrong with him. I knew it from day one he wasn't right."

Caitlyn saw the abuse firsthand.

"At one point, he held a knife to my mom's throat and I ended up taking it and getting physical with him. It's crazy, but he never hit me and never hit my mom, but he was capable of murder."

Before the murder, the ex-boyfriend had gone to jail after attempting to run Caitlyn's mother over with her vehicle.

One day when her mom was going to work, he shot Caitlyn's mom three times. He left and then turned the gun on himself. But not before Caitlyn lost the most important person in her life.

Caitlyn was 16-years-old.

"I've never been able to explain how it affected me. I can talk about the details of the day all day long, but I'm unable to talk about how much it completely destroyed me.

"I didn't have anyone else. My dad was never there. She was my world. I am still lost without her."

Years later, Caitlyn's cousin was murdered in Buffalo. Another part of her world gone forever.

While these two events undoubtedly changed her, Caitlyn does not blame her drug use to the losses in her life.

"I had a boyfriend who did pills and I convinced myself that I was strong enough to just use here and there. I was wrong."

When her cousin died, she lost control.

"I don't want to say that I used because I lost people I loved. You're not a product of your circumstances; you're a product of your decisions. I was so heartbroken. My anxiety and depression were at an all-time high so I was hard not to self-medicate."

Caitlyn started using again because it was fun. She thought because she had been clean for so long, she could get high once and awhile.

"Boy, was I wrong."

She said she was fine with occasional use, but then her boyfriend started taking pills every day — and so did she.

"This went on for the last year of our relationship. Shortly after we split, I got a good job and made good money. I thought I had control again until one day I woke up sick. I was so ashamed of myself."

Caitlyn had surrounded herself with a myriad of drugs — Xanax, morphine, heroin and

opiates — for about nine years.

A Friendship

Caitlyn and Danni met when Caitlyn was in about the fourth grade — introduced by Danni's brother, Ryan Bodecker.

“We had a love for music that a lot of people aren't really into so we loved sharing new bands with each other and going to shows.”

Caitlyn described Danni as someone who “marched to the beat of her own drum.” Someone who was smart, caring, outgoing and funny.

Caitlyn wasn't the only person in her family who adored Danni.

“Danni was also amazing with my daughter, Brielle,” she said. “Brielle adored her so much.”

Caitlyn recounted the time Danni babysat for Brielle. When she returned, the entire living room was transformed into a tent.

“Brielle still talks about how much she loves and misses (Danni) — and she's only 7.”

No doubt they had a lot in common. Sadly, that included using heroin.

“I would love to say we never used together, but I would be lying,” Caitlyn said. “But we also got clean together and motivated each other to stay on the right path.

“We both did great staying clean when we had each other.

But then, Caitlyn moved to Buffalo, N.Y. While the move helped her stay sober, she thinks it had the opposite effect on her friend.

“I wish to this day I didn't move back to Buffalo. Maybe things would be different. Maybe I would still have my best friend.”

Then, came that day in October when Danni overdosed on heroin. After years of using, recovering and using again, Caitlyn started on the road to recovery.

“I was just broken,” Caitlyn said of Danni's passing. “Lost. Guilty. I was devastated.”

Of all the dark moments in Caitlyn's, it took Danni's death to make her see the light.

“I've had to use Narcan on more people than I would like to try and count. That didn't scare me clean or make me feel as if I was at rock bottom.

“Seeing her (die), though, that was my breaking point. I can't put into words the emotions I felt. I love and miss her so much.”

But as a result of Danni's death, Caitlyn became sober. Her sobriety date is Nov. 18, less than a month after she lost her best friend.

A success story in Danni's ripple effect..

Surviving the Stigma

Caitlyn does not hide that she is recovering from years of addiction and while she is no longer numbing her feelings with drugs, she now feels the sting of people not understanding what an addict goes through.

“It’s aggravating and hurtful,” she said of the stigma plaguing addicts. “I’ve lost so many people I love. I have my own family that may never speak to me again. The people I love with everything in me.”

There are others who do not understand what life as an addict or loving an addict entails. What is more hurtful is it appears they don’t even try to understand, Caitlyn said.

“I get it. I chose to do drugs. I tried it like most teens do. What people don’t understand is it only takes one time to be hooked. Maybe not physically, but mentally.”

Caitlyn pointed out that no one starts out wanting to become an addict. And if they knew what that first hit would lead to, they wouldn’t try it. If it was as simple as just stopping, there would be no addicts.

“It’s like living in your own hell.

“No one wants to wake up and have to use in order to function for the day. It breaks my heart that people say all the nasty, hateful things they do about addicts. It hurts.”

Caitlyn also pointed out that people are extremely supporting when they find out she is a recovering addict.

“A lot of people are surprised because I don’t look like someone who would be an addict.”

Surviving

Caitlyn wanted to get clean for a long time, but admits it is easier said than done.

“I was exhausted. Just drained.”

One night she had a dream and she knew it was time to renew herself.

“When I woke up, I knew enough was enough. I broke my phone and took the last of the money I had and got a hotel room for four days. It was the worst four days of my life. I wouldn’t wish it on anyone. I was so sick I lost 21 pounds in less than a week.”

Caitlyn now describes her life as great and she is ready to tackle whatever life brings because she is determined not to fall back on drugs again.

“Things are finally getting better. When I first got clean, I felt there was no light at the end of the tunnel. Some days are hard and everyday I think about drugs, but I don’t ever want to live that life again.

“My addiction was like a bad and toxic relationship that you try time and time again to break up with, but once you finally do, it’s so refreshing. I get to rebuild myself. It’s not easy by any means, but it’s so rewarding and worth it. I know I have a purpose now. I know I can help people.”

She walked away from that hotel that day in November a new person with a purpose. One who is determined to stay sober.

“I love myself now and I have a lot to live for. I always felt so alone before. Now, I’m content being alone.

“And I know at the end of the day, the only one I can count on is myself. I have to want it for me and I finally do. I didn’t get clean to make anyone else happy. This time, I got clean because I deserve to be happy. I’ve never got clean for myself. That’s how I know it’s different.”

Paying it Forward

There’s a saying that goes “Where but for the grace of God go I.” Caitlyn is a living testament of those words. Now, it is her chance to help others by talking about the hell she has been through.

If someone is considering using?

“Don’t! Just don’t! The statement ‘One time is too much and a thousand times is never enough’ is so true. It only takes one time to forever crave that feeling again. Don’t create your living hell.”

Another piece of advice is that help is available.

“There is help out there. Sadly, it’s hard to get sometimes.”

She suggested going to meetings and turn to someone you trust for guidance.

“There are some great support groups on Facebook that I’m really active in. You don’t have to worry about people judging you because we have all be there. They offer a lot of help and answer any questions you ask. It’s a huge part of my recovery.”

Caitlyn said her road to sobriety started with her by herself. Over time, she has learned to lean on others.

“I’ve always done it alone. This time, I got to meetings. I know I need support.”

And each day is a gift after she has learned to live in the present.

Area agencies finding ways to provide more heroin addiction treatment

By **ALEX DAVIS**

Era Reporter

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The number of heroin overdoses across the region isn’t the only thing on the rise these days.

So is the number of individuals seeking treatment. And what’s more, as more people search for treatment options, local agencies are hoping to offer expanded services.

In January, 42 percent of people at the Maple Manor inpatient facility in Port Allegany sought treatment for heroin and prescription opioids addiction, and 50 percent in February and March. A total of 70 percent of the population in treatment were men, and the average age was 25.

“In outpatient, our referrals for individuals seeking care for the primary drug of choice of ‘other opiates’ is up from 28 percent last year to 40 percent this year,” Alcohol and Drug Abuse Services Inc. Executive Director Angie Eckstrom told The Era. “The majority of those referrals were women.”

All told, McKean County leads with the number of referrals for heroin and prescription opioids addiction, followed by Elk County, then Cameron County, Eckstrom said.

Looking back to 2012-13, Alcohol and Drug Abuse Services Inc. has seen initial assessments increase from 1,028 to 1,645 in the 2014-15 fiscal year, Eckstrom said.

“Initial assessments could be happening in our offices or area hospital and jails,” she said. “They could be self-referrals, legal referrals, CYS referrals or hospital or physician referrals to give you an idea.”

At Kane Community Hospital, the number of heroin cases has been steady for the past year, said spokeswoman Karen Beardsley-Petit. Officials treat acute symptoms and facilitate appropriate placement, she said.

“Research has shown that opiate users benefit from longer-term inpatient stays,” Eckstrom said.

With the growing need across the region, Alcohol and Drug Abuse Services Inc. is in the process of expanding inpatient beds at Maple Manor of Port Allegany from 12 short-term to 24 short- and long-term beds, she said.

“Currently, clients in need of long-term inpatient care are sent out of our area to places like Pittsburgh and Erie,” Eckstrom said. “We are looking forward to bringing this level of care closer to home for these individuals so that they can benefit from treatment with the crucial involvement of their families and support groups in their own communities.”

Meanwhile, Dickinson Center Inc., a behavioral health agency with offices across the region, is looking for a way to bring substance-abuse services to its agency, either by obtaining a license or partnering with a local treatment provider.

“Unfortunately, we have over the years had consumers die of overdose from opiates,” said Dickinson Center Inc. Clinical Services Director Angela N. Chew. “Although there are substance use treatment programs within the counties of the populations served at present there are not long-term residential treatment programs which specialize in the treatment of opiates.”

Across the county, the behavioral health services team at Bradford Regional Medical Center provides a variety of services, including for individuals fighting addiction.

“The team includes a psychiatrist, licensed psychologist, registered nurses, a social worker, case managers, mental health therapists and support staff,” said hospital spokeswoman Janene Dunn. “The buprenorphine program helps adults specifically with opiate addiction and is operated in collaboration with Alcohol and Drug Abuse Services of Bradford.”

And for its part, Alcohol and Drug Abuse Services Inc., in many ways, has been responding to the heroin and prescription opioids crisis, Eckstrom said.

“We added an outpatient location in Ridgway in 2015 to improve access to services in Elk County,” she said in an email. “We are partners with BRMC (Bradford Regional Medical Center) to provide medication assisted therapy to the clients we serve. We have also partnered with Clearfield/Jefferson counties and Penn Highlands hospital to educate first responders and our treatment staff in the use of naloxone under the Rural Opioid Overdose Reversal grant.”

In addition, the agency’s prevention department provides evidenced-based programs — Too Good for Drugs — in areas schools, Eckstrom said.

All in all, Chew calls the heroin epidemic horrible, saying it knows no boundaries — economic, racial, gender or age preferences. In addition, Chew said, “the age of first use has gotten significantly younger.”

Ongoing fight

Olean, N.Y., man used heroin to feel normal

By SANDY RHODES

Special to The Era

Shane Levia didn’t start using heroin to get high; he started using the drug to feel normal.

The Olean (N.Y.) man first became addicted to painkillers which took him down a destructive path that almost, in the end, killed him. It wasn’t until one day he woke up and realized that he had to do something for his sake as well as his family’s.

“The day I decided to discontinue (using heroin), I looked in the mirror and said, ‘This is enough. Help guide me.’”

At that point, he felt a light hand on his left shoulder. It was a light touch, but he could feel his shirt press his skin. He felt peaceful and as though he was not alone.

And although he still heard the beckoning of heroin calling to him, he decided enough was enough.

“It was time. It was definitely time.”

How it started

The former U.S. Marine’s descent into the highly addictive illegal drug started innocently enough — and at the hands of a doctor treating him for cancerous polyps on his neck.

It was at the end of 2008 and the 25-year-old was prescribed Lortab for pain. She also gave him a pamphlet warning him of the danger of being addicted to it.

“Whoever thinks it will happen to them? We are naïve until it does happen.”

It was not until a year later when he was told something was wrong.

“We kept the prescription going, it was not an issue.” But it became an issue. His doctor told him he was addicted to Lortab and could not prescribe it anymore.

Levia left the doctor’s office that day feeling numb and confused. He had taken the medication as prescribed and now he was left with eight tablets and on his own to handle with his addiction.

His worse fears came true a couple days later when he started shaking, pacing, sweating and sick to his stomach. At first he thought it was the flu. No, he was going through detox.

“I felt like I wanted to rip off my skin.”

Levia then reached out to a neighbor who told him where he could buy painkillers off the street.

This was going to cost him. The pills go for between \$7 to \$8 per pill and at four pills a day, Levia’s addiction became an expensive one.

This lasted about eight months until Levia asked that same neighbor if he could recommend something else.

The neighbor said, “Hey, have you ever heard of heroin?”

Dancing with the devil

At \$10 for one-half bag, heroin became Levia’s drug of choice; a more economical way of handling his addiction.

“I thought it was a lifesaver.”

But Levia needed to take .60 grams to survive.

“I wanted to feel normal. I wanted to function and not feel sick.”

Levia pointed out that he did not take heroin to get high, although he did achieve that high about five times. But while achieving his sense of normalcy, he saw some pretty rough stuff — even for a Marine.

At a party, he saw a girl OD. In a room full of people using heroin, there was no way they would do one thing to help their co-user.

“We should have called 911, but in a room full of addicts, who is going to call the cops?”

Instead, they did what they could to bring her back. They kept her moving, put her in a cold shower and set her outside in the cold.

She eventually woke up, instead of feeling grateful, she was mad because she was cold.

Later, Levia came across the same woman in a similar situation. After she was brought back, again, she was anything but appreciative.

“She was yelling that her buzz was gone.”

Ascent from ‘pure hell’

“This is it. I have to do this.”

Those were the words that went through Levia’s mind when he realized he needed to tackle his addiction to heroin.

“I did not belong in that life,” he said. “I was not meant for that life.”

He sought help at the Olean General Hospital where he was told there was enough heroin in his system to kill four people. He was also told there was nothing they could do for him.

“If I was not brought in by ambulance or in handcuffs, they were not obligated to help me.”

Thankfully, a nurse came to Levia’s aid and told him how he could help himself.

“She took off her coat and talked to me like a human. She said, ‘You can do this.’”

And with those four words, she saved his life.

Armed with what he had to do, Levia went home and told his girlfriend to go with their son to a hotel.

“It was going to be very unpleasant.”

What Levia went through over the next four days was not just “unpleasant.” It was “pure hell.”

“I was a U.S. Marine in Iraq. I would rather go through that again than go through detox.”

He would wake up trembling, vomit on himself and lie in his own waste. Then, on the fourth day, he did not crave heroin anymore.

“It took two to four months to get my body back to normal ... for my brain to revive itself.”

Levia 1, heroin 0 — and the battle rages on. On March 11, he will be two years sober.

“I am still having issues. I wouldn’t wish this on anyone.”

But through the help of his girlfriend and the love for his son, Levia has been able to deal with the issues.

“She watched me self destruct. I got into credit card debt, I lost my job.”

But she saw the good in him. “She says, ‘I know what a good person you are. I won’t give up.’”

“She keeps me on a short leash and I am fine with that.”

Redemption

Now, Levia is a counselor and helps others going through what he has. He also wants to tell his story in any way he can. To reassure others that not all hope is lost because of a heroin addiction.

“If there’s a will there’s a way. You can get over it.”

In addition to counseling, he has a blog, hopes to do some public speaking and write a book.

“I will share my story. Even if it reaches one person, I am perfectly happy with that.”

A fight for life

Family keeps memory alive of Bradford woman who died of heroin overdose

By SANDY RHODES

Special to The Era

Danielle Fitzsimmons drew her last breath on Oct. 23, but to her family, she died nine days earlier when she took a lethal dose of heroin.

This bright, beautiful 22-year-old lived and worked in Bradford. She also bought her heroin there — a scenario that highlights a deadly problem that is increasingly prevalent in rural northcentral Pennsylvania.

While her family still mourns her death, they are intent on letting others know about Danni, her addiction, and her untimely death. Their plight is a mere stone's throw away from other families struggling.

“Shame is what keeps addicts and their families silent,” her mother Paula Thompson said. “I am not ashamed of my daughter and I need people to know that it's OK to talk about this epidemic. Only by discussing it can we find a cure.”

Danni's ripple effect on the world she left way too soon.

Before drugs

The bright promise of Danni's early life did not foreshadow what was to come. The Coudersport Area High School graduate had a lot to offer, but never got a chance to show the world.

Thompson describes a dream daughter — “very intelligent, very funny, and witty as hell.”

“Her laugh made me laugh. She was fiercely independent. She was like that her entire life. She never asked me for anything,” says Thompson. “She was a little quirky. She was so smart. Math and science were her way of life. She was so good at that stuff. She was taking college courses in high school.”

Danni studied engineering at the University of Pittsburgh at Bradford, before switching to computer science.

“I should have known then that something was wrong,” Thompson says about that switch. “She talked to me about all the pressure people (family and friends) were putting on her about school. She didn't want to let people down. She just wanted to work for a while — to

have money. I told her ‘Danielle, you’re 21 years old. You have to decide what is right for you, not other people.’”

Thompson recalls telling her daughter, “You’re young. You have your whole life ahead of you. If you don’t want to go to school right now, then don’t. You have plenty of time.”

Danni took her mother’s advice and started working in the bakery of the Walmart in Bradford. She was trying to find her own path, but little did she or her family know that the road before her would come to an abrupt end.

“If only I had known she would be gone in a year,” says Thompson.

Danni’s life made an impact on another family member.

Danni and her older brother, Ryan Bodecker, were very close throughout her life — so close that they did drugs together. Bodecker remembers a little sister who he thought he would grow old with, but never had the chance.

“She was an amazing person. Danielle and I had a great relationship,” he said. “We were very close ... when she needed something, she would come to me. When she was sad, angry, sick or ever happy, she would come to me.”

But in the end, the pressure of living up to what people expected of her took its toll on Danni.

“That became overwhelming to her. I think that’s why she started using,” Thompson said.

Regardless of how or when she started using heroin, Danni, like countless of others, ended up losing her life as the result of one bad decision.

“She was an amazing, brilliant, beautiful girl who made bad choices,” Thompson said. “I will not hide my head in the sand and pretend that drug addiction isn’t real or it only happens to ‘bad’ people.”

And it is happening in rural Pennsylvania more and more (see sidebar). Thompson and Bodecker want to make sure no other families go through the pain of the loss they are experiencing.

The highs and lows of addiction

Thompson is realistic about the pressures of being young — whether in the 1980s or now. But times have changed. Now, each decision to experiment with drugs can be a fatal one.

“In my teen years, I experimented. We all did. Back then it was alcohol, weed, and maybe a little cocaine. I had never even heard of heroin or opiates,” Thompson said. “I experimented, I didn’t like it. I didn’t continue to do it. Our kids are doing the same thing. They are experimenting. The huge difference is heroin sticks its claws in from the very first time. Society is criticizing our youths for doing the same exact things we did.”

Bodecker knows very well what his sister went through before her death from an overdose. He is also an addict, and would frequently use drugs with Danni.

“Yes, I knew Danielle had a drug problem,” he said matter-of-factly. “I used to get high with Danielle so I guess I have known for about a year.”

Like at other times in her life, Danni would go to her brother for help. And rather than see his sister resort to crime to help get her high, he would give her the money.

“... If she needed money, I would send it to her. I knew what it was for, but I also know what it is like to be sick and not be able to get money,” he said. “I never wanted my sister out robbing people or selling herself, so I would send her money.”

“Not smart on my end, but I was able to justify it. I knew Danielle was using heroin as I have used it with her. I’m not proud of this either.”

According to Bodecker, Danni felt comfortable approaching and talking with him because she knew he would be sympathetic and non-judgmental.

“I, myself, am an addict so she knew I would never judge her,” Bodecker said. “She could tell me things that other people would find shameful, but I completely understood.”

Bodecker says that his own drug use came out of his desire to mask feelings of anxiety, guilt and shame.

“... which is funny because when you use, those are the exact feelings you get,” he said. “You feel shameful for what you are doing so you are stuck in this continuous cycle.

“It’s awful. Not only do you physically withdraw, without it, even after the physical symptoms, your mind is never the same.”

But the draw of the next high is a powerful, magnetic one.

“Your memory always remembers that ‘high’ feeling and you trick yourself into wanting it more and more,” Bodecker said. “You’re feeding yourself terrible thoughts and before you know it, you are acting on them.”

And unlike some other drugs, heroin is instantly addictive.

“The ‘high’ is never going to be worth all that you will lose. It will destroy your life,” Thompson said. “I cannot wrap my head around that. Remember when we were young and people were smoking cigarettes? Someone would say ‘come on, just take one hit.’ Oh my God, that is happening with heroin. I cannot believe that!”

For Danni, that ‘one more hit’ — her last — came one day in October in Bradford. Nine days later, on Oct. 23 at 9:36 a.m., she would die. Cause of death: heroin overdose.

“I remember those nine days at the Olean (N.Y.) General Hospital,” Thompson said. “It was awful. Her eyes were open, but rolled up so you could only see the whites. Tears would roll down her cheeks like she could hear me.”

For days, Danni’s family stayed by her side, struggling to make peace with her medical situation and what the future would hold for her.

“She would shake really bad sometimes. I swear she could hear me and knew I was there. I finally got her eyes to move down and I swear she saw me. I told her how so, so sorry I am that this happened to her,” Thompson said. “I told her I know you’re probably scared and don’t understand what is going on but it’s OK, you’re safe, I’m right here and I’m not going anywhere.

“She seemed like she was fighting it for a long time ... I watched her fight it for days.”

Danni's family watched as her temperature hovered around 102 degrees. Doctors were forced to keep her on ice as they tried to stabilize her.

One day during this time, Thompson walked into the room and told Danni she was there. Danni started to shake and try to sit up. Thompson realized then that the fight was too much for Danni.

"I told her I love her so much and I wanted to take her home. My face was inches from her face and I know she was looking at me. I told her how much I wanted her to stay but I knew she must be tired. I told her if it's too hard to fight it, then it's OK. I told her it was OK to leave us.

"I was rubbing her forehead, like petting her. I told her how much I love her but she didn't have to stay if she wanted to go. She was shaking the entire time but when I was rubbing her forehead, I said 'just relax baby girl, it's OK, I'm right here' and she closed her eyes and stopped shaking.

She never responded to me again, or anyone else. It was the next day we took away all life-saving measures."

The next few days were horrifying to witness, Thompson said, as Danni was eventually given "massive amounts" of morphine and Ativan every 15 minutes to keep her as comfortable as possible. Thompson knew the end was near.

"I cried and squeezed her hand and listened to her breathe. I knew every breath might be the last. Finally, she breathed in, then out, and that was the end. She didn't take any more breaths. That was so horrible.

"To actually see my baby take her very last breath; to know that she is gone forever. But her heart remained beating. See, just like the heroin overdose, it stopped her breathing. Eventually her heart stopped. So she died in the hospital, exactly how she died in that house from the heroin."

Thompson wants everyone to know that while it may appear the person who overdosed is peacefully that is not how it happens.

"It's horrible and gut wrenching to watch and I wouldn't wish that on any parent or loved one," she said. "Maybe for the person that overdosed, it was like going to sleep, but for the family, it's a horrible nightmare. So you go from praying for a miracle to planning a funeral. To going to visitations and then watching as the casket closes. You feel like screaming because you know that's the last time you'll ever see their face. And now? Now it's terrible sadness, guilt, anger, all kinds of emotions on a daily basis.

"So please, if you are addicted, try to get help. If you aren't, then I'm begging you, do not try it. Do not even go near it. It is evil."

Ripple Effect

Even now, just three months after her death, Danni's family is focusing on keeping her memory alive and raising their voices in the hopes of helping others.

"I want her death to have some sort of reason behind it because I just can't understand

why she had to go at only 22 years old. I struggle with that. She was so young. I think this will give me what I need. What we all need. Her voice needs to be heard,” Thompson said of telling Danni’s story.

For Danni’s father, Charlie Fitzsimmons, each day is a reminder of the daughter he lost. “I think about (her) every day and cannot tell you how much we all miss (her). Time goes on but the thought of not being able to see, talk, or even message each other hurts to the point where time doesn’t seem to exist,” he wrote yesterday — the three-month anniversary of Danni’s death.

Bodecker is committed to helping others as well as coping with the death of his little sister. “I am not doing well with Danni’s passing,” he said. “I struggle with it every day. I have her ashes in a pendant around my neck that I never take off. I cry most days and the other days, I am OK.

“Then, out of nowhere, I’ll remember she is gone and I just lose it. I have never lost someone so close. I don’t even know how to grieve.”

He said counseling is helping, but he also wants to help others in similar situations.

“I would like Danielle’s passing to not be in vain. I want people to hear her story, not just young adults, adolescents, children in school. If we talk to these children while they are young and can instill fear of heroin, they will never want to touch it. I want them to understand the pain my family continues to feel.

“I want them to know, while Danielle was one of the best people I have ever met — her story is not unique. You can get online and find 10,000 other stories of people passing in exactly almost the same fashion. It is so sad.”

However, even after enduring this loss, addiction is hard to live with and a struggle Bodecker must face every day.

“I have not overcome addiction. I don’t believe anyone who is an addict ever does — you simply learn to cope. The desire to use is always there. But through NA (Narcotics Anonymous) meetings, having a sponsor and working the 12-step program, it is very helpful and your odds of staying clean are much higher.”

Counseling also helps; it allows addicts to recognize why they started using drugs in the first place, to see patterns of behavior, and to find other ways to cope.

In the midst of his managing his recovery and coping with a range of difficult emotions, Bodecker wants his sister to be remembered as he saw her.

“Danni was the best, most kind-hearted person I have ever met. She would do anything for anyone. She would give up her coat in freezing weather for a complete stranger.”

It is clear that she learned this empathic trait from her mother.

Just weeks after Danni’s death, Thompson helped bring home the body of a boy — another addict — who died while fleeing from police.

“He got scared because he was on probation, he had a crack pipe, and he ran. The police shot him. He wasn’t armed and didn’t hurt anyone. It was the drugs that led him to that path. Regardless, he deserved to come home to his family. My heart broke for his mother.”

No one would help the family because of the way he died, but Thompson made sure the boy eventually came home by setting up a fund to pay for his body to be released to his family.

This was the first of many ripple effects set in motion by Danni's tragic death. Because of the openness and generous spirits of her brother and her mother, there will be many more to come.

"My goal here was to make this heroin epidemic, in our area, real. This is the reality that our children are facing and they are dying, at a rapid rate, because of it. The path of addiction is not good and never will be. It's an entire cycle. My daughter didn't live long enough to start lying, stealing, robbing. That is exactly where heroin addiction leads."

Bodecker has offered to share his experiences and insights with anyone who could benefit from hearing them. He encourages anyone suffering from addiction or anyone with a family member struggling with addiction to contact him at mailingrcb@gmail.com.

The fight has just begun and is not over — not by a long shot, according to Thompson.

"I am fighting the fight so she will never be forgotten."

Officials talk about increase in heroin, opioid use during Cameron County session

By AMANDA JONES

Era Correspondent

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EMPORIUM — Heroin has arrived in the tri-county area, according to treatment specialists speaking at a question and answer session held at Cameron County High School in Emporium on Tuesday night.

Employees of Alcohol and Drug Abuse Services, the agency that serves Cameron, Elk and McKean counties, held the session in response to the growth of individuals addicted to opioids, including heroin and a number of prescription medication.

While heroin and opioid use is increasing in the region, its use will not necessarily be reflected in crime statistics, according to Alcohol and Drug Abuse Services Executive Director Angie Eckstrom and Outpatient Supervisor Jenny Greenman, who led Tuesday's meeting.

Heroin and opioids typically "mellow out" the user, committing mostly less serious crimes, such as petty or retail theft, lifting items from unlocked cars or swiping small, inexpensive items from store shelves.

In the earlier stages of addiction, an individual is likely to sell their own belongings or things stolen from family members who are not likely to report such crimes.

Even when addicts are particularly desperate, they steal only to get enough money for

their next fix, likely less than \$50 worth of merchandise that can easily be sold on the street or returned for cash.

Cameron County is still more affected by bath salts addiction, but recent upticks in retail thefts and thefts from automobiles may be a warning sign that opioids are going to be the next big thing. McKean and Elk counties are already having serious issues with opioid addiction.

For the last 25 years, the drug of choice for the majority of individuals in the three-county area was alcohol.

“Within the last six months there has been a change,” said Greenman, referencing an increase in the number of individuals who call opioids their drug of choice. “In the last three months, we’ve had more people admitted to inpatient (treatment) using heroin as a primary drug.”

Many of these individuals first became addicted to prescription drugs, moving to heroin only later when they could no longer get prescription medications from their doctor and could not afford to purchase them on the street.

Alcohol and Drug Abuse Services has local treatment options, ranging from counseling and Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) programs to inpatient treatment.

“It’s a complex issue but there are definitely resources available for people who want help,” said Eckstrom.

Many individuals seeking treatment feel they will not be able to afford it. Eckstrom said that Alcohol and Drug Abuse Services personnel work with the individual to have their treatment costs covered by their insurance or to find the treatment option that will best fit their situation and resources.

Some insurance companies tell customers that the only approved treatment facilities they pay for are located in Florida or other locations too far from home to be feasible. Alcohol and Drug Abuse Services staff members file grievances and use other measures to get the individual approved for enrollment in a local facility.

A sliding fee scale also helps low income individuals who do not have insurance enter into a program so they can get their lives back on track.

“We really try to make it easy for people to access what they need,” said Greenman. “Don’t worry about the money to start with. Just come talk and we’ll figure it out.”

Several individuals currently in recovery attended the meeting, speaking to the struggles they had with their own addictions and how they overcame their issues.

The three men are all participants in NA programs and talked about how having other people in recovery to speak with and get support from has helped them.

They also spoke on suboxone, which one addict called “an opiate saving people from opiates.” While they all agree that it can be a useful tool for someone early in their recovery, individuals should use the substance short term and then be weaned off of it when they feel stronger, by a medical provider, in order to deal with the underlying issues that orig-

inally led to the addiction.

One man also stated that, while NA meetings are typically for individuals living a substance-free life, “the only requirement is that you want to get clean.”

“Nine out of 10 addicts don’t realize there are services like this (Alcohol and Drug Abuse Services) until they’ve already going into a rehab or court system,” one of the men said.

Alcohol and Drug Abuse Services and other agencies are pushing for more education, not just for addicts to highlight services aimed at helping them get clean, but also toward prevention measures.

The meeting was the first step in increasing education on opioids in the community. Another meeting has been scheduled for 6 p.m. May 17 at the North Central building in Ridgway, and a McKean County meeting will be scheduled for sometime in late May, with dates and times yet to be announced.

Alcohol and Drug Abuse Services would like to continue to hold question and answer and roundtable discussions on a quarterly basis throughout the three-county area.

Addiction education is also being increased for individuals in the medical profession, particularly in efforts to crack down on doctor shopping and other practices that allow individuals to get prescriptions from several doctors in the same month.

Alcohol and Drug Abuse Services employees have offices in all three counties, and are available to help individuals struggling with addiction and substance abuse issues. Appointments are scheduled within seven days of contact with the office; faster if the caller is willing to travel to an Alcohol and Drug Abuse Services office in a neighboring county.

More information is available by visiting the Alcohol and Drug Abuse Services website at adasonline.org, or on the agency’s Facebook page.

“Our goal is to help people,” said Eckstrom. “Just call the number and ask to be seen. It’s that simple.”

Potter County officials thinking outside the box in fight against heroin

By SANDY RHODES

Special to The Era

When Andy Watson became the district attorney in Potter County in 2010, he set a goal of ridding this rural county of drugs that plagued its citizens.

And with each year, each new idea, Watson has made headway — so much so he has garnered the attention of state officials who themselves are looking for ways to curb the opioid and heroin epidemic.

From the start, Watson looked beyond the borders of Potter County — and even the Commonwealth of Pennsylvania — to hone in on what is working and to start programs to help

those who are addicted to drugs.

“As a prosecutor, my number one goal is to save lives and protect victims.”

Pennsylvania, like the rest of the country, is grappling with the rise of heroin and opioid use, which has resulted in increase overdoses and deaths.

In the six years since, he has attacked the issue on four fronts — Potter County has created a Drug and DUI Treatment Court, opened a women’s rehabilitation center with a primary focus on drug and alcohol counseling, restarted an aggressive drug task force and initiated the CLEAN Protocol.

And he shows no signs of stopping.

God’s Country

Potter County, also known as God’s Country, is about as rural as you can get, ranking as one of the least populous counties in Pennsylvania.

With a population of just over 17,000, it is easy to imagine this county as being a utopia of sorts, immune to the dangers of more urban areas. That, however, is not the case.

Watson said a majority of the crime that occurs in Potter County is the result of drug use. About 75 percent of the crimes are heroin related, he said — and that is a conservative estimate. He added that a majority of the DUIs also involve heroin.

“The primary substance of choice is heroin, followed by marijuana.”

Why heroin?

“Because it has a much more potent high,” Watson said. And it’s cheap — cheap and deadly.

According to some reports, there have been many overdose deaths reported in Potter County. Watson, however, said there was one overdose death in 2015. His office is in the final stages of the investigations and charges will be filed, he said.

Watson estimates there are between three to five overdoses a month in Potter County, but that number varies from month to month.

“Our numbers are quite low,” he said, adding he is hopeful this is due to the efforts of a team of county officials dedicated to ridding the area of this deadly drug.

When Watson became DA, he was surprised at the drug problem he inherited.

“My head actually went back in my chair. The problem was out of control.”

When Watson was growing up in Potter County, he never heard of heroin. For years, alcohol and marijuana were the drugs of choice.

When he assumed office in 2010, the principal drugs were marijuana, prescription medications and cocaine. A year later, the tide swept toward bath salts and some production of meth.

That all changed in 2012 when the heroin epidemic hit Potter County. And hit hard.

Up to the Task

Part of Watson's crusade to curb heroin was the realization that he didn't necessarily have to reinvent the wheel.

One of his first acts as DA was to recreate a drug task force, which had been disbanded by one of his predecessors. He explained it is up to the DA in each county whether to utilize of drug task force.

Through the state Attorney General's office, officers are trained and certified through the East Drug Task Force.

"It's been phenomenal. Very, very active," he said. To date, about 100 arrests have been made, thus removing and incarcerating the majority of the primary drug dealers in Potter County. But, as Watson explained, the high-volume dealers have been replaced by small-time dealers out for a quick sell and a quick high.

"Mainly addicts try to fund their own addictions," he said.

"These individuals make several trips to Williamsport every week to buy smaller quantities of heroin, costing about \$5 per bag. They return to Potter County — or the surrounding areas of McKean and Tioga counties."

They sell this heroin at about \$20 per bag and use some of the portion of the heroin for themselves.

"Therefore, these addicts are making sufficient profit to support their own addiction."

Courting a Solution

There are drug dealers who break the law and there are drug addicts who break the law.

There's a significant difference between the two and with the help of a specialized court system, Potter County is helping those addicted to drugs and turn to crime in their quest for their next high.

In a little over a year, Potter County's Drug Treatment Court has shown success. The program currently has 11 participants with others waiting to be accepted.

Funded by the state's Intermediate Punishment Program, the Drug Treatment Court, a participant has to be eligible to be admitted.

The defendant must be at least a Level 3 offender, a Potter County resident, must not have any history of violent offenses and must have a moderate to severe diagnosis of drug dependency.

The Drug Court is strict and the participants are closely monitored by county officials.

They need to report to court bi-weekly, do community service weekly, have several weekly urine screens, attend counseling, attend AA or NA meetings and have routine visits with their supervising probation officer.

This comes after they have completed 30 days of incarceration and/or inpatient counseling, if recommended.

One caveat Watson mentioned was the defendant's loss of a driver's license, which limits their ability to complete the necessary obligations for the program.

"This is a matter that the Potter County Treatment Court Team wishes that the Legislature would review and amend the law to permit a type of limited license."

The county also has a DUI Treatment Court, which has been in effect since 2013.

"Drug Treatment Court has proven to be much more challenging than the DUI Treatment Court. It is simply the nature of the beast — particularly because there are so many more relapses compared to DUI Treatment Court."

These relapses are due to the tight hold heroin has on them.

"It is so powerful, so potent. They just don't care," he said. "They need to get their next fix. They are not thinking about the consequences."

All-in-all, the court has been a success, Wilson said.

"Personally, I am impressed with what we are seeing."

Part of this success is the hands-on approach of helping participants overcome their heroin addiction.

"It's the one-on-one relationship from the start. We respect each other. They don't want to let us down."

In short, the court is more effective by offering each person immediate help as well as immediate consequences to what they may do. Many recovering addicts are holding down jobs, reconnecting with their families and improving their mental health.

The impact is undeniable, he said, especially in curbing generational addiction.

"That is what I like about the Drug Treatment Court ... Our Treatment Court is saving and changing lives."

To date, one Drug Court participant has been removed from the program.

County Cooperation

John Donne once penned "No Man is an Island" and Watson is quick to acknowledge that the drug fight in Potter County is not his alone.

First and foremost is his alliance with President Judge Stephen P.B. Minor and Senior Judge John Leete. Watson said any program he starts, except for his CLEAN program, needs to be approved by Minor and Leete.

"Nothing would happen without those two judges."

Program support is one thing, financial help is another. A large percentage of the county's budget is earmarked for the courts and addressing the drug problem. This includes the Women's Rehabilitation Center in Harrison Valley.

“We have a great group of commissioners that are very supportive of what we do in law enforcement.”

But as with anything else, a dollar only goes so far.

“They can only do so much without raising taxes.”

The team of warriors also includes the drug task force, workers in the Drug & Alcohol Agency and probation.

“It has to be a team effort or it won’t work.”

Statewide Recognition

When Watson started to champion the fight against heroin, he was doing it for an area he has called home all his life. That, however, changed after he testified at the Center for Rural Pennsylvania’s hearing on opioid and heroin use on April 1 at the University of Pittsburgh at Bradford.

“The response has been incredible.”

Watson will speak today before the State House Judiciary Committee about the CLEAN program he initiated. He will also speak before the State Senate counterpart in the next few months.

“They are talking about looking at it and proposing legislation,” he said.

All of this attention has come as a surprise for Watson.

“It was not my intention to make this statewide. It was created simply for Potter County.”

No matter how much success or attention his programs receive, one thing is for sure, he is not one to rest on his laurels. Just last week, he was thinking of a new program to possibly implement.

“We have to be proactive. (The drug epidemic) is miles ahead of us ... we need to think outside the box in how to stop it.”

Heroin epidemic needs to be attacked from regional perspective

By SANDY RHODES

Special to The Era

Heroin use is an epidemic without borders. It crosses genders, socio-economic classes and races. So it only stands to reason that a solution to help combat this growing epidemic would have no borders.

“The problem doesn’t stop at the borders,” said W. Todd Caltagarone, Elk County sheriff

and former City of St. Marys Police chief. “At the very least, law enforcement must attack the problem from a regional perspective with a view of the broader context concerning the problem.”

Caltagarone was one of 16 people who testified at the Center for Rural Pennsylvania’s hearing on Friday at the University of Pittsburgh at Bradford. The hearing, the first one of this year, centered on the heroin epidemic in rural Pennsylvania. This was also the first hearing held in the most rural location.

“It is critical to emphasize the continued need for financial and collaboration across all domains and spheres of responsibility.”

As it takes a village to raise a child, it takes a regional effort to combat substance abuse.

“We gain little by each organization working within its own silo.”

Caltagarone suggested an approach like the Multi-Disciplinary Teams formed to examine and evaluate child abuse cases.

“Utilizing this model, representatives from multiple disciplines can be brought to the table and cases can be individualized and managed on a county level.

Since opioid and heroin abuse affects all areas of social strata, a regional approach is necessary, he said.

Strain on Law Enforcement

In a rural county such as Elk County, members of law enforcement are doing their best to fight drugs in the community, but they are often stretched financially, personally and professionally.

Caltagarone said in the City of St. Marys, 14 officers in his area protect almost 100 square miles. Each of these officers is assigned drug investigations, but only three are trained in that specialty.

“Fifty percent of their caseloads are comprised of drug investigations and show no sign of lessening.”

Much of their time investigating is done outside of their regular shifts and time away from their families.

Economic Highs and Lows

Heroin is often the drug most addicts turn to because it is relatively inexpensive. But the matter can be rather costly to the community waging a battle against it.

“Without funding from the Pennsylvania Attorney General’s Office to regional drug task forces, we would never be able to meet the crisis before us.”

A funding stream is needed to continue to flow in order to ebb the tide of heroin.

“Law enforcement cannot completely eradicate the problem, but with continued funding, we can restrain, repel, contain, push back and mitigate the epidemic.

The illegal drug activity has dire consequences on the community.

“(It) has a significant impact on communities in terms of increased criminal activity, the social fabric and the quality of life of our citizens.”

The funding needs don’t stop there.

“Equally important is prevention and education. This area can realize a greater return on investment in terms of financial and other resources.”

But once a person is incarcerated, their medical burdens fall on the taxpayer and when they are released the strain is transferred to the health care industry.

Never-ending Pain

The road to heroin use often starts with prescription opioid use for pain management, Caltagarone said.

“Chronic pain or perhaps an invasive medical procedure often leads to a prescription for pain medication,” he said, citing scripts for Vicodin or OxyContin.

“When a prescription refill ends, the individual seeks out other sources and substances to deal with the physical pain. The problem of addiction, however, remains.”

Caltagarone said a person may experience many overdoses as they try to satisfy their addiction or manage their pain.

While the addict and the family tries to seek treatment, many times it’s for naught as either no bed is available at a treatment facility or a bed may be available, but the facility is far away from home and, ultimately, the addict’s support system.

Attaining a sober life is still out of reach.

“They experience relapse after relapse — returning to using at the same dosage level that they no longer have tolerance for.

“The result is an overdose.”

Sometimes the overdose is witnessed by others and help comes in time. That, however, is not a safe bet when gambling with heroin.

“The cycle continues until that day when the event is not witnessed or they are not found in time. The consequences are tragic.”

“It is absolutely essential that our physicians and pain management specialists fully conceptualize the depth of the problem as well as the potential for abuse and complications when dispensing opioid pain medications.

“Those complications typically involve criminal activity, family problems, unemployment and anti-social behavior.”

A Deadly Choice

As the heroin epidemic spreads throughout the United States, it has become apparent that

the Keystone State is swept up in the problem. Pennsylvania ranks third in the country for heroin use.

Elk County, at a population of just shy of 31,200, is much like other counties throughout Pennsylvania and is not immune to the heroin epidemic, particularly the deadly side of the illegal drug.

Elk County is ranked seventh in the state for drug-related overdose deaths per 100,000 people, according to Pennsylvania Coroner Data. According to the report, Elk County recorded 26.65 deaths. McKean County ranked No. 32 with 14.10 drug-related deaths. Cameron and Potter counties did not record any drug related deaths, according to the report.

Heroin is the drug of choice for Elk County, as it is with a majority of the counties throughout the state.

Bradford woman trying to steer children away from drugs though Yo's Kids

By SANDY RHODES

Special to The Era

Every person who swallows a pill, puts a needle in their arm or smokes a joint is someone's child.

One local woman is working to make sure the young children of today engage in healthy activities that steer them away from bad habits, including using drugs.

Yo's Kids was started this past March by Yolanda Colts to give local youth an outlet for their energy during down time and steer them to make right choices in their lives.

"Our goal is to provide an environment for kids that supports having fun. We are not in competition with other established programs, but seek to provide another outlet for the natural energy of our local youth," she said.

The group tries to meet every Saturday from noon to 3 p.m., usually at Callahan Park.

Colts said children of all ages are welcome.

Activities are geared toward the age groups that are at a given event, but are mostly sports and games such as football, kickball, tag and bowling. While organizers originally targeted pre-teens and teenagers for this initiative, the outpouring of interest from the community has led them to the point where they will not turn away any child who wants to be part of Yo's Kids.

Colts said with the younger children, "we expect that at least one parent or guardian will also participate in the event. And for the younger set, activities might also be something simple such as blowing bubbles or coloring.

"As long as they agree to participate in a drug-free gathering and do not disrupt the in-

tended activities,” she said. “So far, it’s been great.”

The concept of the group is quite simple — children get together and play games. Sometimes those adults who attend join in. Sometime during their time together, they break to have something to eat and drink.

The purpose of the group has a deeper meaning.

“We hear over and over that there is nothing for kids to do in this town that does not cost a ton of money,” Colts said. “Playing in the park is free, and we’ve been lucky to get some donations for beverages and lunches.

“We hope that Yo’s Kids will provide a safer alternative to those who might otherwise resort to recreational drug use.”

And having been from Bradford, Colts knows what it’s like to group up in rural Pennsylvania and the temptations that are there.

“Like a lot of people, I’ve done some experimenting with drugs, and as someone who had dealt with substance abuse in the past, I think I know a little bit about what I’m steering these kids away from,” the Bradford native said.

Currently, about six to 12 kids show up, but Colts hopes that number will grow.

“Ultimately, it would be tremendous if we could get whole families to participate and make it more like a town-wide get-together. Then, both kids and adults can work together to make Bradford a better place to grow up.”

Colts said that while there seemed to be a lot of interest in the group, it has dropped off. There has also been couple of instances when they have been warned to stop the group, but that has not stopped them from offering a safe alternative for children.

Tracy Skillman, Pam Taylor, and Staci Pomroy have been involved since the beginning. Others have also pitched in and donated or made suggestions. They welcome other participants and adults to take part.

Ali’s story

Vibrant Bradford High graduate struggled with pain of addiction

By SANDY RHODES

Special to The Era

If Craig Childs could do one thing, it would be to hug his daughter, Ali, one more time.

Sadly, this can never be. Ali slipped from Childs’ fatherly grasp and into the tight grip of heroin addiction. On March 18 she died of a heroin overdose. She had just turned 23.

“Hug your children tonight,” the Bradford man said.

In less than a month since Ali’s death, her family has dealt with their grief and at the same time, tackled the stigma of the addiction that took Ali away from them

“I am not going to hide it anymore,” Childs said. “It’s an epidemic. There’s a big stigma.”

That is why when Ali died, her family, including her mother, Susan Childs, and sister, Kaitlyn LaRose, were very candid when writing her obituary saying she died “at her home following a long battle with addiction.

“They used to call it a monkey on your back. Today, it’s an 800-pound gorilla on your back.”

As it turns out, the weight of addiction hounded Ali since her early teens. And it hounded her to death.

The Real Ali-Oop

How does one describe Ali Childs? To some, several words come to mind. For others, there are not enough words.

Perhaps her nickname “Oop” explains it all. The basketball term Alley Oop is a play in which one player throws a pass to a teammate near the basket. That teammate catches the ball in mid-air and immediately dunks it.

In much the same way, Ali reached out to all she knew, raising them up to achieve greatness.

“She was a very, very fun-loving person who enjoyed life,” Childs said. “She didn’t question people. She didn’t care if you were white, black, Chinese. ... She would walk into a room and it lit up.”

Her generosity extended to those she met at meetings who were trying to find their way out of the web of addiction.

“Many people who were in recovery with Ali came to her wake and funeral and provided memories such as ‘Ali helped me find my will to live,’ and ‘Ali helped me get into rehab,’ ‘Even if Ali was having a bad day, she still put a smile on her face, and others first,’” LaRose said. “My sister’s memory will live on forever. I know her death will not be in vain, and my hope is her story can help even one person find the courage to face one more day.”

For others who knew her, there are no words.

“She was unexplainable. There are no words for her,” said Tanya Denning, Ali’s sponsor in her fight against addiction. “She was happy all the time and would do anything for anybody.”

One Childs’ Story

No doubt Ali was a fighter. She was a skilled in karate, holding national and state titles.

But throughout her drive to compete, she showed compassion. At one tournament, she was one of only a couple of girls in attendance. At one point, she had to compete against a boy, who her dad described as small and little.

In the end, Ali lost, but when her dad asked her why she lost, her answer revealed how all

who knew her were the real winners.

“I felt sorry for him, Dad. I didn’t want to hurt him.”

“She was raised with a lot of love,” Childs said, adding deep down, she really didn’t need the trophy, but her opponent did.

LaRose remembers a sister seven years younger than her. Her only sibling with whom she had the typical big sister/little sister relationship.

“Picking on each other, arguing, bickering, getting each other in trouble,” she said. “As I grew more into adulthood, however, I kind of took more of a maternal approach to our relationship, and felt very protective of her.”

Then, when Ali’s addiction took over, it became harder and harder to maintain a relationship.

Ali’s Addiction

Ali started out experimenting with drugs, taking pills when she was about 13-years-old. Heavy usage started when she was around 17, LaRose said.

Eventually, the pill popping became heroin use when she moved to Pittsburgh. According to Childs, it was more economical to get eight dime bags of heroin for \$80 as opposed to one OxyContin pill for the same amount.

“I think heroin is a natural progression for a lot of addicts looking for that ‘next best high,’” LaRose said. Because of her addiction starting from a younger age, I feel like she thought she never knew where she fit in. She was using a large part of her formative years.” Part of me thinks that maybe ‘drugs’ is all she thought she would ever amount to, or that she didn’t deserve the things in life that “normal” people got.

“Her time spent in rehab helped her with those feelings, but I think depression and anxiety played a large part in her addiction. In my opinion, much of her use was self-medication.”

Ali seemed to be on the right track at times. She would go through brief periods of sobriety, often right after being in rehab. Then, she would revert back to what made her feel good, feel normal.

“She went to multiple different rehabs throughout her addiction, always coming out energetic and full of life, but usually soon relapsing slightly after. This past year we spent with her was her longest stretch of sobriety yet. She got clean and went to rehab on Jan. 1, 2015. When she got out she had it set in her mind she was tired of that lifestyle,” LaRose said.

After a year of sobriety, Childs suspected his daughter was dabbling with drugs. That was when he reached out to warn her about the dangers of using again.

“What worries me is you don’t know what is going in there,” he said of the heroin. “The dealer doesn’t care. He is there for his own personal gain, to get paid.

“One bad batch. You think you can handle it, but it will kill you.”

Childs had Ali promise him that no matter where she was, no matter what time of day, she would call him for help.

“Because I would be right there,” he said.

Childs said he and his daughter were buds. Both of his daughters were “Daddy’s girls.”

Support System

When Ali was sober, she and LaRose were best friends. Their relationship would become strained, however, when Ali was using.

“Our relationship had been very strained over the years through her periods of using drugs, and lying and the hurt associated with loving an addict. I found out very quickly she wasn’t the same person sober vs. using.

“It was hard for me to support her during her periods of active addiction, because part of me just didn’t understand. I read, and researched and knew how I was ‘supposed to feel,’ and ‘supposed to love an addict,’ but was conflicted with my own personal emotions struggling through. They say to love an addict is to run out of tears, and I believe that is an understatement.”

When Ali was sober, they were “inseparable best friends” who could count on each other for support.

“No one in my life has ever made me laugh as much as Ali, no one has demonstrated more unconditional love than Ali. Even when the world was against her.”

Over the past year, the two got to know each other again. Ali also spent time with LaRose’s husband and daughter. Something she is grateful for.

“Everyone in my life got to see the Ali I knew, and remembered and that is special to me. The memories we made, talks we had and love we shared most recently will stay in my heart forever.”

Since Ali lived in Olean, she and her father would keep in contact via text messages.

“I would text every night ‘Sweet Dreams,’” he said. “And I always put BSBS ... Be Safe, Be Smart.”

Childs said a good support system is necessary, but it does not always work out for the best. Bouts of sobriety would end after she would run into the wrong person or be at a wrong place.

Ali was loved and supported by her family as well as her “other family,” but still chose to use heroin in the end.

“You got a disease and you can’t fight the disease by yourself ... when you play with fire long enough, you are going to get burned.”

The Truth About Ali and Heroin

Ali was not the stereotypical addict. She graduated from Bradford Area High School,

moved into her own apartment, became very involved in meetings, and held a job.

“She wasn’t a bum who lived on the streets. She wasn’t part of the ‘underbelly of society’ she was an active and contributing part of society with an extremely loving and supportive family,” LaRose said.

“My family chose to be open and honest about her struggle and passing so that her death might save someone else from the same tragedy. Ali could easily be your daughter, sister, aunt, cousin, girlfriend, wife, or mother.”

LaRose also urged people not to judge, to educate themselves on the disease for they may be the family next affected by it.

“Everyone has their own opinion, but I believe addiction is a brain disease, not a will power issue, not a character problem, or a lack of morals. An addiction does, however, cause people to push their morals to the side, and act in a way they never would imagine for themselves. When addicts choose to get clean they don’t only have to deal with mental and physical issues, they have an uphill battle of changing bad habits, forgiving themselves and wondering how they could ever ask for forgiveness from their loved ones.”

LaRose said Ali described being clean and coming out on the other side like being “born again.”

But when heroin has its grip on you, it is hard to break loose.

“I’ve learned that the initial choice to start using was of course her own, as well as her choice to use her final time. It became so much bigger than that though, a thought that I’m sure was in the back of her mind until the moment her heart stopped beating. In a way, I’m glad her internal struggle is over, I know that even on her best day she still had a monkey on her back, and a voice in her head she had to fight through to ignore.

“When someone you love is diagnosed with cancer, family and friends rally around them in support. People look at addicts like criminals, and a lot of time disappear instead of provide support and love they so desperately need. My hope through making Ali’s story known is that we all take a lesson from her book and treat those suffering with kindness and compassion.”

Childs agreed, saying support all the way around is needed.

“Everyone needs to help one another,” Childs said. “Be a good person. Open the door for someone. Say good morning.”

Action is another thing that is needed.

“When are we as a state going to do something,” he said. “How many legislative committee meetings do we have to have on it.

“I just don’t understand. This gets you killed.”

March 18, 2016

This is a date the Childs family never hoped would come and one they will never forget.

Childs’ said Ali had been watching movies with her cousin with whom she lived. A while

later, Ali's dog, "Envy," came to wake him up. Something was wrong.

That was when he found Ali.

Childs received the call, picked up his wife at Zippo Manufacturing Co., and started toward Olean for what they thought was Ali overdosing, as she had done before. That time she spent a week in a coma. This time, it was not meant to be. A police officer told Childs his daughter was gone.

"It's really been tough," he said. "I have had to man up instead of sitting around feeling sorry for myself."

He said the first week, the family was in a blur as they planned a funeral and the family gathered to talk about the good times.

The next week, however, he didn't want to do anything.

"I laid on the couch like a big blob."

Then, he realized that he has a wife, a daughter, a granddaughter and soon-to-be granddaughter.

LaRose is due April 22.

"I'm heartbroken that my unborn daughter will never know Aunt Ali. I'm so sad that I don't have an answer my 3 1/2 year old understands on where Aunt Ali is, and why she isn't coming home.

"I go through every stage of grief every day and I live minute-by-minute. I'm exhausted because I'm trying to be stronger than I feel. Mostly I'm just so sad because she was my best friend, I talked to her every day. I was one of her biggest fans. Over this past year of her sobriety I got to know her again as an adult. I got to see her doing things that made her proud, and I saw life come over her again."

But since life left so quickly, the family was never able to say goodbye.

"I'd tell her above everything else how proud I was of her, and how much she was loved. She knew those things though," LaRose said. "I'd tell her how much I'm going to miss her every day for the rest of my life, and how nothing will be the same without her. I'd tell her I hoped she finally found the peace she was forever searching for, and let her know her memory will always remain safe in my heart."

As he wades through his grief, Childs' has just one question for his daughter.

"Why didn't you call me?"

A safe haven

Sober house for women set to open May 1 in Cattaraugus, N.Y.

By SANDY RHODES

Special to The Era

Haven.

By definition, a haven is a place of safety, a refuge.

Trina Rickard has made it her mission to draw from her own experience as an addict to provide a clean and sober place — a haven — for women struggling with alcohol and drug addiction.

Rickard hopes that this place is 97 Washington St., Cattaraugus, N.Y., a small village with a population of around 1,000, located north of Salamanca, N.Y. Nakeema's Haven is set to open its doors on May 1. Rickard also hopes the third time's a charm as two previous locations did not pan out.

The requirement for admittance? A commitment and drive to be clean and sober — regardless of where they come from or what path they have traveled. All women are welcome to make Nakeema's Haven their home on their road to recovery.

“Our top priority here is for women to come in, get hope and get in recovery. That is all we care about,” said Rickard, executive director of Nakeema's Haven.

A Place for Recovery

It's a sobering fact that drug and alcohol abuse is running rampant and is taking lives in the process.

Rickard knows this all too well. She herself is a recovering addict — her sobriety date is July 14. This year, she will accomplish 23 years of sobriety.

From the struggles of her own past, Rickard has sought a way to pay it forward and provide an opportunity for women to get the help they need. That is why she started Nakeema's Haven, a place for women who “don't want to go back” to a life of drugs and alcohol.

Five beds will be available, including one room that can accommodate a mother and two children. Keeping a mother with her children is an important part of recovery.

“They are getting their lives turned around. They shouldn't have to lose their kids in the process.”

While the place is not ready for full occupancy yet, they can house someone in case of an emergency.

“We have a bed ready; it is livable,” Rickard said of the house.

The mission of Nakeema's House is to provide women with “decent, affordable, supportive, clean and sober housing as they begin their journey to recovery.”

Rickard stressed that women can stay regardless of income. One woman who went to social services and discovered she could not receive help there, burst into tears thinking she could not pay rent.

“That is not what we are about. We are not going to turn anyone away. There are no roadblocks. I want to make it clear — all are welcome who want recovery.”

Yes, Nakeema's Haven helps women in the here and now, but it also prepares them for life

beyond its doors.

On the residential side, the women plan and prepare meals together and help with household chores. They also work on becoming more employable by either volunteering or working towards a GED or college degree.

While Nakeema's Haven is a residential unit, its doors are always open for women who need support or a safe place to hang out for a few hours or a couple of days.

"You never know what life deals you. They may be scared of failure," Rickard said. "They can come in, hang out, grab a recovery book or do puzzles."

On the recovery side, they attend outpatient counseling and attend 12-step meetings.

Between the two, Nakeema's Haven provides the structure these women need to succeed. People are on site 24/7.

Transportation is provided to and from meetings, doctor's appointments as well as other necessary travel.

All the people working at Nakeema's Haven are certified to use Narcan, which blocks or reverses the effects of opioid medication and is used when people overdose.

Rickard said they have not had to use it yet, but volunteers have it on them at all times in case the need arises.

A vast majority of the women in the program have drug addictions and may rely on alcohol only when they can't get their drug of choice.

To date, Nakeema's Haven has helped 26 women. Only seven were solely addicted to alcohol.

"That is where we are now. People are using more drugs than alcohol ... this is a serious epidemic."

The women can stay eight months to a year. A minimum of eight months is to provide them enough time to get sober and ready to leave. A maximum of a year is needed so they have a deadline and not rely on others.

"If they get comfortable, why would they move to the next stage ... it sets the pace for them" in the marathon journey of recovery.

However, if extra time is needed to take the next step and move on their own, allowances will be made.

"We are not going to set someone up for failure."

To date, only one woman has been turned away. That was because she was on suboxone, a drug which is used to help heroin addiction. No controlled substances are allowed at Nakeema's Haven.

The place is open for any woman regardless of where they live.

"We don't care where you come from," Rickard said, adding they have helped women from New Jersey, Pennsylvania and throughout New York state.

Battling the Stigma

Nakeema's Haven is not new. It has been in existence for two years. There is no doubt that these types of residences come with a lot of baggage and that is true of this one. It has had an uphill battle to find the right place and to gain acceptance.

Nakeema's Haven first opened in Olean. On the surface, that place did not work because they could not get a variance to have a recovery house in a residential neighborhood. But below the surface, the stigma of having a recovery house in the neighborhood was too much for locals to bear.

"They don't want to get real about it," Rickard said of some of the neighbors. As with anything, some were accepting as others were not.

In fact, one neighbor was quoted as saying, "I would rather live next to a murderer than a junkie."

Rickard then thought she had a second chance when a house in Little Valley was donated. In the end, that deal fell through when issues with the owner developed and they discovered the construction was more than they could tackle to get it ready for occupancy.

"It was for the best. We don't need that stress."

Enter the home in Cattaraugus — a true haven.

What's in a Name?

Nakeema's Haven was named for the one being Rickard could rely on while seeking sobriety — a Rottweiler.

"They say to get a plant because it teaches responsibility, but I have never had a green thumb."

Instead, she had "Nakeema," a source of unconditional love and someone who lends a sympathetic ear, will keep secrets and teach tolerance.

"What an amazing gift," Rickard said.

In that spirit, a dog and two cats are on site to lend a paw in recovery.

"They are safe to talk to, to cry to. They have that instinct. They are very rewarding.

Getting by with a Little Help

"... With God, all things are possible." Matthew 19:26

Spirituality plays a big part in Nakeema's Haven and so does the help of volunteers.

When the house in Cattaraugus was donated, it needed a lot of work before they could plan on accepting applications. This included a new hot water tank, a new roof and repairing water damage. Several volunteers and area businesses have stepped up to the plate to get the place ready.

Bob Bolles is one of them. He spends one day a week in his free time to do whatever is needed, whether it is plumbing or patching walls. And he often stays to 2 or 3 a.m.

Why?

“These people need help: they don’t need prisons,” he said.

Rickard echoed Bolles’ words, saying when an addict is incarcerated with no rehabilitation, “the same person comes out.

“They are caged like animals. We need to show them how to live different ... or they will get caught in the system.”

In addition to the volunteers helping with the house, there are six who help with the residents and more are welcome.

Also welcome are donations of clothing, household items, hygiene products and money.

Nakeema’s Haven is run solely by volunteers and does not receive any state funding.

The residents are the top priority, Rickard said. Extra donations — such as dishes and silverware — are set aside and given to the women when they leave.

“Our goal is to have enough donations to help them set up their first apartment when they leave us.”

If there are extras, they are given to others who may need them.

Rickard’s plans for the future include another living facility for women who are ready to leave Nakeema’s Haven, but not ready to head out on their own, as well as one for men.

“In the end, I will not stop.”

Painful high

Heroin addiction destroys entire family, local woman says

By SANDY RHODES

Special to The Era

Heroin addiction doesn’t just affect the person searching for the high, it actually affects the entire family. That is what Elaine Scott discovered when a close relative of hers became addicted to drugs, including heroin. Jordan’s high became a family’s hell.

Jordan “started using drugs while in college,” Scott said. “A little pot here and there. Then it progressively got worse.”

As the years went on, it became clear that what was happening with Jordan would eventually fracture this once close family.

“There were excuses why (Jordan) could not come home. And there were always calls for money.”

Jordan had a few run-ins with the law (never involving drugs) and could not keep a job. Jordan, however, has never taken ownership of the pitfalls of life — it is always someone else’s fault. However, as the family discovered, that was not the case. Jordan preferred

getting high to living a normal life and keeping a job.

Hitting Close to Home

For a while, Jordan's life and addiction played out in another state. However, when Jordan returned to northcentral Pennsylvania, Jordan's problem hit closer to home.

The family has had to deal with lies, manipulation, stealing and guilt.

"We have had everything stolen from us — prescription drugs, money, personal possessions ... it breaks down the whole family." There is no trust or communication.

And then there are the family dinners where Jordan may be present, but not really there.

Jordan "would be in a stupor and can't keep (Jordan's) eyes open." And with the lying and stealing, "There is constant tension. It's always there."

In the end, they end up spending the holidays apart.

"It's too hard," Scott said.

Part of living with someone with an addiction is wanting to help them, but not sure just how to do that. It is not as easy as an outsider would think, Scott said while quoting a relative who said, "I'd rather die first than to let (Jordan) die."

So the family is left with the desire of loving their relative, not liking what they are doing and in the end, being victims themselves.

"That is how heroin affects the family."

There are also Jordan's friends who come by and also steal from the family.

"(Jordan) gravitates to people just like (Jordan)," Scott said. Increasingly, the family feels isolated and hopeless.

But as Scott pointed out, some well-meaning friends may lead the family to feel this way, also. What they may suggest the family to do is unrealistic.

"This is real life, not TV," she said, adding it is not easy to turn your back on someone you love."

"How do you say, 'You're not welcome here?' You can't."

Some also suggest doing an intervention much like the TV show of the same name.

"This is not TV. No one is going to fly in here on a plane and fix the problem."

And dealing with an addict themselves is not as easy as people think.

"There is no reasoning with this person, no matter how much you love them."

Chasing the High

While Scott and her family try to warn Jordan about the risks, it continually falls on deaf ears.

Instead, Jordan says, "Nothing is going to happen. I know my limit."

But the fact is, addicts do not know their limits. Each batch of heroin has different potencies. Some include ingredients such as rat poison to help the batch go further.

“This is not a batch of cookies where a little added ingredient extends the yield of the batch,” said Luke Hunter, a friend of Scott’s. Hunter’s niece has battled addiction to pain medication. “This is adding something that will likely kill the user. This is homicide.”

Scott agreed that users are playing a game of Russian roulette that lead to deadly results.

“They don’t know what they are getting,” she said. “They are chasing the high and don’t know their limits.”

Rehab agencies are available, but there is a long waiting list. Jordan was able to get into one, but was kicked out.

As Scott said, Jordan had no intention of staying clean — and Jordan’s downward spiral continues.

Where is rock bottom?

Many experts in the addiction field refer to a person hitting “rock bottom” — a point in the life of an addict when they are finally willing to seek help.

Jordan has not hit rock bottom, but no one knows what rock bottom will be for Jordan or when it will come. Or even if Jordan will live through it.

Until then, the family gets calls at all hours of the day and night asking for money. With each ring of the phone, there’s a chance it will be that one call they fear the most — that Jordan was found dead.

“It’s not if, it’s when.”

Until then, the family lives with manipulation and fear — and guilt.

“They are the world’s best game players,” Scott said of addicts. “Everything is a big joke. Users make you feel guilty. They turn everything around. Like I’m the one with the problem.”

(See more information on hitting rock bottom in the accompanying graphic.)

Fighting Back

Recently, Scott did something she really did not want to do — she pressed charges against Jordan for stealing and pawning the ill-gotten gains.

“It continues to ruin every single life the drug touched,” Scott said.

The fallout from this move is still not known.

Now is the time for the community to take a stand and fight back, she said.

“Don’t be afraid. We need to work together if we want it out of our city. It is happening a lot more. Don’t be afraid.”

Some examples of drug use in a neighborhood include:

- There's an unusually large amount of traffic, often at strange hours. This traffic is usually quick, and the people stay only a short time. Sometimes they don't even go in at all; instead, someone comes out to meet them.
- Observable exchanges of items, especially where money is visible.
- Ability to afford items without a job — cars, TVs, etc.
- Neighbors will continually host parties and appear to be under the influence of drugs.
- Repeated flickering of cigarette lighters.
- Windows are blocked out, preventing neighbors from seeing in.
- Finding drugs or drug paraphernalia (syringes, pipes, baggies, etc.) in the area.
- Noxious odors coming from around houses or buildings, such as musty or chemical smells.
- Houses or buildings where extreme security measures seem to have been taken.

Scott pointed out another need in the community is a support group for those dealing with drug addiction — for addicts and their families. While there are meetings for those addicted to alcohol, there are not many for those addicted to other drugs.

“Taking a drink and taking of hit of heroin. They are two different highs. It's a different ballgame.”

Paula Thompson, whose daughter Danielle Fitzsimmons died from a heroin overdose in October, is working to start such a group in Bradford.

In the meantime, Scott wants the community to know that family members are victims, too. And to simply exclude a relative from a family is easier said than done.

“It's not easy to say ‘go away.’”

Recovering addicts share sense of hope during second Elk County drug forum

By **CHUCK ABRAHAM**

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ST. MARYS — The second in a series of forums sponsored by WDDH-FM “The Hound” radio station on opiate use in Elk County took place at the Red Fern Inn on Old Kersey Road south of St. Marys on Tuesday.

While statistics on drug use and enforcement reports were presented, recovering addicts also shared their testimonials — and a sense of hope — for all those in attendance.

WDDH's Denny Heindl thanked all those in attendance, also noting the great turnout at the first forum in Ridgway on June 9. Heindl was pleased people are concerned with the

opiate problem in Elk County and are showing up.

“The main thing is people are coming out to these events,” Heindl said.

Elk County Coroner Michelle Muccio said the most common form of opioids are prescription medication. Muccio stated the three most common forms of opioids are Methadone, Oxycodone, and Hydrocodone, and the average age of opioid users range from 25- to 54-years-old.

Muccio said the number of overdose deaths have quadrupled since 1999, and 50 percent of those deaths come from opioids. She noted while there is a statewide undertaking in the attempt to curb opioid use, Pennsylvania still ranks ninth nationwide in overdose deaths.

However, the stage was shared on Tuesday with three recovering addicts who shared their stories, touching and inspiring all in attendance.

The first testimonial was given by John Rusciollelli, who said he had an uncle who got him drinking alcohol and smoking marijuana by the time he was 13-years-old. Rusciollelli said those were gateway drugs, as he soon found himself out in California robbing people and stealing cars to support a \$500 per day heroin habit.

Rusciollelli went to prison in California, but he noted “the day you get out, you’re looking for a bag.” He actually decided to quit using heroin while in prison in California in 1998.

Rusciollelli received a prescription for Oxycontin after breaking his back. However, he said divine intervention delivered him from his opioid use. He also was adamant about saying drug addiction is not a disease but a choice, noting people choose drugs while those with cancer, heart disease and other ailments, usually do not.

Meanwhile, Ryan Thomas of St. Marys said society “looks as an addict as someone with a bad upbringing,” but nothing could be further from the truth in his case. Thomas said his family was full of love, unbroken and functional, but he had always felt an “emptiness on the inside,” and often felt alone.

Thomas said drugs made a “quiet, shy, studious, obedient” child into someone who was rebellious. He said he used marijuana, ecstasy, and cocaine before he turned to heroin. Thomas said it got to the point where “it wasn’t fun anymore.”

“I needed it,” Thomas said.

Thomas, who marked three years of being clean on June 10, expressed his gratitude that he was able to have his son, his parents who never left his side as he battled addiction, and above all that he lives to be able to share his story so others can learn from him.

Also speaking was Denise Kennedy, who is a nurse who is celebrating two and a half years of being free from opioids. Kennedy said she still in the process of rebuilding a relationship with her children, but she has strong support from her family.

Kennedy lost her nursing license because of her drug use. She said as a nurse, she never thought she would ever be a heroin addict. Kennedy has seen a lot of overdoses while living on the streets as she battled addiction, and was even able to save a few people during their overdose.

Kennedy said she has long-term effects from her drug use, including brain trauma, mem-

ory loss and irreversible kidney damage. She has been through rehab 26 times. However, through God, family and a supportive husband, Kennedy is setting out to prove addicts can “become viable citizens again,” and offered hope to those who may be battling addiction themselves.

“You can get where I’m at,” Kennedy said.

Elk County Sheriff Todd Caltagarone praised the testimonials from Rusciollelli, Thomas and Kennedy.

Caltagarone continued by noting the majority of heroin users start with prescription opioids. He said drug enforcement in Elk County is being approached with prevention, treatment and enforcement.

The sheriff said drug use has changed in the 30 years he has been in law enforcement. He said when he was starting out on the county drug task force, he used to see marijuana the most. Now, Caltagarone sees opioids.

Caltagarone said the problem has been “long-term in the making,” and it is not an easy fix. He said everybody is working hard to rid Elk County of this epidemic, and they are in it for the long haul.

“Make a difference to one,” Caltagarone said, “make a difference to many.”

Battle against heroin, opioid epidemic continues at federal level

By **ALEX DAVIS**

Era Reporter

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The federal government still has the ever-growing heroin and opioid epidemic in its crosshairs, but how the solution will play out in Pennsylvania — and the four-county region — is anyone’s guess.

What is known is that the Obama administration is looking to release up to \$46 million over two years in Pennsylvania to expand access to treatment for opioid use disorders, including the rural part of the state.

The White House has released estimated funding amounts states could receive as part of the \$1.1 billion proposal. States would receive money depending on the severity of the epidemic in communities and how strong the strategy is to tackle it. Also, the funding amounts will hinge on action by Congress.

The White House announcement comes on the heels of the U.S. Senate and House passing a package of bills, which constitutes the Comprehensive Addiction and Recovery Act, which would provide grant funding to states and local governments for the creation of opioid reduction programs.

All told, according to the Drug Enforcement Administration (DEA), Pennsylvania ranks ninth highest for drug overdose deaths in the United States at a rate of 18.9 per 100,000 population.

“In 2014, there were nearly 2,500 overdose deaths in Pennsylvania — a number that has skyrocketed in recent years,” said U.S. Rep. Glenn Thompson, R-Pa., in an earlier press release. “With 18 bills related to this epidemic passed on the floor of the House this week (in May), we are surrounding this tragic epidemic, working to free people across our nation from addiction.”

One of the bills included in the legislation is House Resolution 5046, where funds can be put toward a variety of anti-opioid programs, including treatment programs, veteran treatment programs and juvenile opioid abuse programs. In addition, under House Resolution 5046, first responders could also be trained in using opioid overdose reversal drugs.

“Before the bill passes through the conference committee and is approved finally by Congress — any funding breakdown is speculative,” said Nick Ruffner, Thompson’s communications director.

Meanwhile, House Resolution 4641 calls for the creation of a task force to review, modify and update the prescribing practices of physicians in dealing with pain management.

The Improving Safe Care for the Prevention of Infant Abuse and Neglect Act, also known as House Resolution 4843, would ensure states that receive federal funds for the treatment of opioid-dependent babies comply with federal law in caring for them.

“The impact of prescription opioid and heroin addiction is devastating many Pennsylvania families and communities. I can only imagine the grief of losing a child or a loved one to this terrible scourge, which is why I’ve been working tirelessly on a three-prong approach to stem the opioid crisis,” said U.S. Sen. Pat Toomey, R-Pa.

Toomey credits himself for successfully pushing to end “doctor and pharmacy shopping” in Medicare.

“My bill, which passed the Senate as an amendment recently, will help to end the illegal diversion of painkillers, direct those battling addiction to treatment, and save the taxpayers nearly \$100 million,” he said. “Second, I have co-sponsored bipartisan legislation to eliminate a financial incentive in Obamacare to overprescribe powerful opioids. And finally, we must do more to expand quality treatment options for those battling this addiction, which is why I voted in favor of the Senate-passed Comprehensive Addiction and Recovery Act.”

The House bill has garnered the support of Gov. Tom Wolf, who wrote a letter to Pennsylvania’s members of the U.S. Congress urging their support of the legislation.

What’s the next step for this package of bills? Ruffner said a conference needs to be set up to work out the differences between the House and Senate bills.

Toomey said he is hopeful that the bill, which he calls life saving, will soon be signed into law.

But U.S. Sen. Bob Casey, D-Pa., shared other thoughts.

“While an amendment (Shaheen-Whitehouse) I supported in the Senate to provide Pennsylvania communities with additional emergency funding failed, I commend the president’s actions in helping combat this issue across the state, especially in Elk, McKean, Potter and Cameron counties,” Casey said. “I will continue to work with my colleagues to help give states more resources to deal with this epidemic.”

The Shaheen-Whitehouse Amendment would have added emergency dollars for approved treatment alternatives, a COPS anti-heroin task force and support for the Centers for Disease Control and Prevention’s prescription drug monitoring.

“Opioid and heroin abuse is a crisis that is engulfing families, public health professionals and law enforcement throughout the nation and it demands our attention,” Casey said. “It seems like every day we hear of reports of increased overdoses in counties around Pennsylvania. My own state is among the national leaders in a category where we don’t want to be leading — drug overdoses.”

Women’s sober house proposed for Hobson Place in city

By SANDY RHODES

Special to The Era

Ali Childs was the type of person who put herself before others and while Ali died in March, her legacy of helping others will live on through a women’s sober house in Bradford.

Ali’s House of New Beginnings will offer a safe environment for women dealing with alcohol and drug addictions. Officials hope to open the doors to Ali’s House on Sept. 1, according to Executive Director Trina Rickard, who also operates Nakeema’s Haven, a women’s sober house in Cattaraugus, N.Y.

“Bradford is getting honest about the drug epidemic there. They sincerely want something done,” said Rickard, who decided to open a sober house in Bradford after attending the Town Hall meeting in May. “I heard the need (for a sober house) as well as watched the statistics (of overdoses) in Bradford.”

When she saw a house for sale at 22 Hobson Place, she seized the opportunity. The house, owned by Bill Updegrave, will be purchased by Rickard’s organization.

The name — Ali’s House of New Beginnings — is in memory of Childs, who died at the age of 23 of a drug overdose. Rickard reached out to Ali’s family, who came up with the name. Ali, a daughter of Craig and Susan Childs, was a native of Bradford.

“We lost a special young lady with such a beautiful spirit. Her face lit up the room when she came in,” Rickard said. “I felt it was only right to give her family the rights to pick the name. I think they did a beautiful job and Ali’s memory will live on.”

And it appears to be the perfect tribute to the way Ali lived her life.

“My mother — Susan Childs — has often mentioned that Ali always put everyone else happiness and sobriety above her own. To hear her speak to and lift up her friends struggling the same disease as addiction was truly encouraging. It is a shame she couldn’t take her own advice and see her own worth,” said Ali’s sister, Kaitlyn LaRose, who added the timing could not be better.

“Personally, I think the sober house will be a much needed addition to Bradford,” the Allegheny, N.Y., woman said. “Many addicts have accepted the fact that they need treatment, and seek it out. However, when their 30, 60, 90 or whatever days are over they are then faced to go back into the world and function as a normal human being.”

LaRose knows this because of her conversations with Ali.

“Ali was usually very scared to leave rehab. It was ‘easy’ for her to stay clean to be in an inpatient rehab facility receiving personalized treatment plans, attending group meetings, one-on-one counseling, and connecting with like-minded individuals who were also excited about getting clean.”

LaRose said Ali would describe leaving rehab on a “pink cloud.”

As Ali told her sister, when she was in rehab and free from drugs and alcohol, all emotions she was trying to hide from would awaken. This was an intense time as addicts try to adjust to a new life. They eventually think they can handle their addiction and “staying clean might even feel effortless.”

This “pink cloud” effect may lead to overconfidence and the feeling they do not need to follow up with a counselor or attend a meeting. Or even justify drinking a glass of wine because heroin was the problem.

“When the pink cloud ends, and reality sets in it may be a huge disappointment,” LaRose said. “Studies show that relapse is most likely to occur in the first few years, first few months in particular of recovery, which is why I feel like a sober house environment can be lifesaving for these individuals to still have a support system.”

While the family is honored they are able to honor Ali this way, the tribute remains bitter-sweet.

“My parents and I had mixed emotions about the sober house honoring Ali’s memory. While it is such a gracious testament to her life, we are also still so saddened it had to be this way — that we are honoring her memory,” LaRose said.

“The sad reality is there have been so many losses lately, and so many families left heartbroken during this war on drugs. While this gesture is so therapeutic to us — that Ali didn’t die in vain — we are collectively, as a family, still grieving her loss as well as relating with all of the other families who are mourning the loss of their loved ones.”

Rickard said she has worked with Bradford officials to make Ali’s House a reality. This includes zoning, code enforcement and Bradford City Police.

Bradford City Police Chief Chris Lucco told Rickard he is willing to set up a meeting with other officials “so that we can join together in bringing hope to the community.”

When reached for comment Tuesday afternoon, Lucco said, “anytime there is an additional

resources for someone suffering from addiction, it's a good thing."

While he has spoken with Rickard, he could not comment on the specifics of Ali's House until he knows exactly how the program works.

Mayor Tom Riel said John Peterson, the zoning officer for the city, was out of town so he could not comment on the specifics of Ali's House either. He did say the house is still owned by Updegrave and is not in a condition to be rented or occupied at this time.

He added the area is zoned for residential use.

Rickard does not feel she will have the pushback she has experiences when trying to open sober houses in Olean, N.Y., and Cattaraugus.

"We are standing by the federal law that protects us," she said. "I also feel with the drug epidemic in the Bradford area, many will step up as they are tired of seeing the hurt and destruction.

"People in Bradford are seeing the truth of what this is doing to our loved ones."

The federal law Rickard is referring to prohibits the discrimination of sober houses.

The house will hold a maximum of five women. No one will be turned away regardless of their financial situation, Rickard said.

Now, Rickard is hoping the community will step up to ensure the two-story house opens as schedule.

"We are just breaking the news to the public so we are hoping many will step up to help. In fact we need to put together a team and many volunteers to help to get the house ready as well as to run it."

The work needed includes putting a bathroom together, painting and yard work.

"The yard needs a lot of TLC," Rickard said. Applications are now being accepted by calling 716-806-1132 or going to Nakeemashaven.wix.com/nakeemashaven.

The future residents themselves will also need some TLC on their road to recovery. Now, they will be able to do it with Ali watching over them.

"I always told my sister she had the power to change the world with her smile, kindness and amount of compassion she had for those around her. I told her if she put her mind to it, she could help people just like her to realize their worth and remember a life worth living," LaRose said. "I wish she still had the opportunity to do so, but the second best thing is her memory living on through those who will live in this sober house."

LaRose also anticipates hearing women achieve the sobriety that eluded her sister.

"Live the life Ali can't anymore. Stay strong, and keep fighting. My little sister will live on through every success story that comes out of this sober house. I hope there are so many success stories."

LaRose still knows what a struggle awaits these women to leave a life they have led and conquer new dreams.

"At the end of the day, Ali hated that she had to live her life this way," LaRose said.

“She always seemed to find a great support system, but I wonder — if something like a sober house was readily available for her — would she still be with us?”

Area police agencies look to tackle heroin epidemic

ALEX DAVIS

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Several local police officers last week left a training session on tackling the region’s growing heroin epidemic with a single word on their minds — cooperation.

Law enforcement officials from McKean, Potter, Warren and Cattaraugus (N.Y.) counties are looking to work together, along with community members, to take down drug dealers.

“It’s a community problem, and it’s going to take a community solution,” said Bradford City Police Chief Chris Lucco, following a “360 Strategy” training session hosted by the U.S. Drug Enforcement Administration at Floyd C. Fretz Middle School in Bradford.

For months, the region has been inundated with heroin overdoses, and in Bradford in particular, the result has been several fatalities.

To tackle the heroin epidemic, Foster Township Police Chief Tom Munn said teamwork between law enforcement and community members needs to happen.

In addition, Lucco said law enforcement agencies can work together in sharing heroin investigation information. And that cooperation would result in having shared information among agencies that would be useful in the prosecution of individuals, Bradford Township Police Chief Robb Shipman said.

“I think there’ll be better information for the entire county,” Shipman said.

The drug suppliers need to be linked with the users, Munn said, and the dealers need to be held accountable.

For his part, Shinglehouse Borough Police Chief Brad Buchholz agreed, saying that drug dealers need to be pursued, particularly those who play a part in overdoses.

Meanwhile, the prosecution of drug dealers will continue, said McKean County District Attorney Stephanie Vettenburg Shaffer.

“They (law enforcement) have been relentless in their efforts, and their efforts will continue,” she said.

At the session last week, Vettenburg Shaffer said she saw a spirit of cooperation among agencies, with ideas being shared and assistance being offered.

In his view, Munn said the training served as a confirmation of what officials knew about heroin — that the drug is being cut with fentanyl, which the National Institute of Drug Abuse considers a “powerful synthetic opiate analgesic similar to but more potent than

morphine.”

“And it’s something they’re seeing in Pittsburgh, and it’s something we’re seeing here,” Munn said.

In fact, a dose of heroin laced with fentanyl can be enough to kill someone, Munn said.

From the training, Lucco said he took away that the Bradford area is not alone in dealing with the heroin epidemic.

Buchholz said the heroin epidemic is very real. “It’s affects all our communities,” he said.

In Foster Township, no one died from two heroin overdoses that occurred in the last two or three months. “But we certainly had two very close calls,” Munn said.

Across the region in Potter County, in the direction of Coudersport, Buchholz said he has learned that heroin is being dealt from Williamsport, and in the Shinglehouse area from Rochester, N.Y, and Buffalo, N.Y.

“We all know we’re not going to arrest our way out of this,” Buchholz said. “But it’s got to be a part of it.”

It’s easy enough to fall victim to heroin addiction, Lucco indicated. Those hooked on painkillers can end up turning into heroin users. To that end, Lucco said he recommends people do their best to stay off prescription painkillers, if possible.

The training session in Bradford was brought to the region after Bradford City Mayor Tom Riel reached out to the office of Senate President Pro Tempore Joe Scarnati, R-Brockway, in assisting with the heroin epidemic, according to Lucco.

Community pulls together to face opioid epidemic

By RUTH BOGDAN

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More chairs were being brought out just before the start of a town hall meeting to accommodate the crowd that gathered Wednesday evening at the Grace Lutheran Church.

The meeting was to discuss the local heroin epidemic, an issue that has far-reaching consequences, as evidenced by the diverse group in attendance. Numerous people involved with various aspects of the issues shared their knowledge with the crowd.

Bradford City Police Chief Chris Lucco said the problem is growing faster than community services and law enforcement can react.

Lucco said drug-related overdoses account for more deaths now than motor vehicle accidents.

From law enforcement’s perspective, investigating drug cases is difficult without proper

resources. Lucco said the 19-member police department was called to 15,000 incidents of all kinds just in 2015. “There are times we are covering the city with only two officers.”

Since Lucco has been in law enforcement, he’s witnessed other drugs come into popularity, such as crack cocaine in the 1990s and prescription medication in the early 2000s, but none have had the same impact as the current popularity of heroin/fentanyl use. “This drug’s killing people, so it’s got your attention. That’s why you’re here.”

Fatal doses are often not just heroin alone, but rather heroin cut with something like fentanyl that makes it more potent.

Also since he’s started, dealers from larger cities are realizing they can make better profits in this area. “We’re getting a higher level of dealer with a harder criminal background,” he said.

With federal agents based 3 ½ hours away in Pittsburgh covering a large area, “We’re kind of left on our own,” said Lucco. He noted that the McKean County Drug Task Force “does a fabulous job, but these officers are working after their scheduled shifts.” The small size of the police force prompts officers to rely on confidential informants to help investigate deliveries, too.

“It’s not the most effective way to combat this, but we’re doing what we can.”

With the new regularity of fatal heroin overdoses, Bradford Township Police Chief Robb Shipman wanted to make people aware of the Overdose Immunity Act, which grants immunity to someone who witnesses an overdose.

When someone has a heroin overdose, a substance called Narcan can be administered that temporarily blocks the effects of the opioid. There is limited time for an overdose patient to receive treatment; however, often when a friend or acquaintance witnesses an overdose, they take time to “clean-up” before calling for help to avoid charges related to drug possession.

According to Shipman, in order to be eligible for immunity, the person calling 9-1-1 must provide his or her name and location and stay with the patient until help arrives.

For his part, Jim Higgins, a special agent with the federal Drug Enforcement Administration office in Pittsburgh, said, “We’re in the midst of one of the worst drug epidemics we’ve ever seen.

“One of the reasons this is such a bad epidemic is there is a feeder system for it,” he said, explaining that it often starts with someone receiving a pain medication prescription for a legitimate health problem and becoming addicted. When the prescription is gone, the habit is no longer affordable — a 30 mg pill of oxycodone can sell for \$30, while 2 grams of heroin can sell for \$5, he said.

For the 12-agent office in Pittsburgh, “We’re initially tasked with going after the biggest and baddest drug traffickers on the street.” They focus on areas where a cluster of overdoses has occurred. They do offer resources such as money, equipment and manpower at times to local police agencies.

Marshall Piccinini, who works in the U.S. Attorney’s Office in Erie, noted that while one resource for fighting the epidemic is enforcement, “You are not going to arrest your way

of your heroin epidemic.” One reason is that many people start with prescription pills, he said, explaining that oxycodone “really is prescription heroin.”

Piccinini said the number one way to fight the problem is spreading awareness, such as making parents aware of what to look for to determine if their children are abusing controlled substances.

Piccinini also feels that communities need to recognize that drug addiction can happen to people in all walks of life, and the community has to know the solution can't be to just rid itself of addicts. He asked of the crowd, “What can you do as a community to embrace healthy recovery?”

Another avenue to attack the problem is prevention and intervention. Piccinini said a 28-day program is only the start of a recovery program, which should include detox, inpatient treatment and a long-term outpatient program — all taking place consecutively without interruption.

“If you don't have a plan in place, a healthy way to recover, you are going to relapse,” said Piccinini.

Meanwhile, Dr. Henri Lamothe, medical director for the Bradford Regional Medical Center emergency room, explained that though heroin has been around for a long time, “a lot has changed, unfortunately, and it's changed for the worse.” He talked about how difficult it is to know what one is actually getting when taking heroin, which may be cut with items such as talcum powder, lowering the dose of drug a person gets, or laced with anesthetics, making it more dangerous.

In helping people to understand the nature of addiction, Lamothe said, “There's no doubt that drug addiction is a medical problem” — as well as a psychiatric problem.

One issue faced by medical professionals is that while pain medications can be highly addictive, medical professionals are still responsible for easing patients' pain.

Lamothe sees one avenue for tackling the epidemic as educating children on the dangers that drugs — even prescription drugs — can pose. For instance, when someone overdoses on heroin, that person's breathing drops “as soon as this drug hits your central nervous system,” leaving little time before permanent brain damage occurs. “How long are you going to hold your breath and still live?”

Lamothe talked about a program in New York state, paid for by the State of New York Department of Health, in which family members and friends of heroin users are able to get Narcan and training on how to use it. Such a program is only the first part, as once a person is resuscitated, that person still needs treatment. He sees developing more treatment programs as an important step.

The situation in Pennsylvania is not all dire, though, according to Angie Eckstrom, executive director of Alcohol & Drug Abuse Services. Talking about one life-saving development, she said, “I have some good news about all of this.”

Eckstrom explained that in Pennsylvania, the physician general has signed a standing order for family and friends of a heroin user to obtain a prescription for Narcan. Additionally, her agency has a Rural Opioid Overdose Reversal Grant with Penn Highlands Hos-

pital that can be used to obtain Narcan doses and training for first responders and school employees.

Regarding local treatment options, Eckstrom said there is an outpatient office in Bradford's Seneca Building, as well as similar offices in Kane and Port Allegany. Port Allegany is also the location of a short-term inpatient facility, Maple Manor, which has 12 beds for adult patients. "We're looking to expand to include long-term treatment," she added. There is a therapy program at BRMC, too.

Eckstrom said it's a common misconception that drug and alcohol services are only available for people moving through the criminal court system, but people can get self-referrals, and family and friends can get resources. For anyone who is concerned about financial coverage of treatment, "we can help you navigate (the insurance) system." Also, "the first appointment is free for self-referral."

In addition to the professionals who spoke, several recovering addicts and loved ones of addicts told their own stories with the group, hopeful that by sharing their own struggles, they can lessen the struggles of others.

"There is help; there is hope," said Darlene, a recovering addict who talked about the local Narcotics Anonymous program. The far-reaching program offers several meeting options for people in the region, with three in Bradford, one in Smethport, two in Port Allegany, one in Emporium, four in St. Marys, two in Coudersport and one in Roulette.

"Any addict, any drug addict can stop using drugs, lose the desire to use and find a way to live," Darlene said, describing the Narcotics Anonymous view.

For Darlene, she found a desire to recover after being through the court system. Recovery is a multifaceted task. "Mind, body and spirit. That's what gets all damaged when you're out there," she said. When she was using, "I became so bankrupt, I had no conscience."

Lisa Duke brought up another resource, this one for loved ones of addicts — Al-Anon. Duke, who lost her 25-year-old son to an opioid overdose, described the struggles of the family trying to help her son. "I had an eight-year war, and we lost," she said. Through Al-Anon, she obtained an Al-Anon partner who she talked to for years.

Jennifer Kirk, a board member for Alcohol & Drug Abuse Services, said, "I haven't found it necessary to get high or have a drink for 10 years." However, that wasn't always the case.

Growing up, "I felt like a square peg trying to fit into a round hole," but substance use, which started with drinking alcohol, eased her social anxieties. Eventually, she was traveling to Buffalo, N.Y., for heroin.

"I have recovered from a seemingly hopeless state of mind and body," said Kirk, who added, "I didn't understand this was a spiritual sickness."

Kirk's road to recovery included time in the court system, becoming a mother and developing her faith in God. "I have a beautiful 9-year-old daughter who has never seen me drunk or high," she said proudly. While she said her daughter is at risk of addiction due to genetics, Kirk said she educates her daughter on the issues and is honest about her own past.

In answering concerns from one audience member about whether students were taught enough about issues related to drug use, Bradford Area School District Superintendent

Katharine Pude said the district is looking “at beefing up all of our education programs.” Students do learn about the danger of drugs, but the district is looking to offer more information.

Another audience member, a recovering alcoholic and addict, suggested that treatment centers hire more recovering addicts. Through his own treatment, he recalls lying to professionals and putting on the face of a recovering addict. “I’ve ran rehabs and gotten high on the way home.”

While he said he could manipulate therapists, referring to the recovering addicts who spoke at the meeting, “I can’t lie to them.”

A new high

Combatting growing number of drug overdoses subject of new report

By **ALEX DAVIS**

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Not a day goes by, it seems, without news of another drug overdose — or worse, a related fatality — across Pennsylvania and the region.

In the Bradford area, heroin has become more potent, and the use of opiates such as hydrocodone is growing, one local police chief points out. At the same time, drug-related arrests continue to be made, and investigations into drug trafficking are ongoing, another official said.

But how can the 800 pound gorilla in the room be dealt with?

On Monday, The Center for Rural Pennsylvania released a report that lays out recommendations on treatment and recovery, including expanding the use of naloxone among police departments and reinstating mandatory minimum sentencing requirements.

The report, “Heroin: Combating this Growing Epidemic in PA,” is a compilation of testimony at hearings earlier this year by more than 40 officials, law enforcement personnel, health care and treatment providers, educators, recovering addicts and parents.

First on the list of recommendations is that addiction should be recognized as a disease, and individuals should be given proper clinically driven treatment.

“It affects and changes one’s brain and body in ways that require long-term treatment and recovery,” Center for Rural Pennsylvania Director Barry L. Denk told The Era on Monday. “Heroin addiction, as we have heard at all seven hearings, and seen in all the data, affects people of all ages, races, socio-economics, urban/rural, educated, non-educated, etc.”

As such, treatment could last several months and results in many layers of care to break

the addiction, the report states.

In fact, the National Institute on Drug Abuse pointed out that people should be given at least 90 days of care instead of the traditional 28- or 30-day inpatient recovery program.

Another item being recommended is the use of naloxone among police departments.

Naloxone — which reverses drug side effects — is a big resource for first responders — police, EMS or family members — on the scene of a drug overdose, Denk said.

Foster Township Police Chief Tom Munn knows that for a fact. He recalled a September incident where a 30-year-old man was given naloxone by the Bradford City ambulance personnel, ultimately saving his life.

“I think we need to consider the use of Narcan. I’m convinced Narcan works,” he said.

First, though, Munn said he wants to do some research on using naloxone, such as training officers, the treatment’s shelf life, among other factors.

“The Pennsylvania physician general (Dr. Rachel Levine) and the Secretary of Drug and Alcohol Programs (Gary Tennis) are trying to get all police departments to be trained on the administration of naloxone and to have them carry it in their patrol cars,” Denk said. “So, the more we can get police departments, and others, to have this life-saving antidote available, the potential to save more lives from a fatal overdose.”

The report also calls for reinstating mandatory minimum sentencing requirements, something that Bradford City Police Chief Chris Lucco supports.

“Prosecutors advocated for a 5-year minimum for anyone caught dealing more than 10 grams of heroin and 7 years for the second offense,” the report says. “Prosecutors also requested limited mandatory minimums for dealers when a drug delivery results in death.”

In his view, Lucco said lighter sentences being handed down do not act as a deterrent to the dealer or user.

“With stiffer penalties I believe we will not only deter the offender from starting down that road, but it may encourage the lower level dealer and user to possibly work with law enforcement to successfully prosecute the heavier suppliers,” Lucco said. “We are consistently arresting the same people over and over again. At some point the system is failing.”

Elsewhere in the report, funding is recommended to be restored to counties for addiction treatment and recovery services.

“Single County Authority administrators continued to stress the need for funding restoration,” states the report. “As stated at the 2014 hearings, drug and alcohol treatment funding has been cut by 25 percent over the past few years while requests for services have quadrupled.”

Similarly, pilot programs for the medication-assisted treatment option naltrexone (Vivitrol) should continue to be funded, which is not an opiate and is administered as a shot each month, according to the report.

What’s more, the pilot program of early intervention should be expanded, according to the report. Also, individuals released from being incarcerated should be quickly enrolled in Medicaid benefits to care and treatment may continue, the report continues.

Another recommendation involves the enforcement of the federal Mental Health Parity and Addiction Equity Act; in other words, mental health or substance use disorders are provided the same kind of benefits as general medical treatment.

“Also, I think all counties, be urban or rural, need to develop some local grassroots education efforts toward all age groups about the dangers of drug abuse,” Denk said. “This includes older adults about not keeping unused opioid medications in their medicine cabinets and taking them to drop-boxes for proper disposal.”

As a matter of fact, he said 80 percent of heroin addicts can trace back their addiction to prescription drugs.

“This could be the football player recovering from a sports injury, or someone dealing with chronic illness who uses prescription medications, has the Rx finally run out but now is addicted and can buy a bag of heroin for as little as \$5 a bag,” Denk said.

State Rep. Matt Baker, R-Wellsboro, shared similar thoughts. His legislative district covers a portion of Potter County.

“The much more common story is that an individual developed a habit to prescription drugs, such as pain killers, and then transferred over to heroin because it was cheaper and easier to obtain,” Baker said. “Once an addict starts down the path of illegal drugs, such as heroin, it becomes difficult to break the addiction and the addict needs to take more and more of the drug or drugs to get a ‘high.’ This attempt to push the boundaries and gain that high is what often leads to an overdose.”

The drug problem is expanding so rapidly that Baker said the issue needs to be attacked from many angles, including prevention, health care and law enforcement.

“Like a majority of Pennsylvania, we are far from exempt from the problem. We are also in the midst of a heroin epidemic,” Lucco said.

The report can be viewed at <http://www.rural.palegislature.us/documents/reports/Herion-ReportFinal2015.pdf>.

Opioids, heroin focus of Center for Rural Pa. hearing Friday

By MARCIE SCHELLHAMMER

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“This heroin epidemic is real,” said state Sen. John Wozniak, D-Johnstown, Friday at a public hearing of The Center for Rural Pennsylvania held at the University of Pittsburgh at Bradford.

Wozniak is the vice chairman of the Center’s board of directors. He was joined by Sen. Gene Yaw, R-Williamsport, chairman; and board members Rep. Garth Everett, R-Muncy; Dr. Livingston Alexander, UPB president; Dr. Nancy Falvo of Clarion University; and Bar-

ry Denk, the Center's director.

First to testify was Sgt. Martin Henneman, station commander for Kane-based state police. He shared his frustration that state police drug recognition experts are not accepted as experts in local courts.

"They are highly trained individuals who assist other police officers in identifying a person that is on drugs. I think if we spend a little more time educating the court, we could do more toward identifying the problems," Henneman said.

He brought up a common complaint among law enforcement officers as well — state sentencing guidelines are not strict enough to keep a defendant incarcerated or in a rehabilitation facility for the length of time required to beat an addiction. The defendants "do not consider probation to be a significant deterrent to the use of drugs," he said. "They will not stop using until someone makes them stop."

Bradford City Police Chief Chris Lucco bluntly explained the problem — "we're finding people dead with a needle in their arm and a stamped bag by them."

This region is attractive to drug dealers from larger cities. "They've realized they don't have the violent competition" they face in larger cities, they can get higher prices because the demand is there but it's more difficult to obtain a supply, and rural areas have a lower police presence. "They're kind of safe here," Lucco said.

The fight against drugs here relies heavily on confidential informants, yet juries don't trust them. "In a county where sentences are historically low," it's hard to get an informant to "want to combat a problem they don't want to fight."

"We've got a long fight in front of us," Lucco said. "I think education is a strong key."

He lauded the work of the McKean County Drug Task Force, but said it's run by off-duty police officers who have full-time jobs elsewhere.

District Attorney Stephanie Vettenburg-Shaffer, who oversees the drug task force, addressed the panel next. "We've seen several of our young people, our McKean County kids, dying from this in the past few months. We have seen a rapid increase in the sale of heroin in the last six months."

Last year it was cocaine and prescription pills, she said.

She, too, spoke about sentencing guidelines, and told the panel that mandatory drug sentences have been steadily "watered down by our appellate courts."

Elk County Sheriff Todd Caltagarone, who retired from the position of chief of the St. Marys Police Department, spoke to the panel of the impact the epidemic has on small departments. "The stress that is put on a law enforcement agency with 14 sworn personnel to protect a community that entails an area of almost 100 square miles with a shifting population of approximately 14,000 is tremendous."

He recommended a multi-disciplinary investigative team approach — similar to the one employed in child abuse cases statewide after the Sandusky scandal — to tackle the issue. "We have to realize that by the time the problem gets to law enforcement and/or naloxone (Narcan) administration is required, the individual problem is profound."

Yaw explained most addicts were started along this path through prescription pain medication, and turned to heroin for a lower cost high.

Speaking to Caltagarone, he said, “Four out of five addicts start by abusing prescription drugs. As prescription drugs become more restricted, there’s going to be an increase in illegal drug use. It’s something we’re working on.”

He added, “There are seven people a day in Pennsylvania who die of a drug overdose. That’s more than people who die in traffic accidents.”

Alexander asked the four if they thought the focus should be more on punishment or treatment.

Henneman said the problem is that sentences aren’t usually long enough for a defendant to benefit from being away from drugs, meaning they will get out of jail and start using again. A defendant “needs to be held securely so they can’t access drugs.”

Referring to confidential informants and the difficulty convincing someone to become one, Wozniak said, “We have to make them more afraid of you than the (dealer) at the next level” that they are informing on.

“And they’re not,” Lucco replied.

“Our hands are tied by our sentencing guidelines,” Shaffer explained.

Rep. Marty Causer, R-Turtlepoint, asked those who testified, “From your perspective, do we have the resources to continue this fight adequately?”

Lucco said no. Shaffer said the drug task force does the best it can with the resources available, but added “more funding would be better.”

The next group offering testimony included Potter County District Attorney Andy Watson, Colleen Wilber, administrator of the Potter County drug and alcohol program; Gary Seefeldt, chief of McKean County Adult Probation; and Shane Nickerson, mayor of Blossburg in Tioga County.

Watson and Wilber wowed the panel with success stories from programs in Potter County, including a drug treatment court and the CLEAN protocol. They went to Michigan to learn about the success of the programs there, Watson said.

He said the successful programs treat drug dealers and addicts differently.

“We have seen some wonderful successes,” Watson said. “They are learning sobriety. They are getting jobs. They are spending more time with their spouses. They are becoming parents to their kids.”

Seefeldt spoke of incorporating community service into sentences to give defendants a sense of “community and self-worth ... individuals will be occupied and work with others on something productive other than sitting around thinking about drug use.”

He said the county could benefit from increased funding for training for probation officers, and with retaining those officers once they are trained.

Nickerson — with a youthful, clean-cut appearance — surprised those in attendance by announcing he’s a recovering addict with 25 years of sobriety.

“You don’t understand how we feel,” he said. “We believe we’re bad people. We don’t fit in anymore.

“Addiction is a lonely place,” he said. “It’s not fun ... and it’s dark.

“Human beings are supposed to connect,” Nickerson said. Normally, that connection is with other people. “We connect with something that makes us feel good.”

When that human connection is missing or strained, people look elsewhere for something to make them feel good.

“It’s a disease,” Nickerson said. “Let me tell you this is contagious — not in the usual way.”

What has helped him in his constant struggle is being able to help others. “Constantly putting out my hand keeps me that much farther from the drug.

“At the end of the day, we need to make sure those people get reconnected,” he said. “We need to look at this situation differently. Drug court works because it forces people to reconnect.”

The challenge in rural areas, he explained, is access to treatment. “I don’t know what you can do for accessibility of treatment.

“People recover from this. It’s not all doom and gloom. I used drugs in the same community I’m now the mayor of. I’ve been arrested by the same police force I’m now in charge of.”

Yaw commented, “It’s a disease. You’re never going to be cured. You can only control it.”

Wozniak told Nickerson, “You’re proof that not everyone is a ‘dirty junkie.’”

He asked Watson and Wilber if he could bring district attorneys and law enforcement officials from his district to Potter County to learn more about their programs. Watson replied, “It would be an honor.”

The last person to testify held the rapt attention of the room at large. Dr. Henri Lamothe, emergency room physician at Bradford Regional Medical Center, serves as the medical director for Southern Tier (N.Y.) Overdose Prevention Program,

Opiates depress one’s senses, and alter one’s ability to breathe, he said. The body starves for oxygen, depriving the brain of oxygen. Heroin laced with fentanyl “it’s a very, very potent drug. It immediately stops your respiratory rate.” There’s no time to get high — the user “drops quickly.”

He described some terrifying scenarios, ones he’s seen all too often.

A car pulls up to the emergency room, someone jumps out and bangs on the door. They need help, someone in the car isn’t breathing. The medical staff runs out to help and finds a young person — maybe mid-20s — blue, not breathing, track marks visible in their arms.

“We drag the patient out of the car and we resuscitate the patient,” Lamothe said. They administer naloxone and the patient wakes up about 15 minutes later.

“We’ve seen that over and over again from the same car that pulls up to our emergency room,” he said. “The dealers are driving. After they drop them off they’re gone. We don’t

even know the patient's name unless they've got identification."

The second scenario involved a 911 call of an unconscious person. "The patient still has a heart rate except they are not breathing." When emergency responders arrive, the apartment is clean — the caller waited to rid the scene of evidence before calling for help, leaving the user on the floor, not breathing, for however long it took.

"Those young individuals are brain dead from anoxia, from respiratory arrest, from heroin laced with a full respiratory arrest drug named fentanyl," Lamothe said. "Their bodies may live. Their hearts may (continue working) because they are strong and young, but they are brain dead and unfortunately the only medical use at this point is organ donors. "We've seen that over and over again."

Also testifying were Angela Eckstrom and Jennifer Greenman from Cameron/Elk/McKean Alcohol and Drug Abuse Services; Thomas Patterson from Maple Manor; Angela Chew and Tana Funair of Dickinson Center; Dr. Brian Toth, superintendent of St. Marys Area School District; and Kim Cicon of Penn Highlands DuBois.

The hearing was recorded, and footage will eventually be aired on PCN and will be available for viewing on Yaw's website www.senatorgeneyaw.com

Area DAs outline battle against drug epidemic

By AMANDA JONES

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Heroin and opioid abuse is making headlines in northcentral Pennsylvania, and counties across the state are dealing with the repercussions of overdoses, increased crime rates and the other issues that come along with drug dependence.

There have been efforts by officials at the county and state levels to combat heroin/opioid addiction, which begins, for many people, with legally-prescribed prescription drug abuse.

The epidemic is affecting individuals from all walks of life, all income levels, and diverse backgrounds. Seven people overdose and die each day in the Commonwealth, and the majority of those deaths are caused by opioids.

Pennsylvania legislators introduced several measures to help combat the problem in 2014, including allowing private citizens to carry and administer the drug Naloxone to revive an overdosing individual; allowing for "good Samaritan" reporting of overdoses without fear of arrest; and strengthening of prescription drug monitoring through electronic health records to keep the most dangerous prescription medication off the black market.

While heroin has traditionally been viewed as an inner-city problem, the epidemic has

spread to rural communities, and is killing off residents just as quickly as in larger areas. The Drug Enforcement Agency (DEA) indicates the death rates in Elk County were the seventh highest in the state, with 25.65 individuals per 100,000 dying of a drug overdose in 2014. That year, Elk County lost eight people; McKean County lost six. Cameron and Potter each reported zero deaths.

Officials believe the epidemic has worsened in the past year, with more heroin and opioid abuse being reported by law enforcement and court officials than ever before.

Each county has had a slightly different approach to combatting the problem, though the four counties in the region — Cameron, Elk, McKean and Potter — are all working together on some initiatives.

Potter County has made the biggest changes to its criminal justice system, introducing specialty courts for DUI and drug offenders that are less punitive and more therapeutic in nature.

“We were told initially that we would see reductions in recidivism, we would see improvements in mental health and also changes in the family unit. All of this has proven to be true. All of it,” said Potter County District Attorney Andy Watson. “Data showed that the treatment courts had higher success rates than any other federal or state program.”

Through the specialty court programs, which got its start through the utilization of various grants, the county estimates it has saved 1,449 jail days. Of 3,888 substance abuse tests given, only seven have shown the presence of drugs or alcohol.

Watson said the program began with the DUI court. The drug court began later but has presented more issues. Participants relapse more, but drug court personnel remain committed to helping participants lead healthier, more productive lives.

“I’m not saying that every defendant in this program is going to be successful, because they’re not,” said Watson. “But we have taken some people into the program who have overdosed and almost died and they are learning sobriety; they’re learning education; they’re getting jobs. They’re actually becoming parents to their children, spending more time with their spouse, going to church. They’re learning a new way to live.”

The county has launched additional initiatives, including the development of a Women’s Rehabilitation Center, which treats women for addiction in a residential setting with time for family therapy, job training and placement and re-entry plans; in-jail programs for men and more intensive re-entry planning; strict enforcement with the Potter County Drug Task Force; stricter sentencing for upper-level drug dealers; and the CLEAN Protocol.

The CLEAN Protocol is an interesting concept, and the opposite of what is expected from a district attorney. Individuals with drug dependence issues can approach any police officer in the county, turn over any drugs they have on them, and receive immediate help to be placed in a detox or rehabilitation program.

“This is a means of public outreach. We don’t want to arrest you, we want to get the drugs off the street,” Watson said. “We’re more interested in getting you rehabilitation services.”

Potter County works with entities in McKean County to provide medication-assisted

treatment, and works with Alcohol and Drug Abuse Services of Cameron, Elk and McKean counties to provide additional assistance, as needed.

Meanwhile, Cameron County District Attorney Jeanne Miglicio said her counterparts have learned that punitive measures alone are not enough to change a person's way of thinking and allow them to become drug free.

"When a person comes into contact with the court system, we require assessments and referrals are given for treatment and follow-up. We realize that the first try might not work — that's something we've learned," Miglicio said. "One failed try doesn't mean a failed person. Some people need more than one try."

Miglicio said she avails herself to a District Attorney Association network that provides information on best practices, treatment options and the newest methods of combatting the issues.

The county also commits women who meet the criteria to the Women's Rehabilitation Center in Potter County, and other individuals are mandated to attend long-term rehab programs, as warranted.

"It's (Women's Center) has been a real benefit. It's too bad we don't have a similar men's center," Miglicio said. "The biggest issue is balance. We have to address their issues on a criminal level, because they have committed crimes, while at the same time we have to address the individual's needs to help him or her become more productive and return to society."

In neighboring McKean County, the heroin epidemic has been ramping up, though the most recently-released numbers, for calendar year 2014, do not necessarily illustrate that as officials believe the problem has worsened of late.

"We are a very rural county and many of our young people, our McKean County kids, are dying in the last several months, so this is an issue that all of us take very personally," said McKean County District Attorney Stephanie Vettenburg Shaffer.

The McKean County Drug Task Force is focusing efforts on heroin and opioids, and public service announcements have been made, and will continue to be made, when the need arises.

Vettenburg Shaffer commended local law enforcement, and the public, for helping spread the word on issues. Social media has been a big help in getting the word out when it is deemed necessary, such as earlier this year when three overdoses — one fatal — were reported within just 36 hours. Officials released information on the substance and its packaging, which is often made unique by dealers to indicate a specific "brand" of heroin. The task force was able to retrieve unused bags of the substance following the PSA release.

In 2015, McKean County prosecuted 95 drug cases. As of the end of March 2016, 43 cases had already wound their way through the criminal justice system. In the last two years, the county has seen an increase in property crimes, like burglaries and thefts, which are typically associated with drug activity.

Vettenburg Shaffer said that ongoing training and education is one tool that her county is using, along with working closely with law enforcement and treatment specialists from

across the region.

All counties work with drug task forces, either their own county's or the North Central Drug Task Force. Education and training is ongoing throughout the region, and treatment is becoming the norm rather than the exception in an effort to save lives and communities in rural, northcentral Pennsylvania.