

Family, lawmakers target opioid addiction

Saturday, July 9, 2016

By Kristine Porter kporter@tnonline.com

Learning to live with chronic, debilitating pain may sound like a death sentence, but the drugs that can make the pain go away can also kill you.

In May and late June, the state House of Representatives passed several pieces of legislation related to opioid drug addiction based on recommendations from the Opioid Prescription Drug Proliferation Task Force.

“Opioid abuse is the No. 1 health crisis in our state,” said state Rep. Doyle Heffley.

“This crisis is far from over, and there is much work to be done.”

The legislation now moves to the state Senate. It includes:

- House Resolution 590: establishes a task force through the Department of Drug and Alcohol Programs to access addiction treatment through health plans. Sponsored by Rep. Stephen Kinsey, D-Philadelphia.

- House Bill 1295: Adds buprenorphine to the Methadone Death and Incident Review Act. Sponsored by Rep. Gene DiGirolamo, R-Bucks County.

- House Bill 1698: Provides coverage of abuse-deterrent opioid products. Sponsored by Heffley.

- House Bill 1699: Sets a seven-day limit on opioid prescriptions from emergency rooms. Sponsored by Rep. Rosemary Brown, R-Monroe/Pike.

- House Bill 1737: Proper disposal of unused prescriptions. Sponsored by Rep. John Maher, R-Allegheny.

- House Bill 1805: Requires continuing education in pain management, prescribing practices and addiction for people who prescribe and dispense the medication. Sponsored by Rep. Kurt Masser, R-Northumberland/Columbia/Montour.

The state’s actions come on the heels of the March 16 statement from the Centers for Disease Control and Prevention issuing guidelines that strongly recommend to physicians strict standards when prescribing opioid narcotics. Why? Since 1999, more than 165,000 people have died from overdoses related to prescription opioids; 14,000 in 2014 alone.

On Sept. 10, 2015, Lee Braden Kester, of Palmerton, succumbed as well.

“Lee knew that he was addicted to the drugs and he said to us that he would rather take the drugs than feel the constant nagging pain the rest of his life,” said his mother, Cynthia Kester. Lee was 34 years old when he died from an overdose of a mixture of prescription medications and illegal drugs.

Lee’s story begins more than a decade earlier when he was 21. A friend was taking him home early one morning when the car crashed. Several vertebrae in his upper back were crushed, along with many other injuries. The doctor prescribed oxycodone for the pain.

Oxycodone is a medication originally designed for cancer patients in the end stages of the disease, said Chris Sorrentino, a case management supervisor at the Carbon-Monroe-Pike Drug and Alcohol Commission.

“Pain management used to be the mode of care,” Sorrentino said. The patients understood that the pain would always be there. The treatment was to help them handle the pain. Now, it is about pain control and completely eliminating the pain.”

Living pain-free isn’t sustainable, said Dr. Christopher Roscher, an anesthesiologist at St. Luke’s University Health Network. The body keeps adapting to the medication and the patient finds he or she needs more medication, stronger doses, or new medications to get the same goal of freedom from pain.

Cynthia Kester said when her son died, he was taking up to 10 Roxicodone and 18 methadone per day, plus Xanax for anxiety and depression. He would get 540 pills at a time when he filled his prescriptions.

“Having that many pills on hand was not a good thing,” she said.

Lee went to a primary care physician, specialists, physical therapists, psychologists, surgeons and chiropractors.

“None of them could help him find relief from the pain,” Kester said. “They didn’t treat him as one person.”

She said that when he would tell a medical doctor about his anxiety, he would be told to talk to a psychologist. When he would tell the psychologist about his back pain, he was told to save it for the medical doctor. The two problems were interrelated. The back pain increased the anxiety and depression, and the anxiety and depression made living with the pain for the rest of his life unbearable.

Eventually Lee’s doctor retired. His new physician tried to wean him off the high doses, but he was addicted. That’s when he started borrowing medication from friends and got into illegal drugs like crystal meth. This led to arrests, jail time and rehabilitation.

“They always say let them hit rock bottom. It’s very hard for a mother to do,” she said. “What help was he going to find on the street?”

Kester said Lee was told about the danger of addiction to the medication, but he thought he could handle it.

“Overdoses from prescription medications now exceed that of cocaine and heroin,” Roscher said.

Opioid medications and anxiety medications like Xanax both have a respiratory depressing effect. The result is that patients don’t breathe in deep enough, almost not breathing at all.

“Xanax on its own has less of an effect, but in conjunction with an opioid it can reduce the likelihood they will wake up,” he said.

Kester said her son knew about the effects of the medications, but again underestimated it. One day, he didn’t wake up.

Now, Kester is doing all she can to put a face on drug addiction and work toward getting more rehabilitation centers.

“I hope when people see an addict, they see him as a person that needs help,” she said. “They need compassion.”

Group hopes to shed light on addiction

Thursday, June 23, 2016

By Jarrad Hedes jmhedes@tnonline.com

Local officials are continuing to spread the message about opioid addiction and ramp up efforts to get addicts the help they need to get clean.

A task force organized by the Carbon-Monroe-Pike Drug and Alcohol Commission met for the third time Tuesday morning at the Pyramid Sports Performance Center in Lehighton.

“Going forward, I think we want to hear more ideas,” Chris Sorrentino, case management supervisor for the drug and alcohol commission, said. “What do our agencies need, does it exist and if so is there some way we can improve on it?”

Jamie Drake, acting director of the drug and alcohol commission, detailed several initiatives her agency continues to work on including a “warm hand off” policy with area emergency rooms.

The goal is to get overdose patients treatment right away, before they leave the hospital.

“We have a new mobile case manager who will be going to hospitals and can do an assessment and place a person in rehabilitation that way as well,” Drake said. “We really don’t want overdose patients just going home.”

Officials said the key with heroin addicts is helping them when they say they’re ready after hitting rock bottom.

That means having staff available to accommodate that

need.

“It could mean supervisors seeing someone themselves,” Drake said. “It could mean re-scheduling a noncritical appointment. We’ll do everything we can to get that person the help at the appropriate time.”

An after-hours emergency detox number, 1-866-824-3578, is available through the drug and alcohol commission for uninsured individuals.

According to Sorrentino, that number will put a patient in touch with someone who can coordinate evening and weekend admissions.

“Someone can call that from home,” he said, “they don’t have to be at a hospital. It is really for detox so someone doesn’t have to wait.”

Part of a social marketing

campaign, the drug and alcohol commission now has billboards on routes 248 and 903.

Drake said the goal is to let everyone in Carbon County know this problem exists.

Several upcoming training sessions, on July 20, Aug. 17 and Sept. 14, are scheduled for people to learn how to administer Naloxone, which can reverse the effects of an opioid overdose.

Held at 9 a.m. and 6 p.m. each of those days, the sessions are at Pyramid Healthcare in Bartonsville.

Registration is required and can be done by contacting 570-421-1960, ext. 2703, or vharunik@cmpda.cog.pa.us.

The drug and alcohol commission purchased \$20,000 worth of Naloxone so each

training attendee will get a free kit that includes two doses of Naloxone.

Prevention staff continues to go into schools to speak to students about addiction.

Mindy Graver of the Penn State Cooperative Extension office spoke of the PROSPER program she leads at the Jim Thorpe Area School District elementary schools.

“It’s a seven-week program geared at giving youth the tools to say no when faced with peer pressure or bullying,” Graver said. “We’d love to expand into all of the elementary schools but it costs money and that’s what we’re facing right now.”

The next task force meeting in Carbon County is scheduled for Aug. 30 at the Pyramid Sports Performance Center.

Cartwright: ‘Anyone can fall into addiction’

Tuesday, June 7, 2016

By Jarrad Hedes jmhedes@tnonline.com

The nation’s growing opioid addiction epidemic took center stage Monday night during a town-hall meeting hosted by U.S. Representative Matt Cartwright at the Hilltop Community Center in Summit Hill.

Cartwright, a Democrat in his fourth year representing the 17th Congressional District, told an audience of around 20 people many of society’s social ills, such as drug addiction, could be aided by more manufacturing jobs, something he hopes to help bring to the area.

“It doesn’t matter what side of the tracks you come from, anyone can fall into addiction,” he said.

Brett and Sandra Peters, parents to a child who became addicted to heroin and has been clean for the past four years,

made the trip to Monday’s event from Aquashicola.

“We talked to our children about drug use,” the couple said. “But when you hear stories of people who literally watch relatives die or their friends die from an overdose and they still do heroin after that, no amount of talking is going to solve the problem.”

While most political debates in the nation’s capital end up in gridlock, Cartwright said there does seem to be a bipartisan consensus about over-incarceration.

Many areas, he said, have adopted drug courts where judges treat heroin use as a medical issue rather than criminal.

Schuylkill County is in the beginning stages of instituting a drug court while there is public pressure to do the same in Carbon County.

“We’re addicted to throwing people in jail,” Cartwright said. “I strongly believe that the

drug pushers need to be behind bars. The users, however, need rehabilitation. Congress is seeing that this needs to be treated as a medical issue. There is so much gridlock, but that is an area for hope.”

Summit Hill Councilman David Wargo called for stiffer penalties for suppliers, while Brett Peters said doctors prescribing opioid painkillers need to be regulated.

Peters said he was recently prescribed a 30-day supply of Oxycodone following a surgery.

“I took four Ibuprofen for two days and I was fine,” Peters. “I’m not superman, we just over-prescribe. Opioids were meant for terminally ill cancer patients.”

Cartwright said along with pushing for increased availability of Naloxone, which can treat a narcotic overdose, the Federal government can look at better guidelines for painkiller prescriptions.

On other issues, Linda Christman, Towamensing Township resident, asked Cartwright if Congress would pass the Trans-Pacific Partnership, a free-trade agreement with 11 other countries; Japan, Malaysia, Vietnam, Singapore, Brunei, Australia, New Zealand, Canada, Mexico, Chile and Peru.

“I read it and in the chapter on labor it has the word ‘may’ 24 times in seven pages,” Cartwright said. “It has no teeth right now and needs to change. We have to have trade, but when you have a trade agreement with no restrictions, you stand to undo everything we went through to get our fair labor rules. The rush for Pacific Rim trade can’t be so important that we jeopardize our values.”

Questioned on Democratic presidential nominee Hillary Clinton’s statement that she was going to put coal miners out of business, Cartwright

said Clinton actually has a plan, through clean energy opportunities, to pump money into coal mining regions.

“Her commitment to the coal regions is actually one of the top reasons I endorsed Hillary,” he said.

When it comes to fracking, Cartwright said it needs to be properly regulated.

“It is a good bridge until we get to a point, where sustainable energy carries the day,” he said.

The meeting began with Cartwright explaining how his office can help constituents with issues pertaining to veterans and military personnel, Internal Revenue Service and taxes, citizenship and immigration, the U.S. Department of State, social security, Medicare, economic development and Federal grants.

Tournament to aid in fight against opioids

Thursday, June 2, 2016

The untimely passing of a 27-year-old Jim Thorpe man that was the aftermath of a long-term battle he faced with an opioid affliction has prompted his family to fight back on the local war against drugs.

After Matthew Reabold died on Jan. 31, his family established a fund in his name as a means of raising awareness of the growing opioid epidemic in our society and to help others with the devastating disease.

To aid the fund, the first Matthew Reabold Memorial Golf Tournament will be held on June 17 at the Willow Brook Golf Course, Catasauqua. Golfers and sponsors are being sought to make the event a successful one.

Butch; his wife, Kathy; his daughter, Nicole McGinley; and cousin Brian Conrad are the or-

ganizers of the event, and are joined by relatives and friends of the Reabold, Thear and Figura families of Jim Thorpe. “It’s been a joint effort,” Butch said.

The objective, he says, is to “not let happen to anyone else’s son or daughter what happened to Matthew.”

According to the tournament brochure, Matthew Reabold “was a vibrant, happy and talented young man with an infectious personality that left a lasting impression on everyone he met.”

A 2008 graduate of Jim Thorpe Area High School, Matthew was a two-time Olympian team MVP, after which time he joined the golf team at Keystone College where he was a standout and well-rounded player.

“Unfortunately, Matthew struggled daily with opioid addiction, which tragically led to

an infection in his eyes,” the flier says. Later, he was left without sight in his left eye and was declared legally blind.”

Four months after his passing, Butch Reabold is left troubled by how drugs affected his son and are impacting others in the region. “Every day that goes by, I get more aggravated by the passing of my son,” he said. “I can’t sit here and let it happen to anybody else. My son was a great kid, but, unfortunately, drugs took over his body.”

At the time of Matthew’s passing, the family requested memorials go to the Matthew Reabold Memorial Fund to “be used to help others experiencing the same daily struggles.” The fund is established at the Jim Thorpe Neighborhood Bank.

“The outpouring of support that we received when my son passed was overwhelming,”

said Butch.

“I have gone to a meeting in Lehighton, talked to plenty of people, including police and the county commissioners, and we would like to start something for our local area to get together others who have lost loved ones, to try to fight this disease. I haven’t met a person who in some way was not affected by this epidemic and I’m sure they want to fight back,” he said.

“Not a day goes by that I don’t think about what I could I have done for Matthew, or even if I did something wrong,” he said. “The whole system is terrible and needs to be fixed. I spoke to the director from Carbon-Monroe-Pike Drug & Alcohol Commission and she told me in the past, if someone mentioned your loved one was a drug addict, that, right away, that person was no good or a loser. But, now, drugs is a lead-

ing cause of death in America. People are starting to talk and realize this is a terrible disease. These are good children and adults who come from good families and it is happening all over the USA. I’m asking others to join us in fighting back.”

In addition to Butch and Kathy Reabold, Matthew was a son of Karen (Thear) Figura and Jack Figura of Jim Thorpe and the grandson of William “Butch” Reabold and his wife, Pat, and Louise Thear, all of Jim Thorpe, and the late Joe Thear Sr.

Those interested in participating or sponsoring a tee or green in the outing can contact Matthew’s father, 570-249-1405, or the Brian Conrad, 610-533-7902, at the Blue Monkey Sports Restaurant, North Catasauqua (monkeybl@ptd.net).

Drug overdose numbers ‘shocking, saddening’

Tuesday, February 23, 2016

By CHRIS REBER CREBER@tntonline.com

The heroin and opioid prescription drug addiction epidemic is not unique to one town, county or state.

Similarly, it affects people regardless of their upbringing or economic status, the neighborhood they live in or even their political affiliation.

That was the message at a town-hall meeting headlined by U.S. Rep. Matt Cartwright, D-17th District, in Coaldale Borough Monday night. Cartwright and Jason Snyder, an official with the Pennsylvania Department of Drug and Alcohol Programs, shared what is being done in Harrisburg and Washington to address the problem, including alterna-

tives to the courts.

“This is the worst health care crisis that we’ve seen in our time in Pennsylvania,” Snyder said. “The numbers are shocking, and certainly saddening. The stories behind them are even more saddening.”

Last year, for the first time, drug overdoses surpassed motor vehicle crashes as the leading accidental cause of death in the U.S., Cartwright said.

And attitudes are changing toward the way to address the drug problem. He said that more Republicans are joining Democrats in advocating alternatives to strict enforcement against people suffering from addiction. Cartwright said that the U.S. has a dual problem of drug addiction and an addiction to incarceration.

“As much as we tend to arm wrestle over everything else,

this seems to be something people are coalescing around,” he said.

That includes bills he has co-sponsored to encourage more responsible prescription guidelines and expanding access to naloxone, the treatment that can reverse a drug overdose. He would also like to see drug courts so repeat offenders can seek treatment instead of being repeatedly incarcerated.

But he admitted that there are still a lot of lawmakers unwilling to look at some of those more unconventional approaches.

Mayor Joel Johnson, who organized the forum, asked Cartwright if Washington could hold the companies that make widely-abused prescription opioids somewhat responsible for the fact that they make money off this crisis, Cartwright said

that for congress, baby steps are more realistic.

Snyder added that in Pennsylvania 2,500 people died of drug overdoses in 2014. That’s officially the largest number ever, but 2015 looks to outpace it.

Himself a recovering prescription drug addict, Snyder shared the tragic effects that the addiction epidemic has had on his family. His two brothers died of heroin overdoses within two years of each other. With the appearance of someone who could do Cartwright’s job some day, Snyder said even after their deaths, he hid his own addiction because of the stigma attached to drug abuse.

He said now it is incumbent upon recovering addicts like himself to spread the word that addiction is a disease.

He was adamant about the

need for every police department to carry the overdose-reversing drug naloxone.

“The hardest thing for my mother is the fact that my brothers got what they deserved. And people say that about the 2,500, that their lives weren’t worth saving,” he said.

His office is also advocating for programs that would divert people suffering from addiction from the justice system into drug treatment.

Residents thanked Snyder and Cartwright for visiting the borough.

“The stigma has to go away for parents and family members, too. Teachers that know, police that know, say something. And all police should have Narcan. Please save a life,” Judy Veron said.

What you need to know about Narcan

Saturday, June 25, 2016

By RON GOWER TNEDITOR@tntonline.com

Narcan saves lives and is available to families without a prescription.

Clinical Outcomes Group of Pottsville and the Schuylkill County Drug & Alcohol Program sponsored a two-hour session Thursday at the Hometown Fire Company.

About two dozen people were trained to administer Narcan.

Dr. John W. Stefovich of Ashland, medical director for Clinical Outcomes Group, and Ricky A. Ney Jr., an emergency medical technician who is educator/instructor for Schuylkill United Health Services, conducted the training.

Stefovich said poisoning and drug overdoses have surpassed auto accidents in death rates in the United States.

Stefovich said 44 people die daily in the United States from

opioid overdose.

He urged that parents or family members in homes of suspected drug abusers keep it available.

He said if an opioid overdose occurs, there is no harm in administering Narcan nasally.

“You can’t harm someone by giving it to them,” he said, even if the problem is a sugar drop from diabetes or a stroke rather than an overdose.

The speaker noted that the cost of Narcan has increased since it has become so widely used.

At one time, Narcan cost only about \$15, he said. However, as demand for it increased, so did the cost. A dose now costs more than \$50.

“The majority of overdoses occur in the presence of others,” he said. “Overdoses can be reversed by rescue breathing and/or Narcan administration.”

Many younger drug users are still living at home or are

still allowed to visit the home, Stefovich said, which is why it is important for family members to have Narcan available.

Examples of opioids include heroin, morphine, Tramadol, oxycodone and methadone.

Overdoses are rarely instantaneous, he said. They usually happen one to three hours after the drug was used.

“Someone ‘found dead with a needle in their arm’ is a rare event that is sensationalized,” he said.

He said Narcan is a pure opiate antagonist. “It has no physiological effect other than blocking opiates,” he said.

Ney said, “Naloxone’s duration of action is relatively brief — as short as 30 minutes. The duration of action for narcotics can be very long — as long as a day. All patients who receive Naloxone must be monitored closely for recurrent symptoms.”

Ney said sometimes patients may need a second dose of the

Narcan.

One of the problems Ney and other emergency responders face when responding to an overdose is what to do with the patient. He said taking them to a hospital isn’t always the answer because they come out of the overdose.

The addiction Stefovich also spoke on understanding addiction.

“Addiction is a brain disease and is treatable,” Stefovich said.

He said in the 1960s, addicts usually only got high through injections. Today, drug users take the drugs many different ways, such as snorting or even in capsule form.

“Denying treatment is like denying a diabetic insulin or denying a cancer patient their drugs,” he said.

He explained that people who smoke and develop cancer aren’t denied cancer drugs. People who become addicted shouldn’t be denied treatment.

“We’re losing so many peo-

ple we don’t have to lose,” he said.

The growing use of drugs, he said, “is a tidal wave that’s coming over top of us and we have to look at it differently or we’re going to be lost.”

Detoxification isn’t the answer.

Stefovich said a user who goes into detox has a 95 percent chance of going back to opioids, but someone who also goes into rehab has a 10 percent chance of returning to the drugs.

He said there won’t be headway made on the war against drugs “until you actually start treating this like a disease.”

The program will be repeated at 5:30 p.m. on July 6 at the Schuylkill County Probations new day reporting center, 1 S. Second St., Pottsville.

It is open to the public, but anyone attending should contact clinical Outcomes Group at 1-800-264-1290.

How can we fight drug addiction?

Thursday, March 31, 2016

By Jarrad Hedes jmhedes@tntonline.com

Prominent state and area leaders in the fight against opioid drug addiction and heroin overdoses outlined their attempts to combat the disease Wednesday night at a town-hall meeting in Tamaqua.

Lehigh Carbon Community College faculty member Todd Zimmerman, who was troubled by a “60 Minutes” episode he watched last year on the rural heroin epidemic, organized the five-member panel including state Physician General Dr. Rachel Levine, Secretary Gary Tennis with the state Department of Drug and Alcohol Programs, Schuylkill County Judge James P. Goodman, Carbon County Judge Joseph Matika and Schuylkill County District Attorney Christine Holman.

How the epidemic started was the result of a perfect storm, Levine said.

“In the medical profession, there was more of an emphasis

placed on assessing acute and chronic pain,” Levine said.

“At the same time, we were seeing the development of some very powerful and addictive opioid pain medication. That medication treated the pain more effectively, but it also came with the dark side of addiction.”

After getting hooked on pain medication, it’s not uncommon to turn to heroin.

Around 2,500 Pennsylvanians died of drug overdoses in 2014, Levine said, and for 2015, the data is expected to be worse.

According to Holman, 31 percent of the first 500 criminal cases filed in Schuylkill County in 2015 involved illegal drug use. Heroin was the lead drug in 61 of those 158 cases.

No ‘magic bullet’ What are state and county officials doing to curb the problem?

Levine said the answer isn’t easy.

“There is no magic bullet or rehabilitation,” she said. “It’s a very difficult treatment.”

The state is working on developing a prescription drug

monitoring program to red flag both patients who “doctor shop” and physicians who too easily prescribe opioid pain medication.

“For our overdose patients, we are going to work really hard on establishing a warm and firm handoff from the hospital to a referral for treatment,” Levine said. “It’s important for us all to remember that addiction is a disease, not a moral failure. There absolutely has to be the encouragement and opportunity for individuals to get help, not just be sent back on the street.”

Get drugs off street

From a law enforcement perspective, Holden said, a continued effort must be made to get the available drugs off the street.

“Since 2014, we’ve had two successful drug sweeps right here in Tamaqua,” she said. “These don’t happen overnight. They are the result of a lot of hard work and there will be more of it. While we can’t arrest our way out of the problem, we can take away resources.”

The old line of thinking

when it came to drug offenders was “lock them up and throw away the key,” Goodman said.

That philosophy has shifted and judges are now tasked with helping nonviolent offenders return to a life of normalcy.

Drug courts Elsewhere in the state, that has come through the rising popularity of drug courts.

“There is an 85 percent success rate for defendants who receive the proper level of care and length of stay in rehabilitation facilities,” Tennis said. “That means those 85 percent are not repeats in the criminal justice system. Drug courts have been proven effective.”

Drug courts are generally 12-18 month programs and provide judicially supervised, individualized treatment plans to rehabilitate offenders.

Goodman said Schuylkill County has applied for a \$350,000 federal grant to get its program off the ground.

“When you do well, there are incentives and when you don’t there is punishment,” Goodman said. “Violent offenders would not be eligible. We do

have a committee together here in the county and we are working to model a program after other counties.”

Carbon County, though not as far along as Schuylkill, is also looking at drug court implementation.

“It’s been a slow process, but it’s more important than ever to get the ball moving on this,” Matika said. “Our options are limited without a drug court. Our studies have shown we would save \$3,000 to \$13,000 per defendant in savings from reduced prison costs, revolving door arrests and trials.”

Zimmerman said he hoped Wednesday’s event continued a much-needed discussion and helps toward a long-term goal.

“The drug war won’t end, there is simply too much supply,” he said. “But I think we can lessen addiction and overdoses and part of that is attacking it from multiple sources as we have here tonight.”

Opioid abuse rising

Tuesday, February 17, 2015

By TERRY AHNER tahner@tntonline.com

Heroin use and opioids are running rampant in our coverage area.

What that means is there is a serious increase in drug use, according to Joe Guardiani, vice president of development and government relations for Blue Mountain Health System.

Guardiani discussed illicit

drugs such as heroin, as well as prescription drugs such as painkillers at a recent Palmerton Area Chamber of Commerce meeting.

Chamber President Peter Kern said, “The drug problem is something that affects all of us either directly or indirectly.”

Guardiani said drug addictions are a huge problem affecting society.

“I look at addictions as a disease,” Guardiani said.

“Once contracted, you will always have a propensity.”

Compulsive behavior is at the heart of addictions, Guardiani said.

More specifically, feelings of compulsion, shame and guilt, he said.

“It’s important for us to be able to step in and provide proper availability of inpatient treatment to that patient,” he said. “The process has gotten very selective, and treatment is very costly for those who are uninsured.”

With regard to opiate addictions, Guardiani said things were much different when he

started 25 years ago in the treatment field.

At that time, alcohol was the primary drug of choice, followed by marijuana and cocaine.

Now, it’s shifted to opioids, followed by alcohol, marijuana and cocaine, he said.

In his eight years with Blue Mountain, Guardiani said he’s noticed that the majority of people are opiate-addicted patients who are in an inappropriate relationship with drugs such as Vicodin and oxycodone.

“But they can never afford

that, so they go to the next best thing, heroin,” he said. “A bag of heroin costs about as much as a pack of cigarettes.”

“The physical addiction creates all kinds of social problems,” he said. “All priorities get turned upside down.”

On a positive note, Guardiani discussed a prescription drug monitoring program that allows physicians to track addictive or dangerous drugs.

“That’s a big step forward,” he said.

Official delivers a life lesson to Panther Valley

Saturday, April 9, 2016

By CHRIS REBER creber@tnonline.com

Jason Snyder of the Pennsylvania Department of Drug and Alcohol Programs addressed Panther Valley High School students on the seriousness of the opioid epidemic and how addiction has affected his family. Here is some of the advice that Snyder gave students:

Epidemic of overdose deaths

There were more than 2,500 deaths from overdose in Pennsylvania in 2014 — more than the number of deaths caused by car crashes, making it

the leading cause of accidental death. Of those, at least 800 were caused not by heroin, but by pain medication that can be prescribed by a doctor.

“You truly are in a unique place today, right in the middle of the worst public health crisis that anybody in this room has ever seen,” Snyder said.

Addiction is a disease. The people who suffer from addiction look like anyone else. The representation of a disheveled drug user actually only represents a small part of the whole issue, Snyder said.

“Certainly I’m no doctor, I don’t understand brain chemistry, but I do

know the American Medical Association, among many other experts, classifies addiction as a disease, a brain disease,” he said.

It can start harmlessly. Snyder was clear about the addictive qualities of prescription medication, and how it leads people to seek out harder drugs. He said that communities across the commonwealth are “flooded with prescription medications,” and when people become dependent on them, heroin is close behind.

“(Withdrawal), it’s a feeling of hopelessness, mentally. If they can’t get their prescription medications, there’s plenty of

heroin in the community.”

It can happen to anyone.

Snyder described the supportive parents and happy family he had, and how opioids tore them apart. His two brothers died of heroin overdoses within two years, and during that time Snyder hid the fact that he was addicted to OxyContin.

“Anyone can become addicted. Even when I was actively using drugs when my brothers died, I did not believe I could get to the point they were at. I believed ‘that’s not me, that’s never going to happen to me.’ I would find ways to rationalize my

drug use.”

Narcan saves lives

We would suggest that anyone who has an opioid in their home should have naloxone. Certainly anyone who has a family member who is struggling with an opioid addiction needs Narcan. It’s a safe medication, there are no side effects. It’s a very safe drug. I would encourage you to think about that — if you have brothers, sisters, cousins struggling with the disease. Naloxone saves lives — in almost a year and a half, hundreds of lives have been saved in Pennsylvania.

Don’t be afraid to talk. Snyder said while

there is still stigma about the disease, talking with others is a step toward recovery. He encouraged students not to be reluctant to talk to trusted teachers, guidance counselors and parents.

“Never be afraid to ask for help. I was for many years, I denied my addiction, I thought I could pull out of it on my own. I would just encourage you to be smart, be willing to ask questions, be willing to engage in conversation with trusted adults about this topic.

Groups discuss area’s battle against addiction

Wednesday, May 18, 2016

By Jarrad Hedes jmhedes@tnonline.com

Following two highly attended town hall meetings in Carbon and Schuylkill counties, Todd Zimmerman is anxious to see the next step unfold in the battle against drug addiction.

That next step is a pivotal one in helping addicts get on the road to recovery.

The Lehigh Carbon Community College adjunct professor met Tuesday night at the St. Peter’s Community Resource Center in Franklin Township with members of the Concerned Citizens of Carbon County.

“What we’re working on right now is circulating a petition to establish a drug court in Carbon County,” Zimmerman said. “Almost every other county around us has one and we think it’s pivotal. If nonviolent offenders can get a job, get that engine running, they’ll start to feel better about themselves. We can’t keep picking up users and nailing them with felonies. They lose the right to vote, they have a record and it’s hard to get any employment. If you want to go after the pushers, that’s fine.”

Drug courts handle only inmates with drug problems. Instead of going through a traditional court, a defendant going through drug court

would be kept under supervision and in treatment long enough for that treatment to work. The defendants would also be held accountable for any crimes they have committed, and must meet their obligations to the court, to society, to their families and to themselves.

The group, which calls itself 4C, hopes to get 5,000 signatures on the petition and march to the courthouse to present it to Carbon County President Judge Nanovic close to Labor Day.

“He has to recommend it to the commissioners, who would then need to approve it,” Zimmerman said.

The petition cites several statistics including that 75 percent of adult

criminal drug court graduates never see another pair of handcuffs and drug courts reduce crime by as much as 45 percent when compared to other sentencing options.

Zimmerman was joined Tuesday by Cindy Henning, a Jim Thorpe resident who organized the town’s National Night Out for four years; Karalyn Dietrich, a Nesquehoning resident and recovered drug addict; and Cindy and Lonnie Kester of Palmerton, who lost their son Lee to an overdose.

“I was raised to believe that you help people who can’t help themselves,” Henning said. “That is exactly what drug courts do.”

Dietrich, who said at

a town-hall meeting in December that she’s been clean for three years, said she is also in favor of a drug court.

“A lot of addicts just get run down and don’t know how to keep a job every day,” she said. “This would get them back into the community as a working person.”

Art contest

Also on Tuesday, Zimmerman announced the winners of an Opiate Addiction Awareness Poster Contest that was open to high school students in Carbon and Schuylkill counties.

Students were asked to create a poster to warn against the overuse of opioid prescriptions.

Only Williams Valley, Weatherly, Palmerton

and Jim Thorpe participated.

Margaret Holloway, Cole Frycklund and Kaitlin Feller, all of Jim Thorpe, finished first through third respectively and received \$250, \$150 and \$75 cash prizes.

Holloway’s winning artwork featured a syringe filled with pills to show how opioid abuse can lead to heroin addiction.

Jim Thorpe National Bank has agreed to print 300 of the posters to be distributed throughout Carbon County.

Zimmerman is looking for additional sponsors for the posters. If interested, contact him at tzimmerman@lccc.edu.

Community arms to battle drugs

Wednesday, February 24, 2016

By Amy Miller amiller@tnonline.com

Carbon County has a drug problem and officials are fighting back.

Nearly two dozen Carbon County agencies and concerned residents gathered at the Carbon-Monroe-Pike Drug and Alcohol Commission in Lehighton on Tuesday morning for the first opiate task force meeting. Attendees included police, probation officers, court administration, treatment facilities, nonprofit organizations, clergy, county and state elected officials, and a few parents who have been affected by a child using drugs.

“This is the starting point,” said Chris Sorrentino, case management

supervisor for the drug and alcohol commission. “The state is starting to recognize that there is a major opioid problem in all counties. ... We know how big of a problem it is and the lives that it has been affecting and the state is now giving us an opportunity. The state is finally starting to listen to us when we have been saying there is a problem for years.”

He said that the goal of the opiate task force is to identify ways of best handling the addiction problem in Carbon County.

Carolee Boyer, outpatient supervisor for the drug and alcohol commission, said that opiate addiction typically begins on the doctor level because a person gets injured and prescription pain medication is prescribed to help manage

the pain.

Some people become hooked on these pills and begin “doctor shopping” in the hopes of getting prescriptions.

Boyer said that right now, there are no mandatory prescribing regulations in place, so the problem continues to grow.

State Rep. Doyle Heffley said that there is legislation in the works to hopefully combat this issue by creating a centralized database to cut back on the ability of doctor shopping for prescription medications.

Jim Thorpe Police Chief Joseph Schatz said that in addition to opiates, his department is seeing a growing trend of meth use.

Boyer agreed that this trend shift was occurring across the county.

“A lot of people that

come through our doors or give us a call who are primarily (addicted to) opiates are turning to meth,” she said. “When asked the reason, they say they weren’t able to find the opiate and turned to this option.”

As a result, there have been a growing number of overdoses coming into hospitals for treatment and an increasing number of people driving under the influence or committing crimes.

“Approximately 1,700 people were fingerprinted, and there were 500 DUIs and 500 drug cases last year,” said Jim Dodson of Carbon County Juvenile Probation.

“The problem is DUIs are not alcohol-related anymore.”

“In the past 12 months, 56 percent of DUIs were drug related,” Boyer add-

ed.

Because of this, court systems get bogged down, jails get overcrowded and probation offices have more supervision cases come across their desks.

Boyer and Sorrentino asked the group what they felt needs to be addressed to combat this epidemic.

Answers included treating the underlying issues, such as home-life or mental health problems, that fuel addiction; educating the public on the resources that are available to individuals; and changing the stigma about addiction because it is a disease and not a person’s failures.

A few present suggested bringing in recovering addicts to the task force to talk about what helped them turn their lives around.

Parents said that one

major issue they are finding is that there is a breakdown of language about drug terms that addicts understand but others don’t.

Moving forward, the group decided that it will work to find viable options to serve the community through prevention efforts, intervention efforts and treatment options.

Officials also hope to work with health care providers, agencies, law enforcement and those affected by addiction.

The next meeting of the Carbon County Opiate Task Force will take place at 9 a.m. on April 26 at the Carbon-Monroe-Pike Drug and Alcohol Commission office.

After hiring, screening can still find drug problems

Saturday, February 20, 2016

By Kristine Porter kporter@tnonline.com

Getting potential employees who can pass a drug screening test can be difficult, but what about after they’re employed?

Garry Wentz, the administrator at Pennsylvania CareerLink Carbon County in Jim Thorpe, said pre-employment drug screening tests really do weed out most of the people who have a drug problem. The rest get discovered later.

“Most of the companies who do pre-screening usually do random checking,” Wentz said.

Random checking is just that — random. These tests can be done any time during employment without prior notification to the employees.

The tests work. Both Susy Seifert, the office manager at Structural Metal Fabricators Inc., and Marshall Wal-

ters, corporate executive officer and president of Architectural Polymers, have come across employees who fail the test.

Once discovered, they’re dismissed from their jobs.

One employee told Seifert he couldn’t drink alcohol because of his diabetes, so he took drugs. Walters said he knows of former employees who ended up dying from drug overdoses.

Jamie Drake, the acting director of the Carbon-Monroe-Pike Drug and Alcohol Commission, said the number one reason people come there is for opioid addiction. Opioids include prescription medications used to relieve serious pain such as morphine and the illegal drug heroin.

The second reason is for alcohol abuse and the third is for marijuana. Adolescents in particular are the largest group of marijuana users.

According to Drake,

employers are supposed to help their employees get help for their addictions, not just fire them.

The state does have this policy in place for state employees, but private companies do not have to adhere to that practice.

Luke Wake, an attorney for the National Federation of Independent Businesses, said, “That may be the charitable thing to do, but employers need that flexibility to terminate employment. The general rule is that employment is an ‘at-will’ situation.”

The state’s support of an employer’s decision to let go of an employee due to failure of a drug test is echoed in unemployment compensation law.

Under the section on benefit eligibility, the law states, “... an individual who is discharged from employment for reasons that are considered to be willful misconduct connected with his/her work,

is not eligible to receive benefits.”

Willful misconduct is defined as wanton disregard of the employer’s interests, deliberate violation of rules, disregard of standards of behavior that can be rightfully expected, or negligence that shows “culpability, wrongful intent, evil design, or intentional and substantial disregard of the employer’s interests or of the employee’s duties and obligations.”

Among the six categories of reasons to discharge an employee and be denied benefits is drug and alcohol testing.

The Unemployment Compensation law provides “for the denial of benefits for failure to submit to and/or pass a drug or alcohol test, provided the test is lawful and not in disagreement with an existing labor agreement.

To be eligible for unemployment compensation, the claimant must show that the test was

unlawful, violated an existing labor agreement, or was inaccurate.”

For the test to be unlawful, the former employee would have to show that it violated public policy, Wake said. For instance, the employee has to be given privacy when providing a sample for drug testing. Those being tested can’t be a singled-out population, because there could be an argument of discrimination.

Wake said even in states where marijuana use for medical reasons has been legalized, employers still have a right under federal law to discharge an employee who fails a drug screening test.

The Colorado Supreme Court ruled in June 2015 that as long as marijuana use is illegal under federal law, then employers can create their own drug policies.

“Employers can continue to enforce a zero-tolerance policy,” he said.

Pennsylvania has not yet legalized marijuana use for any reason. It is legal in 23 states and Washington, D.C.

Although the court ruling in Colorado is a win for businesses, the NFIB advises companies to state specifically in its policy regarding marijuana use. If they say they have a zero-tolerance for marijuana use, then that should be enough.

As far as how often employees fail drug tests, well, that number just isn’t known. Wentz, the administrator at Pennsylvania CareerLink Carbon County, said employers don’t have to report the number of employees who have failed a drug test, nor do they have to report them to the authorities.

“I do not recall seeing any that came to us like that in the last year,” said Carbon County District Attorney Jean Engler.

Opinion: Illegal drugs are a menace to our society

Friday, February 19, 2016

We strongly support the formation of a task force to deal with the alarming increase in drug overdoses in Carbon County, and we urge all community-minded people to get involved in this effort.

According to statistics, in 2014 there were 17 drug-related deaths and 635 overdose-related calls to police and emergency responders throughout the county.

Now, mind you, this is for a county of just 65,000 people. This means that there are roughly two drug-overdose calls a day. This does not take into account those who overdose who do not seek emergency help.

Nor does this take into account all of the collateral damage that drug addiction does in our society. There are murders, assaults, robberies, thefts, break-ins and other violations of the law. Families

are ripped apart; lives are squandered; criminals are born.

Nor does this touch the people or the families and friends of those involved, but it is an issue for all taxpayers. We have to support the aftermath of addiction: the jails and prisons and all of the other fallout from drug abuse.

And for what? Escapism and cheap thrills? We do not say this lightly, but drug overdoses have become an epidemic in Carbon County.

Jamie Drake, acting director of the Carbon-Monroe-Pike Drug and Alcohol Commission, says the concept for a task force emerged from a statewide opiate symposium last month in Camp Hill attended by local officials. She said the information at the symposium makes it clear that a "coordinated approach to dealing with the opiate epidemic is crucial."

In a positive first step

to creating this Overdose Task Force, Drake has invited local officials and family members of those who have experienced the wrenching effects of drug overdoses to the first meeting, which will be held at 9 a.m. Tuesday at the Drug and Alcohol Commission's office, 428 S. Seventh St., Lehigh. For additional information, call 610-377-5177.

According to Drake, this will be a "brainstorming session" to come up with strategies to take on this growing menace in our communities. Drake's sobering observation should be taped on our mirrors and our refrigerators so that it is always top of mind awareness: "We are losing too many young individuals to this disease and need to take action now," she said.

In addition to the Tuesday meeting, Coaldale is holding a town-hall meeting at 6:30 p.m. Monday at the Angela Theatre

to address officials' concerns with the growing drug-addiction threat in that community.

Hosted by Mayor Joel Johnson, the program will feature presentations by U.S. Rep. Matt Cartwright, D-Schuylkill-Carbon, and Jason Snyder, press secretary of Pennsylvania Department of Drug and Alcohol Programs.

The program is being aimed primarily at students from Panther Valley and Marian Catholic high schools, but anyone interested in the problem and possible ways of dealing with it is invited to attend, Johnson said.

Once associated with urban poverty, heroin is more popular — and deadly — than ever, and it has become embedded in the middle class. The heroin crisis is directly linked to the crisis in prescription pill abuse.

What is different now compared with the heroin epidemic of the 1970s?

Back then, heroin was typically the first opioid that a heroin addict tried, but, according to recent studies, today about three-quarters of heroin addicts started with legal drugs such as Oxycontin, Vicodin and Percocet, frequently prescribed by a doctor after an illness or injury.

Some other sobering statistics revealed in a New York Times study published last fall:

- There has been a 39 percent increase in heroin-related deaths nationwide.

- 90 percent of first-time heroin users are white.

So, why has heroin made a comeback? According to experts in the field, the issue revolves around money, pure and simple. Dealers can sell pills for \$50 or more, while they can peddle heroin for as cheap as \$10, in some cases even less. When addicts run out of cash for the more expensive pills,

many will turn to the cheaper alternative.

There has been one glimmer of hope: At one time, out of fear of embarrassment and public ostracism, families remained quiet about the problem. No more. Many have become outspoken in seeking help. As this crescendo grows, the tide appears to be turning toward considering heroin addiction as the public health problem that it is rather than one that needs to be addressed by exclusively punitive measures.

To this end, President Barack Obama has proposed \$133 million to fight drug-addiction by expanding access for drug treatment and prevention programs. As a concerned community, we need to add our voices to this clarion call for action.

BRUCE FRASSINELLI
| tneditor@tmonline.com

Naloxone trainings held in Carbon

Monday, December 14, 2015

By Judy Dolgos-Kramer
erjkramer@tmonline.com

This weekend the Carbon-Monroe-Pike Drug and Alcohol Commission held two training sessions for family members who wanted to be trained in the use of naloxone.

Naloxone, which is also referred to as Narcan, is for use in the event of a heroin and opioid overdose.

The drug, which in this case is administered through the nose, can save the life of an overdose victim by countering the effects of the opioid.

The sessions were conducted by Jamie Drake, the acting director of the CMP D & A and Carolee Boyer, outpatient treatment supervisor.

Those who attended were either family members of drug users, law enforcement or people who are employed in the treatment of addicts.

Those present were instructed in what to look for to determine if an overdose is occurring, and how to respond. The participants were given a certificate, which confirmed that they had received "bystander naloxone training."

The certificate is required to obtain a prescription for the lifesaving drug.

"Even with the certificate, some doctors are reluctant to write the prescriptions," said Drake.

"That is why those present here will receive a kit to take with them."

The presenters stressed that regardless of this training, placing the call to 911 first is crucial. Naloxone only works in the system for 20 to 90 minutes after it is administered.

"There is a stigma attached to the addicts we need to overcome," Boyer said.

"We don't label diabetics. We can't make it so that addicts won't come

for treatment if they are afraid of being labeled. No one decided to become an addict."

The training events were sponsored by the commission and the Pike County Parents for Prevention and were funded through the Carbon County Action Committee.

People interested in obtaining additional information on naloxone can go to these websites: www.getnaloxone.org, www.ddap.pa.gov or <http://harmreduction.org/issues/overdoes-prevention/tools>.

They can also contact the commission at 610-377-5177.

People can contact their family physician to obtain a prescription once they have completed the certification.

"For families of addicts this is the best gift you can receive that you never want to use," said Drake.

Heroin epidemic is a growing problem

Friday, September 4, 2015

By CHRIS PARKER
cparker@tmonline.com

The Lewis family of Northampton, who lost two children to the heroin epidemic, are not alone in

copied with the devastating impact of addiction.

According to a report released July 10 by the U.S. Centers for Disease Control and Prevention, deaths from heroin overdoses nearly quadrupled between 2002 and 2013.

The rates went from 0.7 deaths per every 100,000 people to 2.7 deaths per 100,000, with a near doubling of the rates from 2011 to 2013.

In 2013, an estimated 517,000 people reported heroin abuse or addic-

tion in the previous year, a nearly 150 percent increase since 2007.

Between 2002-11, first-time heroin use was highest among those living in the northeastern United States, males, people between 18-25 years,

non-Hispanic whites, and those whose annual incomes were less than \$20,000.

The report also indicates that most heroin users have histories of nonmedical use of prescription opioid pain

relievers, and that the increase in the rate of heroin overdose deaths has occurred at the same time as the epidemic of prescription opioid overdoses.

Schuylkill competes for opiate program

Friday, May 22, 2015

By CHRIS PARKER
cparker@tmonline.com

Schuylkill will compete with three other counties for a state grant of up to \$300,000 to fund an anti-opiate medication program for prison inmates.

The Pennsylvania Commission on Crime and Delinquency's Office of Criminal Justice System Improvements will choose four counties to receive a total of \$1.25 million to run the Medically Assisted Treatment program for one year.

The pilot program would be administered by the Clinical Outcomes Group Inc. of Pottsville, which will apply for the grant by June 8 and hopes to have the program start by July 1.

The county prison board on Thursday agreed to provide a letter of support, pending the approval of county solicitor Al Marshall, for the application.

The program involves shots of a drug called

Vivitrol, which blocks the effects of opiates, thus eliminating the craving, for 28 days after each shot.

Inmates who qualify would start counseling before getting the first shot, while still in prison.

Months of counseling and the spaced shots of Vivitrol, an extended-release form of naltrexone, work hand-in-hand, said Dr. John Stefovich of Ashland, who would administer the shots.

"You need time to be able to change the behavior, time to change the person," he said. "All the shots are going to do is block down the receptors in the brain. There's no possible way this person can get intoxicated, so there's no reason to continue to use, hopefully."

Stefovich would make sure the drug would be appropriate for each inmate before he or she starts the program.

"It sounds like a good initiative, it really does," said Commissioners Chairman Frank J. Staudenmeier.

Opiate addiction "is a major problem that we

have. To be able to address that in-house, to be able to help people who are going to be transitioning out into the community, that's a huge undertaking," said Commissioner George F. Halcovage Jr.

He said that "being able to treat them on the inside to prepare them for the outside," would help reduce repeat incarcerations.

Shots after release
Clinical Outcomes has yet to determine how the shots would be scheduled. They could be given twice while an inmate is jailed, and once after release, or once while jailed and twice or more after release.

Any liability stemming from the program would rest with Clinical Outcomes, said Warden Eugene Berdanier.

County officials and Clinical Outcomes will also discuss the program with PrimeCare Medical, the company that provides inmates' medical care.

A PrimeCare representative attended the meeting Wednesday, and

spoke with COGI afterward.

The grant money would be enough to run the program for one year, said Jennifer Melochick, director of programs for Clinical Outcomes. After that, the organization hopes positive results would bring state funding for its continuation.

Melochick said the Medically Assisted Treatment program is already in place in state prisons, but the three trio of state agencies behind the funding want to include county jails on a trial basis, starting with four selected for the pilot program.

The funding agencies are the Pennsylvania Commission of Crime and Delinquency, the Department of Human Services, and the Office of Mental Health and Substance Abuse Services.

President Judge William E. Baldwin asked if it would be voluntary for inmates.

"Yes," Melochick said. 65 percent addicted. She said that about 65 percent of prison inmates are addicted to opiates:

heroin, oxycodone and other narcotics.

That translates into about 200 current Schuylkill County inmates, who can stay clean in prison but face temptation when they are back out on the streets. The first 30 days after release is crucial in terms of relapsing or successfully breaking addiction, she said.

"They'll need to face that and deal with it when they're released," she said.

Vivitrol is not a narcotic and not addictive, Melochick said.

Clinical Outcomes Executive Director Alicia Fleischut said the state prison system is willing to share its procedures and templates for the program with counties.

The agency would also help newly-released inmates get insurance to cover the cost of the medication so it can be continued.

"Most of the studies are using Vivitrol for about eight months post-release, and they're seeing a lot of success, and people

are not returning to heroin use," she said.

Carbon County officials also announced this week that they are applying the grant.

ABOUT VIVITROL
What it is: An extended-release formulation of naltrexone that blocks the effects of opioids such as heroin for 28 days.

It is used to prevent relapse following detoxification. It can also be used to treat alcohol addiction.

It is non-addictive, non-narcotic, and non-pleasure-producing.

What it's not: Vivitrol is not an opioid, nor is it a substitute for opioids. Vivitrol is not a controlled substance, and may administered by any licensed healthcare professional.

How it's used: People must be opioid free for at least seven days before getting the Vivitrol shot in order to avoid severe opioid withdrawal.

Carbon County targets opiate addicts

Thursday, May 21, 2015
By AMY MILLER
amiller@tnonline.com

Carbon County's prison officials and the Carbon-Monroe-Pike Drug and Alcohol Commission are hoping to secure funding for a pilot program to help inmates with opiate addiction.

On Wednesday, Jamie Drake of Carbon-Monroe-Pike Drug and Alcohol Commission approached the county prison board to ask for support in applying for a

state grant to pay for Vivitrol injections for inmates who are being released from prison.

The one-year grant, if Carbon is approved, would not cost the county anything.

Vivitrol, which is also referred to as naltrexone, is a slow-release injection that lasts for 30 days and prevents relapses in opioid use in people who have been detoxed.

Drake said that the goal of the pilot program is to target approximately 10-15 inmates that are

determined to stay clean after incarceration and who have been approved through the current in-prison counselor.

The injection would be given by a medical doctor a few days before release. The person would then receive an additional five injections of Vivitrol at Carbon-Monroe-Pike Drug and Alcohol Commission's Leighton office over the next six months.

Drake said that early studies have shown that people who used the in-

jection have reported less cravings and a higher success rate of not using. This pilot program will help provide additional results, and possible additional funding for the future.

She stressed that this drug is not for people who are not committed to staying clean.

The medication's website says that if a person is still using or has any symptoms of withdrawal from opiates, they should not be given the drug. If they have Vivitrol in

their system and use opioids of any type, they may have an accidental overdose, be seriously injured or die.

Carbon County's Justice Advisory Board and state Rep. Doyle Heffley have already provided support letters for the grant, Drake told the board.

"Hopefully this will help the people who have fallen into the habit of opiate use," Commissioners' Chairman Wayne Nothstein said.

After a brief discus-

sion, the board voted to support the application, which is due June 8.

In other matters, Warden Timothy Fritz said that the prison received a donation of a Garmin GPS from Leighton Ambulance for use in prison transports that are out of the area.

The ambulance received new equipment and has been donating the old equipment to area organizations.

Household objects double as drugs

Tuesday, April 7, 2015

AMY MILLER/TIMES NEWS

"Addiction is a disease."

Jamie Drake of the Carbon-Monroe-Pike Drug and Alcohol Commission, recently said that her office has seen cases of addiction skyrocket over the last few years, mainly from prescription drug abuse, opioid abuse and heroin.

To help understand the seriousness of the drug problem that is creeping

into the county, Drake outlined a few items that can be purchased in the area that look like an everyday household object, but double as drug paraphernalia; as well as popular products today that aren't obvious drugs but can still be purchased and used to get high.

Drake pulled out a permanent marker and a pen, which to the untrained eye, look like a marker and pen, but in reality are pipes that can be used to smoke drugs.

The following products

that can be used to get high have been popping up in the region over the last few years:

• Bath salts: Many have been banned, but there are some new combinations that have been released that do not contain the banned substances but are still as harmful if ingested.

• Zan-X: anti-anxiety relaxation pills

• Dust off: canned air

• Love Roses: These small glass tubes that contain a paper rose are typically used as crack pipes.

• K-2: synthetic marijuana that was marketed as an incense.

• Mellow Munchies: Brownies laced with Melatonin.

• 2C-I (Smiles): Combination of Ecstasy, LSD and chocolate. When eaten it causes a speedy charge, as well as intense visual and aural hallucinations that last anywhere from hours to days.

• Gravel: A combination of bath salts, methamphetamine and rat poison that is either snorted, smoked or injected. It

causes sores at injection sites, has increased risk of hallucinations and people taking this substance will likely be hospitalized but staff will not know how to properly treat the symptoms.

• Molly: The pure form of Ecstasy that became popular in the mainstream like music festivals and parties in the mid-2000s.

• Purple Drank: A mixture of cough syrup, Sprite and Jolly Ranchers.

• Jimson Weed: A

wild plant that also has hallucinogenic properties when ingested. The effects of this weed takes up to an hour to appear so people typically consume large quantities, which can lead to seizures, coma or death.

Drake said that help is available anytime through the Carbon-Monroe-Pike D&A. The toll-free number is 866-824-3578.

For more information, call the Carbon County office at 610-377-5177.

Heroin has many names, forms

Saturday, January 3, 2015

By CHRIS PARKER
cparker@tnonline.com

What, exactly, is heroin?

Heroin is known on the street as black tar, H, horse, junk, chiva, hell dust, thunder skag or smack. The federal government classifies heroin as a schedule 1 controlled substance, meaning it has no legal use.

It can be in the form of a white or brown powder, or a black, tarry goo. Derived from morphine, extracted from the seeds of the Asian poppy plant, heroin can be ingested by mixing it with water, heating it and injecting it. Or it can be snorted or smoked.

Heroin's effects

When a person ingests heroin, he feels a rush of euphoria, followed by overpowering, heavy-

limbed lethargy. Breathing is slowed, the pupils constrict, and the user may have dry mouth and warm, flushed skin and be nauseated. The user in this state does what is called nodding, his head falling forward as he drifts in and out of a semi-conscious state.

Heroin is highly addictive, both physically and psychologically. With increased use comes tolerance, so the user needs

the drug more and more often to get the same feeling. Because heroin is usually "cut" or mixed with other substances, the user never really knows the strength of the drug he's ingesting and can overdose. When that happens, breathing can stop, resulting in coma or death.

A little history

Heroin is an opioid drug. Opioids, made from poppies, were used as far

back as 3400 B.C. in southwest Asia, and spread to Europe, India and China, according to the University of Arizona's MethOIDE program.

In the United States, 18th-century doctors used opium to relieve pain. In 1805, morphine and codeine were isolated from opium, with morphine used as a cure for opium addiction until it was discovered that morphine, too, is addictive.

In 1874, heroin was synthesized by an English chemist. It began to be used commercially in 1898 by the Bayer Pharmaceutical company. However, its addictive properties were soon discovered, and in 1924, the government classified heroin as an illegal substance.

Heroin leads drug deaths

Wednesday, November 18, 2015

By Amy Miller amiller@tnonline.com

More than half of the 2,497 drug deaths last year involved heroin.

The U.S. Drug Enforcement Administration's Philadelphia Field Division released a statewide drug overdose report Wednesday.

The report, "Analysis of Drug-Related Overdose Deaths in Pennsylvania 2014," which is the first comprehensive assessment of deaths caused by drugs for the state.

"Drug-related overdose deaths are increas-

ing nationwide," said Special Agent in Charge Gary Tuggle of the DEA Philadelphia Field Division. "As such, it is imperative for law enforcement to maintain awareness of the drugs of abuse in the communities that we serve.

"Deaths that result from the abuse or misuse of illicit street drugs and diverted pharmaceuticals are of particular interest to the DEA and our law enforcement partners, as they reflect the most malicious way the illegal drug trade damages and destroys lives," Tuggle said.

The DEA obtained information from 62 of the state's 67 counties on

deaths caused by drugs. Heroin was the most frequently identified drug, found in 51.8 percent of drug-related deaths.

The next drug found most frequently as the cause of death was alprazolam, the generic name for Xanax, which had 19.4 percent.

Of the counties who responded, Carbon County reported 11 overdose deaths with eight being from heroin; Monroe reported 21 with 10 from heroin; Schuylkill reported 17, with seven of those related to heroin and eight related to Oxycodone; Lehigh had 66, with 41 of those related to

heroin, and Northampton had 29, with 18 related to heroin.

Carbon County District Attorney Jean Engler said that the county has been working to try and combat drugs in the area and help lower the number of overdose deaths.

"We have certainly stepped up enforcement through our drug task force," Engler said, noting that Carbon County has also partnered with the Pennsylvania Attorney General's office and the DEA to try and stop the pipelines coming into the region. "We are doing everything we can on the enforcement side."

Pennsylvania ranked ninth in the country in drug overdoses at 18.9 per every 100,000 people.

In the state, Philadelphia County ranked first in the rate of drug-related overdose deaths per 100,000 people with 41.98. Lehigh ranked 19th with 18.44; Carbon ranked 27th with 17.07; Monroe ranked 38th with 12.63; Northampton was 45th with 9.65; and Schuylkill was 47th with 8.92.

Of the five counties, all but Schuylkill identified heroin as the most common drug identified. Schuylkill County saw more Oxycodone-related deaths.

The DEA worked with

Pennsylvania State Police, the Department of Drug and Alcohol Programs, Office of the Attorney General Bureau of Narcotics Investigation and Drug Control, the Philadelphia/Camden High Intensity Drug Trafficking Area and county coroners and medical examiners to complete the assessment.

Heroin overdoses increasing locally

Friday, November 13, 2015

By Jarrad Hedes jmhedes@tnonline.com

Carbon County first responders are no strangers to giving naloxone to heroin users.

Leighton EMS officials said they administered three doses of the drug, more commonly known as Narcan, on Monday alone.

A more telling fact, however, is how many users they see on multiple occasions.

"It is absolutely a com-

mon occurrence to use Narcan on a patient and then have to use it on them again the next time they have an overdose," said Joni Gestl, Leighton EMS administrator. "It could be a week later, a month later, it really depends on the situation but we've seen it happen."

In the short-term, Narcan is effective in combating an overdose, but what happens in the long term?

"I always say that Narcan can save an addict's life, but it can't give them a better quality of life," Gestl said.

EMS officials are some of the first people on the

scene after a heroin user goes into respiratory depression. But after issuing Narcan and transferring care to hospital staff, they have very little control about what happens next.

"It's not mandated for someone to enter a rehabilitation program," Gestl said. "That is really a choice they have. Some do make strides to better themselves and some do not."

According to a report by the Pennsylvania State Coroners Association, nearly 2,500 people died of drug-related causes last year, although 13 coun-

ties did not submit statistics.

Carbon County did participate and reported 11 deaths, eight of which were heroin-related; while Monroe reported 39 drug-related deaths; Lehigh, 85; and Northampton, 28. There was no data reported for Schuylkill.

Local police and fire departments now have the ability to carry Narcan as they too are some of the first on the scene when a heroin user overdoses.

Summit Hill police are among those who have sought and received permission to administer the

drug.

"We used it one time back in June," Chief Joseph Fittos Jr. reported Wednesday.

According to the Centers for Disease Control and Prevention, Narcan is credited with reversing more than 10,000 overdoses from 1996 to 2010.

Critics, however, warn that its accessibility could enable more addicts to use more often and view the drug as a safety net.

Gov. Tom Wolf signed an order in late October making Narcan available "over the counter" at pharmacies across the state.

Since that time, heroin overdose calls in the area have increased.

"Since the Narcan has been made readily available, our use on the street in administering it has tripled," Gestl said.

"The increased frequency is bad news because if for whatever reason these people are not found in time, they'll most likely die. Someone would have to see them to get the Narcan to them or call an agency like ourselves."

Tamaqua dad fights against drugs

Wednesday, June 8, 2016

Tamaqua residents filled the council chambers at Tamaqua Borough Hall Tuesday night, concerned about the growing drug epidemic in the region. LIZ PINKEY/SPECIAL TO THE TIMES NEWS

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“We need to stop burying these young people and save the next generation.”

By Liz Pinkey tneditor@tnonline.com

The conversation about heroin use has been growing at the national and local level, and the town of Tamaqua is gearing up to do more than

just talk about the problem.

Spurred by the recent deaths of several young people due to overdose and a recent drug bust that targeted 28 suspected dealers and users, Tamaqua Mayor Christian Morrison, over 20 residents, and Police Chief Rick Weaver used the community forum session of Tuesday’s borough council meeting to get the gears turning to do more than just talk.

Resident Tammy Sienkiewicz started the conversation by submitting a request to hold a candlelight walk to honor those who have succumbed to the disease of addiction and offer hope to those who are still fighting it.

“We wish to bring a ‘light’ to this devastating epidemic, to educate family and friends on ways to get them help,” she wrote.

For Sienkiewicz and her husband, John, the battle has become too real. They lost their daughter, Alexandria, to

addiction in April.

“She and the others had no idea that shot would be her last breath. We need to stop burying these young people and save the next generation,” Sienkiewicz added.

Sienkiewicz asked for permission to hold the walk on July 30, gathering at 7:30 p.m. and begin walking at 8 p.m., from the Bungalow pool complex to the opposite end of town by the old CVS building.

“We want our town back, to spread awareness to our community and to show all those affected by this disease where to find the help they so desperately need and hope,” she wrote.

Council approved her request.

Morrison continued the conversation, adding he has been contacted by several community leaders, including George Taylor of the Tamaqua Area Faith Fellowship Network, which is starting a drug awareness

group, and Todd Zimmerman from Lehigh Carbon Community College, who has helped coordinate several recent town hall style meetings on the drug problems in the area.

“The best part of a bad situation is that I believe the public is finally opening their eyes to the problem,” said Morrison. “It’s going to take many groups to help this problem. Everyone’s got a role.” Morrison praised the recent efforts of the Tamaqua Police Department but stressed that everyone in the community needs to support the police, and continue to be vigilant, lest the system continue to be a revolving door for the criminals.

“The only way to beat this thing is to all get together,” he said.

The war on drugs got another boost from John Sienkiewicz, who said that with the help of the police department, residents are forming a citizens’ patrol.

“This is a new ver-

sion of the neighborhood watch,” Sienkiewicz said. “Our objective is to observe and call police.”

He added that he knows he faces an uphill battle, but he called for action to take back the community.

“Seventeen years ago, when we moved here, this was a nice community. It’s not just our community, though, it’s every community.”

Not all of those who were in attendance at the meeting were optimistic about the future.

Several residents said they are well aware of drug activity in their neighborhoods and have made reports to the police. One woman expressed frustration that patrol officers showed up to take her information, and said they would pass it on, appearing to do nothing about the activity that she had reported.

Weaver explained that all of those reports are taken very seriously and are passed on to the nar-

cotics unit.

“It does get utilized, and we need that information, it just takes time,” he said.

Patrol officers will most likely not be able to take immediate action unless they witness the activity themselves. However, reports like these help the narcotics team identify problem areas, build their case, and gather evidence so that when busts are made, charges can be filed and criminals can be found guilty and taken off the street. Weaver estimated that it took seven months of evidence gathering to complete the bust that took place in May.

Council President David Mace added that he knows living next to such activity can be difficult, but asked for the community to continue their vigilance and to be patient.

Group fights drug abuse

Thursday, July 7, 2016
Tamaqua forms STEP-Up program

By Kathy Kunkel kunkel@tnonline.com

A town-hall meeting in Tamaqua in late March spotlighted an increase in heroin and opiate drug abuse.

By bringing the problem to the public, the forum fostered a lot of discussion for days afterward.

But, then what? A group of concerned people from all walks of life wanted to keep the momentum going, to take back the streets and the lives of addicts. They met in small groups, including a June 13 meeting with Diane Rowland of the Schuylkill Alcohol and Drug Agency.

Here, they agreed to work on areas that resi-

dents can actually have an impact — prevention education, treatment, support and enforcement.

As with any initiative, success can and will be measured in steps, which fits in with the initiative’s name — the Tamaqua STEP-Up Program.

STEP is an acronym for the four sides of the issue — Support, Treatment, Enforcement and Prevention — and small groups of concerned citizens will focus on each individual side, or step. New members are actively being sought for each group and a public meeting is being planned to keep the initiative moving forward. Rowland, who will serve as a consultant, notes “an effective anti-drug group has representatives from every demographic, including community-based organizations, health care providers, businesses, recreation venues,

schools, parents, youth and faith communities, just to name a few.”

The core group will serve as the campaign’s board of directors and includes Todd Zimmerman, the Rev. Darryl Kensing, Cathy Miorelli, Christine Kostecky, George Taylor and Rowland.

The group has already made some big plans, in addition to a public meeting. Plans are underway to join forces with the Schuylkill County Drug and Alcohol Treatment program to possibly create Narcotics Anonymous and Alcoholics Anonymous groups in Tamaqua, share testimony on Skook Recovers, create sober events, support the concept of a county drug court and work with adult probation to create life skills classes.

A Comedy Night will be held at the Tamaqua Community Art Center

on July 15. The headline act will be Liz Russo, a recovering alcoholic who isn’t afraid to make fun of herself. She is quick to point out all of her material is inspired by her own imperfections — the awkward, uncomfortable and embarrassing moments of life.

Her show “One Night Stand with Liz Russo” was a long-running hit at Caroline’s on Broadway.

“Humans all struggle at some points during their lives. Once you find the humor within the pain, you realize you can survive it,” she told RecoveryComedy.

Also on stage will be Glen Tickle, who bills himself as a writer, comedian and awkward dad, who recently completed his debut comedy album and is a writer for “The Laughing Squid”; and Jason Brown, a Tamaqua graduate who has

appeared on the “Howard Stern Show” and Comedy Central.

Tickets are \$3 and the show will begin at 7:30 p.m.

The art center is located at 125 Pine St., Tamaqua. For more information, call 570-668-1192 or visit the arts center website at www.tamaquaarts.org.

The group “Safe Streets for Tamaqua’s Little Feet” has also been created and will sponsor an “Out of the Darkness, Into the Light” candlelight walk on July 30, beginning at 7:30 p.m. at the Bungalow Park on Catawissa Street. Organizers John and Tammy Sienkiewicz created the nonprofit group following their daughter’s death from a heroin overdose.

The walk will be held rain or shine and participants are encouraged to bring photos of their

loved ones who have fought or are fighting a drug abuse problem. Candles, drinks, educational material, compassion and support will be provided.

Tammy Sienkiewicz says the walk is designed to “bring a light to this devastating epidemic, to educate family and friends on ways to get them help. We want our town back, to spread awareness to our community and to show all those affected by this disease where to find the help they so desperately need and hope.”

To register, call Sienkiewicz at 570-527-9277 or Michelle Mehallic at 570-952-1042.

The group’s next public meeting will be at 7 p.m. July 18 at Trinity United Church of Christ, 22 Lafayette St., Tamaqua.

Town hall event Wednesday on heroin epidemic

Friday, December 4, 2015

By Jarrad Hedesjmhedes@tnonline.com

Todd Zimmerman stays up on current events, but even he was shocked by a recent “60 Minutes” report on prescription drug abuse and how it leads to heroin addiction.

The following day, the adjunct lecturer of history for Lehigh Carbon Community College quizzed his classes in Tamaqua and Jim Thorpe on the prevalence of heroin in the area.

The answers he got were startling.

“They looked at me like I was from Mars,” Zimmerman said. “To my surprise they immediately told me of local venues that have ATM’s where I can buy heroin. They also knew young people, some previous high school athletes, that have died from this disease. I had asked if their cause of

death had been in the local papers, and they told me their families did not want to talk about it. That is exactly what was mentioned in the ‘60 Minutes’ program — everyone is keeping silent.”

The conversation sparked Zimmerman to plan a town hall event for residents of Carbon and Schuylkill counties, “Heroin — A Rural Epidemic,” at Jim Thorpe High School from 6 to 8 p.m. Wednesday.

Confirmed attendees include Joni Gestl, Leighton Ambulance Association administrator; Marshall Bowen, St. Luke’s Miners Campus emergency room nurse manager; Jean Engler, Carbon County district attorney; Jeff Aster, Carbon County detective for special investigations; Bruce Nalesnik, Carbon County coroner; David Moylan, Schuylkill County coroner; Michael Sofranko, Jim Thorpe mayor; Joseph Schatz, Jim Thorpe police chief; Christian Morrison, Tam-

aqua mayor; Rick Weaver, Tamaqua police chief; and Kelly Salloum, Hillside Detox and Inpatient Treatment Center program manager.

“We have an impressive panel to discuss all angles of the drug problem,” Zimmerman said. The goal of this event is to bring this issue to the people of Carbon and Schuylkill County. Each panelist will have four minutes to discuss problems that they see every day, and how they deal with heroin. Then I will open the floor to a question and answer period. Following the event, we hope the panel will continue to communicate with each other, to address possible reforms raised at the town hall meeting.”

As district attorney, Engler recognizes the need for the heroin epidemic to be put on the front burner.

“So many of the crimes committed here in Carbon County and elsewhere are related to drug use

or drug abuse,” she said. “Besides the obvious drug possession or delivery cases, many thefts and burglaries are committed to support a drug habit. Many new DUI cases are not from consumption of alcohol, but rather from consumption of illegal drugs or even prescribed ones. Some assault cases occur due to a person’s addiction.”

Heroin is cheap and addictive making it a bad combination, Engler added.

“Families in Carbon County need to be aware of the brutal truth about the temptation of these drugs before a loved one becomes an addict or a criminal,” she said. “Years ago, heroin was a drug seen only rarely in this area, its use has now become an epidemic. As this drug affects every social, educational and income level, families need to know that no one is immune. The first line of defense has to come from within the home, long before a person wants to

start experimenting with drugs.”

The 60 Minutes report focused on heroin overdose deaths in a rural Kansas community, but the epidemic is wide reaching.

The U.S. Drug Enforcement Administration’s Philadelphia Field Division released a statewide drug overdose report Wednesday.

Carbon County reported 11 overdose deaths with eight being from heroin; Monroe reported 21 with 10 from heroin; Schuylkill reported 17, with seven of those related to heroin and eight related to Oxycodone; Lehigh had 66, with 41 of those related to heroin, and Northampton had 29, with 18 related to heroin.

Zimmerman knows the problem won’t be solved overnight.

“It is our intention to hold a follow-up meeting in Schuylkill County in Spring 2016 to highlight some positive learning outcomes,” he explained.

Jim Thorpe High

School’s Students Against Destructive Decisions organization is helping plan the event.

I feel that the organization needs to get involved with this event to help the students learn about the seriousness of this issue and how so many young adults become addicted,” SADD adviser Suzanne Milkowich said. “Most users don’t start with heroin but with a lesser drug, often a prescription. It is important for our students to recognize how one behavior can lead to others and the seriousness of what can happen. From my own perspective, I have known several people, including one relative and one former student, who have lost their lives to this drug and it saddens me. I feel the only way to stop it is to educate our students. I don’t want to lose anyone else.”

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