



OPIOIDS

Pennsylvania newspapers' ongoing coverage of the statewide epidemic

Compiled by





September 6, 2016

Dear Legislator:

On behalf of the Pennsylvania NewsMedia Association (PNA), we are pleased to provide you with a selected compilation of Pennsylvania newspapers' ongoing coverage of the opioid crisis. The PNA is the statewide trade association for print and digital news media in Pennsylvania, and counts more than 300 print, digital and related media organizations as members.

Our members are at the heart of our communities. They gather information and track local developments that are vital for an informed, engaged citizenry. They strive to offer clarity and perspective, as well as content that readers trust. The issue of opioid addiction, heroin use and overdose fatalities has affected all regions of Pennsylvania and the country. In an effort to help readers understand and respond, PNA members have covered the issues extensively, holding town hall forums, developing stories and in-depth series, and more.

As your respective committees continue their important work on the critical issue of opioid addiction, we wanted to share the work that Pennsylvania's newspapers have done to shed light on this terrible problem. We hope that you find it useful.

Sincerely,

Ralph Martin
Chairman, PNA
Executive Vice President, Steinman Communications

Teri Henning
President, PNA

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Altoona Mirror

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Overdose deaths on the rise

Drug fatalities a concern nationwide

By PHIL RAY
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HOLLIDAYSBURG — Blair County had a sharp rise in drug overdose deaths in 2015, reports filed this week in the Blair County

Courthouse show. Coroner Patricia Ross and her assistants listed 38 fatal drug overdoses last year, up from 22 in 2014. Cambria also recorded a significant jump in drug overdose deaths from 39 in 2014 to 88 in 2015. Coroners are required to file annual reports in their county Office of the Prothonotary and Clerk of

The overwhelming number of deaths was among the "hottest topics" being discussed

Courts by Jan. 31, listing investigations during the prior year. In Blair County, Ross reported 243 investigations in 2015, which

cludes one by alcohol, and one listed as a "probable" death due to overdose. Ross ruled one of the drug overdose deaths was a suicide. Cambria County Coroner Jeffrey Lees said 20 of his county's 38 overdose deaths last year involved heroin abuse. See **Deaths**/Page A3

Police seize heroin

Batch of drugs linked to overdoses

By GREG BOCK
gbock@altoonamirror.com
Police in Altoona have seized 100 packets of heroin in stamp bags bearing the same names as heroin linked to a rash of overdoses in Cambria County. The heroin, packaged in wax packets stamped "Head Trauma" and "Bulletproof," were headed to Altoona on Tuesday night when Altoona police, acting on a tip, pulled over and arrested two alleged drug dealers, Terron L. Miller, 29, and his girlfriend, Miranda McCulley, 19, both of Altoona. Altoona police Detective Sgt. Chris Moser said police learned the pair were headed to Johnstown on Tuesday to pick up heroin and armed with the make and model of their vehicle, officers set up surveillance and spotted Miller and McCulley when they stopped at Sheetz in Ebensburg. Police then followed Miller's and McCulley's vehicle to Altoona. See **Drugs**/Page A3



Photo courtesy of Altoona police
Altoona police seized 100 packets of heroin in bags stamped with "Head Trauma" and "Bulletproof."

ALL LINED UP



Mirror photo by J. D. Cervini

Taking advantage of the mild temperatures on Wednesday, Eric Fleck (left) and Jodi Baum of the Altoona Water Authority install a new 8-inch water line along Crescent Drive behind Manson Park.

HOLLIDAYSBURG

PennDOT displays options

Eight ideas shown for intersection project

By SEAN SAURO
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HOLLIDAYSBURG — Dozens of community members had a chance to view multiple plans for an upcoming intersection improvement project Wednesday evening when Pennsylvania Department of Transportation officials hosted an open house to receive feedback and answer questions. The project, which focuses on the intersection of Route 22 and North Juniata Street, is being developed to reduce traffic congestion and fix a structurally deficient bridge along Allegheny Street, PennDOT project manager Melissa Irwin said prior to the open house. "The intersection does create some issues with people from out of town." Borough Manager James Gehret

The project also is intended to improve safety by revamping pedestrian crossings and alleviating driver confusion at the intersection, Irwin said. Area resident Paul Weaver, who attended the open house at PennDOT's District 9 office along North Juniata Street, said he's glad to see an attempt to clear up confusion caused by the intersection in question, as well as Route 22's intersection with Allegheny Street — a triangular-shaped area Weaver called the "Bermuda triangle." See **Plans**/Page A2

Mother of boy killed in crash had drugs in her system

Police have not ruled on cause of accident

By GREG BOCK
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A search warrant filed by Altoona police shows a mother who crashed while driving her young son to school, killing him, had

drugs in her system. Christen E. Walter was driving her 2007 Mitsubishi Galant southbound on North Logan Boulevard the morning of Jan. 5, with her 5-year-old son, Robert T. "Robbie" Walter, sitting next to her in the front seat, when she crashed into a light pole. Robbie died later that day after

Search warrant shows Christen Walter had cocaine, opiates, amphetamine, benzodiazepine and methadone in her system

being flown to Children's Hospital in Pittsburgh. A flurry of search warrants for medical records and blood sam-

ples followed, and on Wednesday, a search warrant filed in January was released by the courts that indicates Christen Walter's urinary- results showed she had cocaine, opiates, amphetamine, benzodiazepine and methadone in her system at the time of the crash. Police are now awaiting the results of testing of Christen Walter's blood to determine how much of these drugs were in her system, according to court records. See **Crash**/Page A3

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Overdose deaths on the rise

Drug fatalities a concern nationwide

February 4, 2016

BY PHIL RAY

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HOLLIDAYSBURG — Blair County had a sharp rise in drug overdose deaths in 2015, reports filed this week in the Blair County Courthouse show.

Coroner Patricia Ross and her assistants listed 38 fatal drug overdoses last year, up from 22 in 2014.

Cambria also recorded a significant jump in drug overdose deaths from 39 in 2014 to 58 in 2015. Coroners are required to file annual reports in their county Office of the Prothonotary and Clerk of Courts by Jan. 31, listing investigations during the prior year.

In Blair County, Ross reported 243 investigations in 2015, which included a possible 38 drug overdose deaths, 25 suicides, 31 motor vehicle deaths and five deaths by fire. The number of drug deaths includes one by alcohol, and one listed as a "probable" death due to overdose.

Ross ruled one of the drug overdose deaths was a suicide.

Cambria County Coroner Jeffrey Lees said 20 of his county's 58 overdose deaths last year involved heroin abuse.

In many of the deaths, Lees said users are found with the needles still sticking out of their arms. This indicates the heroin being used is of abnormal potency, much higher than the user is expecting.

Ross said individuals who have been in prison or away from their drug of choice for a period of time may also die instantly when they inject themselves and their bodies are not used to receiving what was once considered a normal dose.

Blair County Drug Deaths

2015: 38	2012: 20
2014: 22	2011: 27
2013: 27	2010: 15

Source: Coroner reports

The sharp rise in drug overdose deaths locally falls into a pattern that appears to be nationwide.

Judy Rosser, executive director of the Blair County Drug and Alcohol Program, was contacted Wednesday about the rise in drug deaths while attending a conference of Community Anti-Drug Coalitions of America in Washington, D.C.

She said the spike in overdose deaths "is a national issue."

Pennsylvania in 2014 experienced more than 2,400 drug overdose deaths. The numbers in 2015 appear to have increased.

The overwhelming number of deaths was among the "hottest topics" being discussed this week, said Rosser. In the past year, Rosser said, Blair County has formed an Overdose Task Force to focus on the problem.

Middle-aged most affected

A review of the Blair County coroner's reports made available to the public on Monday, shows fatal overdoses do not involve young people or teenagers. Only five of those who died were in their 20s while 13 were in their 30s, seven in their 40s and 12 in their 50s. One of the deaths was a 61-year-old male.

Lees has found the same pattern of middle-aged abuse in Cambria County.

Rosser explained that many adults receive prescription drugs to alleviate the pain following an injury. They become addicted and that often leads to an overdose.

The Blair County deaths included 25 males and 13 females. In some cases, the drug that caused the death is listed. The deaths in 2015 were attributed to heroin, methadone, fentanyl, oxycodone, oxymorphone and prescription drugs.

The Blair coroner, however, listed many of the deaths due to "drug overdose," "multi-drugs" or a "combined drug overdose."

Rosser said the science of pinpointing which drug actually caused death when multiple drugs or alcohol are involved is being refined.

The medical examiner in Allegheny County is working with coroners in the state, helping them to have a better idea of which drug is responsible for a particular death.

Lees said that his office is investigating three possible overdose deaths since the beginning of the year, two coming in the last week. He is awaiting toxicology results before declaring the deaths were due to overdose.

Ross said Blair County has had two heroin overdose deaths so far this year.

Ross also stated that the number of people with who have experienced overdoses and who return to the hospital due to a relapse is "phenomenal."

Blair County District Attorney Richard A. Consiglio said his office is aware of the drug situation. He had no other comment.

Mirror Staff Writer Phil Ray is at 946-7368.

Police seize heroin

Batch of drugs linked to overdoses

February 4, 2016

BY GREG BOCK

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Police in Altoona have seized 100 packets of heroin in stamp bags bearing the same names as heroin linked to a rash of overdoses in Cambria County.

The heroin, packaged in wax packets stamped "Head Trauma" and "Bulletproof," were headed to Altoona on Tuesday night when Altoona police, acting on a tip, pulled over and arrested two alleged drug dealers, Terron L. Miller, 29, and his girlfriend, Miranda McCulley, 19, both of Altoona.

Altoona police Detective Sgt. Chris Moser said police learned the pair were headed to Johnstown on Tuesday to pick up heroin and armed with the make and model of their vehicle, officers set up surveillance and spotted Miller and McCulley when they stopped at Sheetz in Ebensburg.

Police then followed Miller's and McCulley's vehicle to Altoona.

Miller was wanted by Altoona police and the Blair County Sheriff's Department on outstanding warrants so officers initiated a traffic stop when the pair reached Altoona about 8 p.m.

Miller was taken into custody, and McCulley was detained and read her Miranda warning. Police said McCulley told officers she had two bricks, or a total of 100 packets, of heroin hidden in her bra.

The heroin packaged in two 50-packet bricks bears the same stamp as heroin that Cambria County officials announced Tuesday was suspected in a string of overdoses.

On Tuesday, Conemaugh Memorial Medical Center issued a warning on its Facebook page that seven overdoses were reported at the hospital on Tuesday with six more in the days prior all likely linked to packets

of heroin marked with "Head Trauma" and "Bulletproof."

Moser said police had not encountered those stamp bags in Blair County prior to Tuesday's arrest of Miller and McCulley. Moser said officers were unaware the couple would have those particular stamp bags on them when they took them into custody. Moser said the investigation, one that was funded through Operation Our Town, remains ongoing with additional charges likely.

Miller and McCulley were both booked on felony and misdemeanor drug charges and lodged in Blair County Prison following their arraignment before Magisterial District Judge Craig Ormsby. Bail for Miller was set at \$70,000 cash, and McCulley's bail is \$60,000 cash.

A preliminary hearing is slated for Wednesday at Central Court before Magisterial District Judge Todd Kelly.

Mirror Staff Writer Greg Bock is at 946-7458.

Report: Pa. overdose deaths spiking

Analysis finds heroin remains 'pervasive drug of abuse' throughout state

July 17, 2016

BY RYAN BROWN

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A newly released report from the federal Drug Enforcement Administration reveals the scope of a worsening heroin crisis in Pennsylvania, with overdose deaths spiking in local counties even as state officials push for solutions.

The July report, published last week by the DEA's Philadelphia Field Office, tallies 3,383 drug overdose deaths in the state last year — a 23 percent increase from 2014. Cambria County holds the state's third-highest death rate, while Blair and Huntingdon counties have seen increases.

"Heroin remains a pervasive drug of abuse," the report stated, noting that prescription opioids also pose a threat. The new data comes as Gov. Tom Wolf prepares a new program to treat addicts, with the recently approved 2016-17 state budget

providing \$15 million for antidrug work. Combining that with \$5.4 million from the federal government, Wolf's administration hopes to establish at least 20 centers to treat thousands of users across the state, spokesman Jeff Sheridan said.

"This is a crisis that's only getting worse," Sheridan said. "We need to continue to find ways to combat this crisis."

Cambria County's overdose death rate is among the highest in the state, with 58 deaths translating to 42.5 per 100,000 residents. That rate is well over twice Blair County's and more than four times Centre County's.

Like most of the state, Blair County's death rate increased as well from 2014 to 2015, the DEA reported.

Its increase is eclipsed by Huntingdon County's, however, where overdose deaths more than doubled from three to eight in one year.

"I was rather surprised when I saw

Huntingdon had jumped," said Kelly Maffia, a counselor and social worker at Mainstream Counseling, which contracts with the county government. "It's hard to completely capture what's overdose-related, what's drug-related."

If the crisis has had a positive effect, Maffia said, it's that doctors, drug users and the public at large have become more aware of the problem and its public health implications.

"I think we still have work to be done in that area, to help make services more accessible," she said. "But I think, because we're having the conversation, certainly that enables individuals to recognize the problem much sooner and hopefully break some of the denial."

Most obvious among the overdose trends is the sharp and deadly rise in fentanyl, a powerful opioid painkiller sometimes combined with heroin to ramp up potency. Fentanyl is mentioned in more than a quarter of coroners' overdose reports statewide, the

Deaths continued on next page

Deaths continued

DEA said, nearly doubling the 2014 statistic.

Those numbers are borne out in central Pennsylvania, where fentanyl appears with increasing frequency in autopsy reports. From 2014 to 2015, the drug's mentions increased by 179 percent in Blair County, 197 percent in Cambria County and 160 percent in Centre County, the agency reported.

These numbers — repeated in cities and towns across the state — have spurred a multi-million-dollar effort in Harrisburg to address opioid abuse.

Wolf announced last month that he would call a special session of the state Legislature this year to handle the crisis.

His call makes the 35th time in history that a Pennsylvania governor has issued such an order.

And while his original request for \$34 million was whittled down to \$15 million during

budget negotiations, Wolf's administration enters the 2016-17 fiscal year with funds to establish an archipelago of government-approved treatment centers across the state.

The first 20 so-called Opioid Use Disorder Centers of Excellence have already been contacted, Sheridan, his spokesman said. With federal money and an additional \$5 million in state Medicaid funds, Wolf hopes to announce more centers later this summer, he said.

The centers are intended to treat thousands of addicts in a push to treat the opioid crisis as a medical, rather than a criminal, problem. Sheridan said Wolf has worked closely with Republican lawmakers, including on a new legislative push to tighten regulations on drug prescribers.

In a broad analysis of the newly released data, DEA officials said the key is to prevent people from using drugs in the first place, praising community groups that include

schools, police and religious leaders.

Use of the overdose-response drug naloxone remains important, the officials said, stressing that information and training on the medicine needs to be provided wherever possible. That's the case in Blair County, where officials planned two naloxone training sessions, one last Friday and one set for 6 p.m. Tuesday at the Blair County Drug and Alcohol office.

The anti-overdose drug, DEA officials wrote, has "undoubtedly saved many lives" in Pennsylvania, particularly since health officials expanded its legal use last year. But it remains one of many routes to address the growing crisis.

"This is an initiative that affects every community in Pennsylvania: urban, rural, suburban," Sheridan said.

Mirror Staff Writer Ryan Brown is at 946-7457.

'Round the Square

GALL WASP: Remember that strange photo in Wednesday's column of the growth on the white oak leaf?

A reader told us it is a gall made by a certain type of wasp. Our reader writes, "It is caused by a parasitic wasp that lays eggs in an oak leaf and the leaf grows a round growth around the egg. The egg develops into larvae, then an adult wasp. The wasp is very tiny and does not bite or sting."

We searched for images of wasp galls on Google.com, and the insects are responsible for some pretty alien-looking structures.

SAVING WATER: Delores Walkers of Bradford read the water conservation tip in Wednesday's column and wanted to share her own with readers.

In her household, they collect water from the dehumidifier to put on their outdoor plants. Another suggestion from Delores is a way to ensure water you're putting on your outdoor plants is making it to the plant roots: she recommends taking a can such as a coffee can and opening it at both ends. "You shove it down into the ground around the root system. That way, when you water it, the water 'goes to the roots instead of flowing away from plant."

She noted that you have to make sure the can is in the ground far enough that it's around the roots. "It works great and saves water."

Another tip? "People could save water by not washing their cars," she said.

KYLE LAKE: A fishing and boating area in the region is set to get some much-needed attention. Senate President Pro Tempore Joe Scarnati, R-Brockway, announced Wednesday that \$4 million in state support has been set aside to rehabilitate Kyle Lake in Jefferson County and restore the dam there.

"Kyle Lake is a 130 plus acre lake fed by a tributary of Sandy Lick Creek," a press release from Scarnati explained. "The Kyle Lake Dam was built in 1909-1910 by the Buffalo, Rochester & Pittsburgh Railroad Company. At an average expectancy of 50 years for the dam, the structure has exceeded its useful life. The facility has been classified as a High Hazard dam by the PA Code."

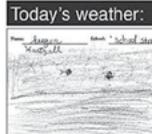
The Pennsylvania Fish and Boat Commission website indicates the agency stocks the lake with channel catfish and walleye fingerling.

The upcoming rehab is not the only improvements at the lake. According to the Jefferson County Conservation District, workers, including volunteers from the wildlife class at Penn State DuBois, built turtle basking platforms and catfish spawning boxes, structure intended to help keep turtles and catfish safer from predators.

The lake will need to be drained during construction, according to Scarnati. He said a public meeting with the Fish and Boat Commission on the project will be scheduled soon.

THANK YOU

Thank you to the 24,500 daily readers of The Bradford Era.



Mostly sunny /12

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First-responder training proposed in Port A.

Lifesaving idea

By ALEX DAVIS
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A multi-county board is proposing the creation of a local first-responder high school training program intended to add to the declining ranks of emergency personnel across the region.

The recently formed Essential Emergency Service Training Advisory Board wants to see a program hosted at the Seneca Highlands Career and Technical Center in Port Allegany that would involve students in McKean, Potter and Cameron counties and possibly Elk County.

"We have identified the central mission of the advisory board to maintain a Homeland Security's Program at the CTC as a viable option to replenish the diminishing (first responder) numbers," McKean County Commissioner Carol Durly announced at a commissioners meeting Tuesday.

Officials hope to have the program approved by the Pennsylvania Department of Education for the 2017-18 school year.

But Seneca Highlands Career and Technical Center Director James Young said such a training program, at this point, is not set in stone. He said he was asked to think about crafting such a program, and officials are in the infancy stage of that process.

"An important responsibility of career and technical education is to consistently review current and future

programs that fit community, regional and state needs," he said.

State Rep. Martin Causser, R-Turkopolis, said training had been among the areas of concern, in addition to funding and a lack of volunteers, expressed at a public meeting last year in Port Allegany that revolved around the challenges being experienced by local ambulance services.

"Students who have the opportunity to learn about what it takes to be a

(See TRAINING, Page 12)

Of Distinction

Bradford native Walb gives back to community

By KATE DAY SAGER
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Only a few days after retirement, Bill Walb was volunteering at organizations in the community as a way to give back to the Bradford area.

Walb recently spoke of the work ethics that have inspired him to help a number of organizations and clubs in town to make sure their needs are met.

A native of Bradford, Walb worked for the U.S. Postal Service for 32 years prior to retirement 14 years ago. Even while working, he served as a volunteer for Meals on Wheels, previously operated by the American Red Cross. He continues to help Meals on Wheels, now affiliated with the YWCA Bradford, after 36 years of volunteering.

"I've always (volunteered), I just want to make a little difference in people's lives," he explained.

"There is so much going on and so much need, and I enjoy doing it."

His wife, Marlene, shared comments and information on the organizations her husband has helped over the years.

(See WALB, Page 12)

YWCA continues after century of helping vulnerable citizens

By RUTH BOGDAN
Era Reporter
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An organization in McKean County has spent more than a century helping some of the area's most vulnerable citizens change their lives for the better.

For someone who has no place to go, YWCA Bradford is a signal of hope, reminding people that it is possible to make a difference for themselves.

Celebrating its 100th anniversary in 2015, the YWCA continues to look for gaps in services in the community, finding new ways to get people on their feet.

When the organization was celebrating its anniversary in 2015, Executive Director Vanessa Castano and board member Kelly Case talked to *The Era* on its history.

According to the women, the Bradford YWCA evolved

(See YWCA, Page 12)

'Of Distinction' inside today's Era

These stories profile a Bradford native — Bill Walb — and an organization — YWCA Bradford — that are among the many that serve our community, many times without fanfare or the recognition they deserve. With that in mind, *The Era* has put together a special section — "Of Distinction" — which appears inside today's edition and profiles just some of the many members of the community that are giving back.

Area DAs outline battle against drug epidemic

By AMANDA JONES
Era Correspondent
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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.

(See EPIDEMIC, Page 11)

Obama boosts Clinton; Kaine mocks Trump

By JULIE PACE
and CATHERINE LUCEY
Associated Press

PHILADELPHIA (AP) — His own legacy on the line, President Barack Obama implored Americans to elect Hillary Clinton to the White House, casting her as a candidate who believes in the optimism that fuels the nation's democracy and warning against the "deeply pessimistic" vision of Republican Donald Trump.

"America is already great. America is already strong," he declared to

cheering delegates Wednesday night at the Democratic convention. "And I promise you, our strength, our greatness, does not depend on Donald Trump."

For Democrats, the night was steeped in symbolism, the passing of the baton from a barrier-breaking president to a candidate trying to make history herself.

Obama urged Americans to summon the hopefulness of his first term, before recession deepened and

new terror threats shook voters' sense of security. He robustly vouched for Clinton's readiness to finish the job he started, saying "no matter how daunting the odds, no matter how much people try to knock her down, she never, ever quits."

Earlier Wednesday, Clinton's vice-presidential pick, Sen. Tim Kaine, D-Va., takes the stage during the third day session of the Democratic National Convention in Philadelphia on Wednesday.

(See CONVENTION, Page 12)



AP photo
Democratic vice presidential candidate, Sen. Tim Kaine, D-Va., takes the stage during the third day session of the Democratic National Convention in Philadelphia on Wednesday.

Johnson appointed to head McKean County EMA

By ALEX DAVIS
Era Reporter
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Andrew Johnson of Port Allegany lives and breathes everything related to emergency response.

For 16 years, Johnson has been a volunteer firefighter with Star Hose Co. No. 1 in Port Allegany. He is now a captain with the department.

What's more, Johnson is an emergency medical instructor. He also served

as a 911 dispatcher for eight years before being named 911 director in March 2014.

And recently he added to his resume — the McKean County Commissioners named him director of emergency services.

"Bruce Manning served the residents of McKean County exceptionally well during his time as EMA director and a person with his depth of knowledge

and experience is impossible to replace," Johnson told *The Era* on Wednesday. "I hope to continue the good work that he has started while also beginning to implement some ideas that have been shared with me by the commissioners and other emergency service leaders throughout McKean County."

Manning, who had been EMA director for several years, retired earlier this year.



JOHNSON

As Johnson settles into his new position, he plans to merge the EMA and 911 department to create the Department of Emergency Services.

"With the help of the outstanding staff in those two departments, I'm certain this will be a seamless transition," Johnson said.

But as he looks ahead, he also reflects on his accomplishments as 911 director.

"The few that I am most proud of is

(See JOHNSON, Page 12)

'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 of 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 McMahon 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.

Friend continued on next page

Deaths continued

"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 Febru-

ary 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 Beardslay-Petit. Officials treat acute symptoms and facilitate appropriate placement, she said.

"Research has shown that opiate users

Agencies continued on next page

Agencies continued

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 treat-

ing 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

Fight continued on next page

Fight continued

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

Family continued on next page

Family continued

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."

Family continued on next page

Family continued

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 sub-

stance 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 originally 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

Officials continued on next page

Officials continued

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, espe-

cially 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

Epidemic continued on next page

Epidemic continued

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

Yo's Kids continued on next page

Yo's Kids continued

drug-free gathering and do not disrupt the intended 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. Accord-

Ali continued on next page

Ali continued

ing 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.

Ali continued on next page

Ali continued

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 Hav-

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Haven continued

en 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.

High continued on next page

High continued

- 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

By **CHUCK ABRAHAM**

Era Correspondent
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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, memory 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 Updegrove, 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 Allegany, 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 bittersweet.

"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 Updegrove 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.

House continued on next page

House continued

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 re-

member 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 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

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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 Hospital 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

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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 man-

datory 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 incarceration 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/HerionReportFinal2015.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 Barry 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

Hearing continued on next page

Hearing continued

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

Era Correspondent
amandajonesera@gmail.com

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 enforce-

DAs continued on next page

DAs continued

ment 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.

\$1.75 SUNDAY, MAY 26, 2013

Fighting 'a monster'

Jennifer's story reflects a scary, but growing, trend in the suburbs, where teens and young adults get addicted to prescription drugs and then turn to heroin for a cheaper and increasingly accessible high.

By MARION CALLAHAN and MATT COUGHLIN STAFF WRITERS

Heroin turned her into "a monster," she said, the kind of person who would steal money and jewelry from her parents and tell so many lies that the lines between what was real and what was fiction began to blur.

Jennifer, now a Central Bucks West senior, recalls one night in a Doylestown parking lot when she sat and watched as her friend's face turned blue. That night, a dealer had agreed to shoot them up with heroin. While her friend was overdosing, Jennifer could think only about the trouble they'd be in if they got caught. Her friend survived, but later, Jennifer recalled resenting her friend for spoiling her high.

"Heroin turned me into a devil," said Jennifer, who in a span of two years went from being an "A" student and a high school athlete to an addict — a person she hardly recognized.

Jennifer, like so many young users, had her first taste of opiate addiction from the medicine cabinet. The teen, whose real name isn't being disclosed, was in ninth grade then.

Her story reflects a scary, but growing, trend in the Philadelphia suburbs, where teens and young adults are getting addicted to

See **HEROIN**, Page A12



RICK KINTZEL / STAFF PHOTOGRAPHER

in Philadelphia's Kensington section, a man sits in front of a graffiti-riddled entrance. Heroin makes its way into the suburbs through Philadelphia, which has become a major gateway for drugs being smuggled into the Northeast, officials said.

About the series

Heroin's tightening grip on our communities is killing our children.

The Bucks County Courier Times and The Intelligencer set aside months to examine the tragic world of addiction and explore avenues for escape.

If our region's youth want heroin, they can get it — easily. To learn where and how, we interviewed more than a dozen teenagers and drove to popular drug destinations in Philadelphia. We spoke with former addicts, parents, school officials, drug counselors, coroners and law enforcement officials who substantiated the common threads: that an increase in opiate use is leading to a spike in heroin use, and that heroin is plentiful, more pure than it used to be and affordable.

We hope this series will spark a conversation that will inspire people to talk openly, seek help if needed and, ultimately, save lives.

What to expect:

Sunday: Heroin has infiltrated the suburbs. Monday: Addicts beg, borrow, steal and even sell their bodies to get their next fix.

Tuesday: Families of addicts talk about living with a loved one addicted to opiates.

Wednesday: A look at advances in the treatment of addiction, and how health insurance — or the lack of it — plays a role in recovery.

Thursday: It's your turn. The community comes together to talk about deadly drugs and, hopefully, find answers.



Let's talk

We invite you to a town hall discussion on opiate drugs, especially heroin. A panel of experts will be on hand to answer your questions at the 7 p.m. May 29 event at Holi-cong Middle School, 2900 Holi-cong Road in Buckingham.

If you can't attend, but have questions for the experts, email them to reporter Marion Callahan at mcalthang@phillyburbs.com. But first, read the stories, check out the videos and add your voice to the conversation at phillyburbs.com/herointalk.

Inside



A story of recovery: Coming back from the 'Badlands' A10

Also inside

- Facts about heroin, A10
- It's in our schools, A11
- The warning signs, A11
- Need help? A13
- What kids say, A13

Jersey Shore: Back in business

Rain dampened the Jersey Shore's first big weekend since Superstorm Sandy.

By WAYNE PARRY ASSOCIATED PRESS

SEASIDE HEIGHTS — New Jersey rolled out some of its big guns to proclaim that the Shore is back following Superstorm Sandy, using Gov. Chris Christie and the cast of MTV's "Jersey Shore" to tell a national audience that the state is ready for summer fun.

Seven months after the devastating storm pummeled large swaths of the shore, the tourists made their way back, though many substituted porch parties for a day at the beach Saturday due to rain that has lingered since Thursday.

"This is known as a happy place," said Paul "Pauly D" Del Vecchio, one of the cast members of "Jersey Shore," which was filmed here until wrapping up last year. "Right after the storm, it was the exact opposite: dead, silent. To see this place being rebuilt makes me happy."

Christie, who was racing up and down the shore opening boardwalks and talking up Shore tourism all week as the summer kickoff approached, appeared on the "Today" show Friday, giving him a national pulpit to preach his message of recovery.

"Anybody who lives in New Jersey, the Jersey Shore is in your heart," he said. "This means everything to our state."

The show was broadcast from Seaside Heights, where the Oct. 29 storm swept a roller coaster into the ocean, making for one of Sandy's iconic images. The roller coaster was taken away this month, but Casino Pier, the seaside amusement park where it used to sit, plans to have 18 rides open this summer.

On Saturday, the beaches were deserted; badge-checkers were not even on duty for the unofficial summer kickoff. Lifeguard stands were turned upside down, and only a handful of hardy souls braved the blowing sand that stung the eyes and scoured the skin along Manasquan's paved beach walk, which was just rebuilt a few weeks ago.

The weather forecast showed some improvement for today. Monday is forecast to be the best weather of the holiday weekend, with the sun finally breaking through and temperatures climbing into the 70s.

Christie said about 80 percent of the Shore will look as it did last summer, and acknowledged that more work needs to be done to fully recover. He is to tour parts of

See **SHORE**, Page A2

Bensalem boys win state track title

Sports C1

Enter our Memorial Day Coloring Contest. DETAILS IN LIFE SECTION



69° Sunny, windy
40° and warmer. B3

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Woman charged in teen's death

Police said a Montco woman was drunk and texting when her car struck Dennis Kee, 15, as he walked along Route 309 with friends last month.

By MARGARET GIBBONS STAFF WRITER

A Towamencin motorist, allegedly drunk and texting, is responsible for last month's hit-and-run motor vehicle death of a 15-year-old Hatfield Township pedestrian, according to authorities.

Sarah A. Derstein, 31, of the 100 block of Clemens Court, was arrested Friday on charges of homicide by motor vehicle-driving under

the influence of alcohol and related offenses in the death of Dennis Kee and the injuring

of 15-year-old Deshawn Page as the teens and three other friends were walking along Route 309 on the night of April 26.

Derstein was transported Friday afternoon to the Montgomery County prison in lieu of \$100,000 cash bail following her video arraignment before

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Derstein

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Fighting 'a monster'

Jennifer's story reflects a scary, but growing, trend in the suburbs, where teens and young adults get addicted to prescription drugs and then turn to heroin for a cheaper and increasingly accessible high.

May 26, 2013

By **MARION CALLAHAN**
and **MATT COUGHLIN**
STAFF WRITER

Heroin turned her into "a monster," she said, the kind of person who would steal money and jewelry from her parents and tell so many lies that the lines between what was real and what was fiction began to blur.

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Jennifer, like so many young users, had her first taste of opiate addiction from the medicine cabinet. The teen, whose real name isn't being disclosed, was in ninth grade then.

Her story reflects a scary, but growing, trend in the Philadelphia suburbs, where teens and young adults are getting addicted to prescription medicines and then turning to heroin for a cheaper and increasingly accessible product.

Heroin, once considered an urban street drug, continues to seep into the suburban landscape, where teens are using or selling from neighborhood coffee shops, schools, parks and other popular hangouts.

Prevention specialist David Fialko, with The Council of Southeast Pennsylvania, said suburban dealers aren't your stereotypical shady characters peddling products on street corners. Pushers are often peers, he said, minors who buy enough drugs to sell to friends while supporting their own habit.

"They don't need to go out of their social circle," Fialko said. "They may not even really consider themselves as dealers. They may be seeing themselves as a friend who is hooking up other friends."

MAKING MATTERS WORSE

The heroin market is flooded, prices are plummeting, and purity is up, treatment advocates and police say. As a growing number of opiate addicts run low on cash for pills, the demand for heroin skyrockets.

"This past year, for 2011-12, for the first time, heroin was the primary drug of use, surpassing alcohol for those seeking countyfunded treatment," said Diane Rosati, acting executive director of the Bucks County Drug and Alcohol Commission. "Heroin is not new to the suburbs. But it has become more available, less expensive and more acceptable."

Heroin and opiate-related accidental drug deaths are also on the rise in Bucks County, from 56 in 2008 to 97 in 2011, the last full year of data available from the coroner's office. In Montgomery County, those numbers have gone from 50 in 2008 to 79 in 2012. Those increases mirror state and national trends. And among those deaths are teens as young as 17.

Over the last two years, opioid-related overdose deaths exceeded the number of motor vehicle deaths in Pennsylvania, Rosati said.

"Those are pretty startling statistics," she said. "It's really a wake-up."

Nationally, drug overdose deaths increased for the 11th consecutive year in 2010, the latest year information was gathered, according to a study by the Centers for Disease Control that was published in February's *Journal of the American Medical Association*. The study shows that pharmaceuticals, especially opiates, are driving the hike. Painkillers such as OxyContin and Vicodin were the biggest problem, according to the study.

In the past five years, opiates have played a role in 365 drug deaths in Bucks County. And Oxycodone, by far the most commonly abused opioid painkiller, played a role in at least 15 accidental drug deaths in 2007, 21 in 2008, 22 in 2009, 27 in 2010, and 39 in 2011, according to the Bucks County coroner's statistics.

The Council of Southeast Pennsylvania formed a Drug Overdose and Prevention and Education Advisory Board recently, responding to area drug use trends reflected in hospital and coroner reports.

The Drug Abuse Warning Network, also known as DAWN, tracks drug-related deaths investigated by medical examiners and coroners. DAWN found that Bucks County had 136 drug related deaths in 2009, the most recent year for which statistics are available.

"In that group, (opiates) were the number one cause of death, and more than half of those deaths were individuals under the age of 34," according to the council.

Another survey compiled by the Bucks County Drug and Alcohol Commission found that heroin was the most reported primary drug of use for hospital detoxification admissions in 2011-12 in Bucks.

Countywide, the number of Bucks County residents admitted to publicly funded addiction treatment centers for outpatient admissions for heroin addiction rose by more than 40 percent, up from 347 in 2008-09 to 536 in 2011-12, the last year for which data is available. The overall increase, which includes all levels of care for heroin and synthetic opiates, is up 54 percent, rising from 460 in 2008-09 to 645 in 2011-12.

"We've seen an upsurge nationwide as well as in Pennsylvania with heroin overdoses," said Jonathan Duecker, special agent with the Bureau of Narcotics Investigation and Drug Control for the state's Office of the Attorney General. "We believe that overdoses are occurring more frequently because heroin is purer and more available, and the people using heroin today often do not have an established pedigree for using heroin."

Today's heroin users likely started with prescription pills, which are perceived to be generally safe for consumption because it's in a dosage regulated by law, he said.

"Heroin on the street, however, is, of course, not regulated and there is a fine line between a dose of heroin being strong enough to bring back customers and too strong to kill some of those customers," he said.

Though more lethal, higher purity also translates into a bigger profit for dealers and a better quality of "high" for users, Duecker said. Higher purity level means the heroin can be smoked or snorted. That makes it a drug of choice for teens, in particular, who think it's safe because they don't need a needle. The higher potency makes it more

Monster continued on next page

Monster continued

addictive and easier to overdose.

So, a high school student who switches from pills to heroin will likely not know how pure the heroin is or whether it's been adulterated or "cut" with toxic substances. Moreover, that user's tolerance for heroin, especially heroin of high purity, may be low enough to cause the user to become unconscious or die, he said.

WHY THE RISE IN HEROIN?

Heroin is plentiful, according to drug enforcement officials. It makes its way into the suburbs through Philadelphia, which has become a major gateway for drugs being smuggled into the Northeast.

With a major port, a sprawling highway network and several airports nearby, the region has the infrastructure to support a booming market, said John Hamrick spokesman for the Philadelphia regional office of the Drug Enforcement Agency.

The DEA's latest quarterly report, he said, shows heroin continuing to increase in availability — especially in the suburbs — and ranges in purity from 40 percent to 90 percent.

The price for a gram of heroin ranges from \$60 to \$70, down from an average of \$75 to \$300 a gram more than a decade ago.

Higher purity and lower prices can be blamed on a shorter journey from the poppy fields of South America to the streets of Philadelphia and its suburbs, he said. Hamrick said smugglers are finding more direct routes to the region, though air travel, car travel and shipping ports.

Philadelphia's heroin supply then makes its way to Allentown, Scranton, Washington, D.C., and Baltimore, coming primarily from Mexican and Colombian drug trafficking organizations.

"Mexican cartels have flooded the marketplace with heroin," said Duecker.

There is so much heroin in Philadelphia that a .03 ounce bag — essentially satisfying one hit (less than half a teaspoon) — can be purchased for less than \$10, he said.

Area teens, who initially picked up their habit in the suburbs, say prices rise the farther one gets from the city, costing \$15 for the same amount in places like Doylestown and Perkasio.

Some youths, like Jennifer, started in the suburbs but eventually ended up traveling to Philadelphia to buy in bulk, scoring 12 bags for \$60.

"Dealers around here upped the prices,

trying to rip us off," Jennifer said. "The city was scary but, because of the drugs, I didn't care."

The suburbs, the agents say, are becoming a more lucrative market because of the high number of teens and young adults who can no longer afford to feed their addiction to prescription medicines — and are reluctant, at first, to go into the city.

"Many suburbanites get their hands on (pills) first, get hooked and once the prescriptions are gone, they still need the high, which explains the increase in heroin use in the suburbs," Hamrick said.

Heroin and other opiates are perceived by many users as less risky today than they were 20 years ago.

"We've become accepting of things like OxyContin, Vicodin and Percocet," said Fialko, the prevention specialist with The Council of Southeast Pennsylvania Inc. "When a youth sees doctors give it to a parent for a bad back, he or she doesn't believe a doctor would give out anything unsafe."

So kids abuse the drugs stolen from their parents' medicine cabinet or bought on the street. They swallow as many pills as they need to get a high.

Television advertisements only exacerbate the acceptance of prescription medications, Fialko said.

"We are the only country in the world that direct-markets prescription medications to consumers," he said. "When we get a direct message that says they're OK, we tend to trust them — sometimes too much, and we don't read the fine print messages of how harmful these substances can be."

Whenever a drug's perceived harm is low, the level of use will increase, Fialko said.

"Heroin, in the 1980s, was perceived to be a killer drug," he said. "Today, it's more of a next-step drug, a choice that teens turn to once their supply of prescription opiates runs out."

JENNIFER'S FIGHT

This is where Jennifer said she fell into a trap.

"I completely wiped out my parents' medicine cabinets," she said. "It was the opiates that drew me in — the OxyContin, Vicodin and Percocets. "I felt like I was on a cloud."

Her habit grew expensive. Jennifer, was paying \$50 to \$60 on the streets for her daily dose of two 30-milligram pills of OxyContin or Percocet. She would crush them and snort them to get the most immediate and "euphoric high," she said.

But, as many addicts agree, one never gets the same high twice. Chasing that high meant using more, buying more, and seeking stronger drugs. "It was my choice to do opiates, and once you start doing that, you'll turn to the cheapest way possible to get high," she said.

She recalled a student from a neighboring school who introduced her to something called "Smooth." She was told it was a mixture of OxyContin and morphine and it could be snorted. It wasn't until that supplier was picked up for a DUI and tested positive for heroin that she realized what she had been putting in her body.

"I had been taking heroin and I didn't even know it, but by that time it was too late," she said. "The big drug dealers didn't want to call it heroin. Who would buy heroin? We looked at it as a big scary powerful drug. But that's what we were doing. After a while I didn't care. All I knew is that I wanted it all the time."

Heroin, she said, made her feel invincible.

"I fell in love with it. It made me feel like nothing could ever harm me," she said.

Somehow, Jennifer said she was able to keep her habit hidden from her parents, from teachers, and from supervisors at the market where she worked.

But others thought something was up.

"I was barely functional," said Jennifer, who recalled vomiting at work and getting suspicious glances from friends and coworkers.

In the summer between her junior and senior year, her addiction intensified and she began driving with a group of local users to the Kensington neighborhood of Philadelphia, where drugs were cheaper to buy in bulk.

Soon after, she reached for the needle for a faster high.

"I couldn't do it myself; I was terrified of needles. I had my dealer shoot me up, but once you go to a needle, you never went back to snorting," Jennifer said.

What she saw in this new world was hard to stomach. People prostituting themselves for drugs. People living out of their cars and on the streets. People hurting every one around them for a high.

"I met people like that. I thought, 'I come from a really good family with good morals,' " she said. "I felt like I was better. But I realized later: An addict is an addict. You can't justify what you're doing. It's all the same."

She then reflected on her own behavior: the time she stole from her parents; the time

Monster continued on next page

Monster continued

she made her best friend drive to the city to watch her shoot up; the time she worried more about getting in trouble than the well-being of a friend who was overdosing.

"Seeing my friend turn blue was really scary, and at first I only cared that she ruined my high. I didn't care about her dying. That was a big wake-up call for me. What had I become?"

Weeks later, her father discovered needles in her car. Though she denied a problem, she could no longer hide it.

"Seeing how upset and broken my parents were over me really hurt me and got to me," she said. "I had to come clean at that point."

In a few weeks, Jennifer will graduate from high school.

She's been clean for several months, and plans to go to college and study business. Thoughts about her future, her goals and her love for her family keep her strong, she said. Outpatient treatment, along with regular shots of a medicine called Vivitrol helped control her urges. Vivitrol blocks pleasure receptors, so users can't experience the "high" from the drug.

Her fears and memories of hitting what she calls "rock bottom" also help keep her clean.

Looking back, she never would have imagined that a curious impulse to feel something different — and dip into her

parents' medicine cabinet — would entrap her in a lifelong disease. But, at 18, she's determined to stay clean.

"I don't want to die," she said. "So I have learned from myself. I got caught up in a disease that is extremely cunning and powerful. It sucks you in and takes you down. It waits for you. And when you have a moment it will suck you back in. I can't think that way anymore.

"I refuse to be that person, that monster I was."

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From the suburbs to the 'Badlands' — and back

May 26, 2013

Suburban teens travel to the streets of the "Badlands" in Philadelphia in pursuit of heroin at a low price. One recovering addict returns for a tour of the hot spots, where dealers sell the killer drug out in the open.

By **MARION CALLAHAN**
and **LAURIE MASON SCHROEDER**
STAFF WRITERS

"Park up," a man yelled from the corner of Fourth Street and Indiana Avenue, a notorious drug-dealing swath of Philadelphia that looks more like a war zone than a neighborhood.

Drug dealers work their corners nestled between empty lots littered with tires and other debris and centuries-old row homes boarded up with sheets of plywood sprayed with graffiti. One man, arms outstretched, attempted to lure in a driver.

"Park up," he called out again, cajoling his next buyer.

Kyle Curtis, a passenger in a car inching by, knows this eerily familiar place, once a regular heroin stop for him in the heart of the ominous "Badlands." But the 24-year-old now has no reservations about simply passing through.

His strength to resist the drug that once lured him from the safety of the suburbs to dark, dangerous pockets of Philadelphia

comes from "a higher power" and a place within him that has embraced a clean, sober life and now seeks to help others do the same.

Weeks earlier, Kyle Curtis took his place behind a podium, a bit uncomfortable in the limelight, but steadfast in his resolve to share his message:

"You could do this; you could beat this," he told the group before him.

The Newtown resident stood before a crowd of people in recovery, offering a nod and a half smile as they applauded and congratulated him on three years of sobriety.

He then chronicled his climb from the depths of addiction, a place that continues to haunt him and remind of where he never wants to return.

A THIEF APPEARS

Drugs, he said, stole his youth, landed him in jail twice before he was 20 and isolated him from a loving family whom he stole from. Still, as he reflects on his journey to sobriety, he offers hope and strength to those who share a similar bond, a similar struggle.

At 15, Curtis was a star athlete, a baseball player who never had trouble in school or finding friends. But he wanted to fit in with an older crowd, so he started drinking, then smoking, then popping painkillers.

"It started out as a harmless joint, a harmless beer and then I progressed very rapidly," he said.

Curtis began setting boundaries for his use, but would easily cross them.

He said he'd never use on the days he had baseball games. He did.

He promised he would never use in his home. "Then I'd find myself hanging out of the bedroom or living room window smoking pot," he said.

Sports became secondary, he said. Then came the trips to rehabilitation centers.

"It was one rehab after the other, but the problem I came to find out was that my thinking never changed: I came to see that drugs and alcohol were a solution to me getting through everyday life."

Curtis now tries to erase the misconceptions tied to marijuana.

People don't think you can become addicted from weed, but I stole to buy pot. I lied. If I couldn't smoke weed before I went to school, I didn't go. It was my first real addiction."

At 16, he tried OxyContin, a prescription painkiller that was easily available in his high school. He never expected that after two weeks of using it that he would develop a strong physical dependency.

He tried to stop on his own, but couldn't cope with the physical withdrawal symptoms.

"It felt like the most severe case of the flu — vomiting, insomnia, no appetite, diarrhea," he said. "When

I was going through withdrawal, I would curl in the fetal position and try to get comfortable, but it was impossible."

Then he found another drug that offered

Badlands continued on next page

Badlands continued

a stronger high at less than one-third the cost: heroin.

"One pill of Oxycontin was \$40 or \$50 and one bag of heroin was \$10. Two or three bags of heroin were equal to one pill. So I went with what was cheaper."

Plus, he said, he could snort heroin. "I snorted on and off for four to five years. The fact that I could sniff it made it easier. I saw what needles did to my friends. Being able to snort it made it easier for me to justify."

ALWAYS AT HAND

He kept the heroin on him, even in school, tucked in a pouch tied to the bottom of his jeans. "I'd just carry it around school, go to the bathroom in between classes and use."

He stashed drugs in the woods outside his school and used them when he could get to them. "Being in school never stopped me from using."

At home, Curtis would hide drugs in the ceiling tiles in his room. At one point, he cut a piece of dry wall out of his closet to store his drugs. Sometimes, he would get sloppy, leaving drugs, pipes or paraphernalia in his sock drawer or on his dresser.

"When my parents first caught me, they came down on me hard; they kept putting me in outpatient therapy groups," he said. "They would be mad at me for a couple of days or weeks, then I'd fool them into thinking I was trying to do better."

"They were totally powerless; they wanted to help me, but I didn't want help."

Then, he turned to crime.

At 17, he believed his actions were harmless.

"We were going from neighborhood to neighborhood, taking beer out of people's garages," he said. "I thought it was harmless trouble we were getting in."

Curtis said he never had trouble with the law; he never had to stand before a judge. So he didn't expect much of a punishment when he got caught. Curtis was sent to a juvenile detention center for 11 months, missing his senior year of high school.

He was able to take classes at the detention center and earn his diploma, but it wasn't the same. "I missed prom, senior week, everything I had looked forward to," he said.

To make money at the detention center, he swept halls, "doing whatever needed to be done around the school," earning about \$1 a day. Then he got into a culinary arts program, which allowed him to go off

campus and cook at a senior citizens center. He then made \$3 a day.

"I knew then I'd have a couple hundred dollars waiting for me when I got out," he said. "You would have thought I would have gotten my act together. But I took that \$200 or \$300 and got drunk and high the day I got out. No matter how much you learn, this is what alcohol and drugs do."

At the time, he promised to stay away from the hard drugs.

"My mind told me I would leave the hard drugs alone and smoke weed," he said. "But it always leads back to the hard drugs."

College, he thought, would be different. He was accepted at Indiana University of Pennsylvania. He would be away from his typical routine, away from his social circle, away from his source of drugs.

"I didn't even make it a full semester," he said. "All I was worried about was drinking and using. I was arrested and thrown in jail three different times for public drunkenness, underage drinking and theft."

RUDE AWAKENING

After a night of drinking alcohol and taking Xanax, he blacked out on the side of a road. He woke up in a jail cell.

"Yet as soon as I'd get out, I'd get loaded," he said. "Those things kept happening."

Curtis was kicked out of college after he was caught stealing Xbox games from students' dorm rooms.

His next move was to Reading, where he met someone who sold drugs. To support his habit, Curtis began selling, too. When he turned to opiates again, he began using the drugs he was supposed to be selling.

"I burned my drug dealers and my friends," he said. "After I burned every bridge, I wasn't able to get any money together."

To eat, he would steal Tasty-Kakes from a corner store. To feed his dog, he'd borrow food from a neighbor or scrape up a couple of dollars for a loaf of bread.

"Sometimes, all I would eat was a few scoops of peanut butter; all the money was going to opiates and heroin. I even tried to sell my dog to get money to buy drugs. I did stuff like that all the time. I'd go to any length to not be sick and not (in) withdrawal."

Back then, his habit cost him \$150 a day.

From Reading, he would make trips with his girlfriend to the Kensington area of Philadelphia, where drugs were cheaper. He recalls one day when he tried to trick

a dealer, wrapping a rubber band around a stack of \$1 bills.

"Dealers would hang out on the corners and sell it in the open air. I'd drive up and ask for \$120 worth of heroin and hand them the stack. They would hand me the drugs. Then I would speed away."

One day, he got caught.

"They (dealers) hopped in their car and started chasing us until we were at a dead end," he said. "My first reaction was to get out and run, leaving my ex-girlfriend in the car, not thinking about her. They finally got me, roughed me up and they were holding her in the house (until he came back with the money). Thank God, no one got killed."

When he was out of money and out of drugs, he returned to his family's Malvern home, where he continued to steal. This time, he stole jewelry from his parents and electronic games from his younger brother.

"My family told me I had a couple of weeks to find another place to live," he said.

Soon after, a day came when he could no longer run and no longer use. Curtis was stocking shelves at a local market, stealing baby formula and selling the stolen goods at area corner stores in Philadelphia.

"I got caught walking out of (the market) with a big bag of stolen stuff," he said. "I tried to run, but employees tackled me and held me in the office until the police came."

That was April 12, 2010.

REACHING THE END

He remembers that date because no one came to bail him out. He was on his own for the first time in his life. It was the last day he used drugs.

"I had to go through a rough detoxification in jail," he said. "It was pivotal because I wouldn't have stopped on my own. There were signs I should have stopped, but I wouldn't. Some higher power saw I could not stop on my own. Being sent to jail, I had to stop. I didn't have a choice. No one was there for me to help me through it. I did too much harm to the people I loved."

He called his parents. Curtis was told, "You're on your own."

"Emotionally, I had never been in that deep — with no one to call."

After about six weeks in county jail, Curtis went to Today Inc. in Middletown, a rehabilitation center where he expected to be grouped with an older crowd. During support group meetings held after rehab, he met people his own age who were two or

Badlands continued on next page

Badlands continued

three years sober, he said.

"They told me stories about themselves that only other addicts could tell me. I connected with them. I knew they were like me."

But there was one difference, he said.

"They were living a normal happy life, and I wasn't. But if you are in enough pain, you'll do something to change. I was in enough pain to try to take suggestions from people who were like me but were sober and happy."

With the support of those peers, Curtis said he found faith and confidence that he could achieve sobriety, too.

"Whatever they did worked, and I didn't have any other options," he said.

When he finished the program at Today, he said he was blessed with support from people who hardly knew him, but believed in him. After some time in a halfway house, he found an apartment with another friend

he met in rehabilitation, and the friend's mother signed the lease for them.

Every Christmas and Thanksgiving, he was invited by friends for dinner. One man helped repay Curtis' school debt. Another man chipped in \$200 to help Curtis buy a car.

"People have lifted me along the way," he said.

Repairing relationships at home hasn't been as easy, he said.

"Part of the process is to make amends. Slowly, but surely, things are coming back to normal. I'm welcome at home, but I've been away for lengthy times before and fell back into it. So it has taken my family a while to see I'm different. I try to show them by my actions."

After Curtis shared his story at a recent support group meeting, a few people from the audience approached him, exchanging handshakes and compassionate smiles. The bond between strangers can be strong

because of the history they shared, he said.

It's that camaraderie that keeps Curtis strong for himself and for those in the community who need him.

"We all know how it was like and how we were living," he said. "People care about each other, and we want to see each other succeed."

During the drive back to the former drug corners in Philadelphia, Curtis pointed out the places he would buy and the businesses that he would sneak into to shoot up, and he reflected on a life that seemed distant and even unreal.

"I can't believe the lengths I would go through," Curtis said, his eyes glancing wearily out the window.

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'Any student using heroin is a big deal'

May 26, 2013

Schools can only do so much to keep students from using drugs. One school's approach erases the stigma attached to drug use and focuses on intervention, support and treatment.

By **THERESA HEGEL, DANNY ADLER**
and **MARION CALLAHAN**
STAFF WRITERS

Schools are in a tough spot. They can do their best to keep students from using drugs. They can host drug-prevention assemblies, bring in drug-sniffing dogs and build relationships with local law enforcement agencies to keep up with the trends.

Still, some students will show up to school high.

"Schools in the region put a tremendous effort in keeping kids safe and well-educated, but there is always going to be that one or two youth that find a way to infiltrate the securities that be," said David Fialko, prevention specialist with the Council of Southeast Pennsylvania. "You don't want to send up the red flags that schools are a

drug haven, but kids can get substances in school."

When that happens, when parents see their child go from honor roll to rolling joints, from shooting hoops to shooting up, it is often schools that receive part of the blame.

Take Janet, a Hilltown mother of five, whose 21-year-old son is a recovering addict.

She believes she can pinpoint the exact moment things went wrong in his life: three years ago, when the athletic high-achiever ended up in a remedial math class his senior year at Pennridge High School.

He began hanging out with a new group of friends and started going to school high almost every day.

"That's where it all went to hell in a hand-basket," Janet said. "Within four weeks, he became a different kid, an absolute different kid. It was like he was angry at the world."

By graduation, Janet's oldest son was on the path toward harder drugs, a path that would eventually lead him to an extended stay in rehab, mere days away from trying heroin because it was cheaper than the cocaine and prescription drugs he had been using.

Janet readily admits her son's situation

was the result of his own "stupid choice," but she also points the finger at school administrators.

"Drugs are incredibly easy to find in Pennridge," she said. "(The school) didn't really acknowledge that they had a problem."

WHAT SCHOOLS CAN DO

So, what else can a school do to address the drug problem?

"I'm never going to turn a blind eye to the drug problems that may be in our school or community," said Pennridge Principal Tom Creeden. "I think it's something that we need to educate our community about."

Pennridge High School has taken all the usual steps, including holding outreach meetings to try to address student drug use. But Creeden said he's been disappointed by how few parents and community members attended.

In other school districts, that outreach has been more successful.

Central Bucks East High School officials told parents last year that some students had been found using heroin.

"That caught some people by surprise ... and I think it scared them," said Principal Abram Lucabaugh. "Heroin is a drug that

Student continued on next page

Student continued

has particularly dark connotations attached to it, and it's terrifying for parents to think it could be infiltrating their children's circle of influence."

About 20 students at Central Bucks East were referred to treatment for heroin use in the 2011-12 school year. The district learned of the usage once it began allowing students to submit anonymous referrals to its student-assistance team.

"We had a number of students who submitted referrals about their friends out of concern, and in many cases, those referrals were legitimate because kids know what's going on out there, often more so than we do," the principal said.

Some students themselves admitted to using the drug, he said. And school officials, who are trained to recognize heroin's effects, also saw what was happening.

"We felt it was prudent to tackle the problem head-on using aggressive and supportive interventions, instead of minimizing it as if it wasn't a big deal," Lucabaugh said.

He added that he knew the perceptive risks in confronting the drug problem, but pressed ahead delivering the tough news to the public anyway.

"Here's the ultimate reality: Any student using heroin is a big deal, even if it's less than half of 1 percent of our school's population, which is our case at East," the principal said.

Hatboro-Horsham is another district where officials are not burying their heads in the sand.

The Montgomery County school district runs a much-lauded program called "Be a Part of the Conversation," which gets the entire community talking about how to curb drug abuse.

"There's no doubt that when students are involved with drug and alcohol issues, they are not learning to their capacity. Eventually, they will break down," said John Nodecker, the district's assistant superintendent for secondary education. "Our job is to educate kids; if you don't get rid of some of those barriers, you're not going to educate kids."

A group of high school students in Hatboro-Horsham performed a play about drug addiction, and a few months later the district brought in Chris Herren, an NBA playerturned-junkie to tell his story to a rapt audience of nearly 3,000.

The play put Hatboro-Horsham's drug-prevention program on the map, and has led to other school districts taking an interest, said

Kim Rubenstein, parent liaison and community program coordinator of the program.

"People want to talk about this; they want to know more," she said.

WHEN AND HOW TO INTERVENE

The leap from talking to action, however, can be challenging to negotiate.

Schools are often criticized for overreacting to perceived problems "until something big happens and, at that precise moment, schools are accused of not doing enough to prevent bad endings," said Lucabaugh.

Central Bucks East went out of its way to be honest about the heroin problem and focused its efforts on "intervention, support, treatment and counseling instead of pointing the finger and identifying who is to blame — anyone can do that."

A lot of the school's response involved erasing the stigma attached to drug use.

"We needed help, and we wanted parents to know that it could happen to anyone. Drug use is not an indictment or a symptom of bad parenting," he said. "Sometimes, people hide their knowledge of a kids' drug use out of embarrassment or concern over stigmatizing, and we wanted to wipe that off the table and get to the root of the problem."

The school held assemblies for students, inviting the Philadelphia Police Department's Narcotics unit. Officials invited parents of a former student who became addicted to heroin to speak to parents about what they endured.

"We also spent considerable time as a school response team, facilitating interventions and inpatient treatment for a handful of students — all of whom graduated," he said.

After the last graduation, one of the parents of a child addicted to heroin came up to an assistant principal, hugged him, kissed him on the top of the head and said, "Thank you for saving my daughter's life."

"It was incredibly emotional, and an affirmation of all the work that went into trying to help," Lucabaugh said.

Keeping kids in school, shepherding them toward graduation, can be key.

This year, Pennridge tried something new to help at-risk youth reach that goal.

The district partnered with VisionQuest, a national company that provides intervention services. Rather than kicking out students who are caught with drugs or have other problems, VisionQuest helps them deal with their situations while staying in school.

"The philosophy has always been that kids who have issues get referred to alternative schools and leave the mainstream," said Lou Kassa, a VisionQuest executive. "Over the last few years, we've really seen that it's really a disservice to the student."

Students often fall behind academically and sometimes come back from the alternative school with more problems than when they left, he said.

About 25 Pennridge students have been working with VisionQuest this year, though not all of them were referred because of drug use, said Creeden, the Pennridge principal.

In the Bensalem Township School District, drug prevention starts as early as third grade, a "front-loaded" approach that officials view with pride.

"Our story is one of good news, relatively speaking," said David Baugh, Bensalem's superintendent of schools. "Any heroin use is too much. We're gratified that it's not a big problem for us."

HOW MUCH DO SCHOOLS REALLY KNOW?

Several school districts in the region didn't respond to requests to speak with the newspapers for this series.

But Council Rock School District and a handful of other Lower Bucks districts did. They said they have more issues with alcohol abuse than they do with harder drugs like heroin.

Bensalem Township School District officials knew of a group of about eight kids experimenting with heroin two years ago in a school of about 2,000.

At Pennsbury, officials said they haven't had issues with heroin in years, although there were a few cases of students misusing prescription medicines recently.

A number of school districts pointed to the results of the Pennsylvania Youth Survey, also known as PAYS, which shows how few students admit to trying heroin.

Every two years since 1989, the Pennsylvania Commission on Crime and Delinquency has surveyed students in sixth, eighth, 10th and 12th grades to gauge behavior and attitudes toward alcohol, tobacco, drugs and violence. The state last conducted the survey in 2011. Students will fill out the next survey this fall.

Statewide, 1 percent of 12th-graders reported using heroin in their lifetime. For the 30-day period prior to the testing, 0.6

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percent reported heroin use. In a national survey, 1.4 percent of high school seniors reported using heroin in their lifetime, and 0.4 percent within the month prior to the survey.

In Upper Bucks schools — Pennridge, Palisades and Quakertown — 4 percent of 854 high school seniors surveyed in 2012 admitted to having tried heroin at least once in the last year, according to Lee Rush, who runs the nonprofit Upper Bucks Healthy Communities Healthy Youth Coalition. Rush's organization conducts its own survey in even years to track drug use and risky behavior among eighth-, 10th- and 12th-graders in Upper Bucks County.

A bigger problem than heroin among Pennsylvania students is the non-medical use of prescription painkillers such as Vicodin, OxyContin and Tylox.

"This trend is particularly troubling, given the adverse health consequences related to prescription drug abuse, which include addiction, physical dependence and the possibility of overdose," according to the PAYS study report.

Lifetime recreational use of prescriptions ranges from 1.1 percent for sixth-graders to 13.1 percent for 12th-graders, according to the state survey. The past-30-days numbers show 0.8 percent of sixth-graders and 7.9 percent of high school seniors reported using pain relievers.

The 2012 Upper Bucks survey showed 11.8 percent of high school seniors using prescription drugs for recreational purposes in the past 30 days.

Prescription abuse very often escalates

into heroin use, addiction specialists say. Heroin has become the cheap alternative, the more accessible backup plan.

"I don't think that all school districts are on the cutting edge of what's really going on," said Gabrielle Bealer, adolescent program coordinator at the Livengrin Foundation, a center for recovering addicts in Bensalem. She added that many people ignore or underestimate the path from prescription painkillers to heroin.

A ROLL OF THE DICE

Janet, the Pennridge parent, is all too familiar with parents who ignore or downplay their child's drug use.

"I can't tell you how many parents I've talked to that say, 'Yeah, my kid smokes a little pot, but he's a good kid.' But are you willing to roll the dice?" she said. "It's easier for (my generation) to have blinders on because we smoked some pot and turned out fine. These kids have upped the ante. These kids today, they're out of control."

When her son was using drugs, he would attend "skittles parties," where attendees would dump into a bowl handfuls of Ritalin, OxyContin and any other prescription drugs they could scrounge from their parents' medicine chests, then take turns popping random combinations of the often unknown pills, she said.

Some of the friends he made back in that 12th-grade remedial class also became his dealers, selling drugs right out of their parents' homes, she said.

Janet and her family watched her son's life spiral out of control in the months after he graduated.

"There's nothing worse than watching your kid become pale and going from a strong, athletic build to dropping 30 to 40 pounds," she said.

Janet tried everything she could think of to help. She took away her son's car keys, shut off his cell phone, put a password lock on the computer. But the only thing that changed was that his new friends would drive by the house to pick him up.

"There were times when he would be gone for days, and we didn't know where he was," Janet said.

After finding a large stash of weed in her Hilltown home, she and her husband gave their son an ultimatum: Go to rehab or go to jail.

He chose rehab. The 2010 Pennridge graduate has been clean now for eight months.

Janet is happy she was able to intervene before her son made the switch to heroin, but not everyone has been so lucky.

She would like to see more people in the community speak up and more schools take action.

"If you stand idly by, then you may as well just take the blame," she said.

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A recovering addict shares what he wished his family had noticed:

"When someone is on opiates, they are usually very happy, positive and even productive. For example, when I would take opiates I would clean my room, do homework, call my dad (who I would very rarely call sober) just to see how he was doing, and just have the 'no worries at all' attitude.

"An addict slowly loses interest in the things he used to be passionate about.

For me, that was baseball, my relationship with my old friends (the ones who didn't use opiates), my girlfriend, working out and music. All because the opiates honestly become my number one priority, my significant other and my best friend.

"There would be times when I would drive an hour away just to get one single pill. That would be like an alcoholic only having five

bucks and the only bar open is an hour away yet he still drives to that bar and has one beer and drives an hour back.

"When I saved some opiates for the next morning, it would literally feel like Christmas Eve when I was a little boy because I would be so excited to wake up knowing I was going to take them right away."

David, 24, Levittown

Beg, borrow, steal: When nothing is off limits

May 27, 2013

Crawling across a bedroom floor in the dark to steal from his mother's purse was just one of the things David would do to get money for drugs.

By **LAURIE MASON SCHROEDER**
and **MATT COUGHLIN**
STAFF WRITER

Like most suburban heroin stories, David's tale begins in the medicine cabinet.

The 24-year-old Pennsbury High School graduate was offered a prescription painkiller at a college party two years ago and chugged it down with a beer. He liked the feeling so much, he was soon spending \$60 to \$80 a day on OxyContin and other opiates.

Heroin came a year later, after a guy he met at rehab described the pills he was taking as "synthetic heroin," and taught him that "dope" was cheaper and stronger.

By then, David had spent more than \$70,000 on pills and had become an expert shoplifter and con artist. He stole from his parents and grandparents. He was arrested twice for retail theft and put himself deeply in debt by opening jewelry store credit accounts and pawning the rings and necklaces he claimed to be buying for his girlfriend.

One night, he found himself crawling across his parents' bedroom floor in the dark, trying to steal his mother's purse.

"At the time, it made perfect sense," he said. "Nothing mattered but getting my pills."

Experts say David's story is all too common in Bucks and Montgomery counties. As more young people become addicted to opiates, they're learning to beg, borrow and steal for the drugs.

And, police said, there are a million ways to beg, borrow and steal — and a million things to beg, borrow and steal.

Baby formula, check. Flat-screen TVs, check. Jewelry, check. Copper wire, check. Retail thefts and burglaries are common, of course.

"We are getting hammered with daytime residential burglaries," Hilltown Detective Lou Bell said. "They smash in a back door, get in, grab jewelry, valuables, and they are gone. And it's primarily driven by heroin

addiction, opiate addiction."

Last year, 2,117 reports of burglary were made in Bucks County, up from 1,837 in 2011 and 1,798 in 2010. Numbers in Montgomery County are similar: 2,329 last year; 2,086 in 2011; 2,161 in 2010.

In addition to the 2,117 burglaries, there were 9,736 incidents of theft accounting for the loss of more than \$19.1 million worth of valuables in Bucks County. In Montgomery County, there were 12,103 thefts coupled with the 2,329 burglaries, resulting in the loss of more than \$26.5 million worth of valuables.

For more than a decade, Bucks County officials have said the majority of crime is connected to drugs. A 2004 report by the District Attorney's Office showed that 70 percent of crimes in 2003, 5,220 of the 7,459 criminal cases that year, either directly involved drug dealing or possession, and were done in support of a habit, or by people who were under the influence of drugs.

AT THE START

David, who asked that his full name not be used for this story, has been clean now for nearly six months. His voice cracks with emotion when he talks about how fast his life went downhill after he tried OxyContin in his senior year of college.

"All my friends were doing it. It didn't seem like a big deal. It was pills, not real drugs, you know?"

David was an athlete, excelling at baseball and other sports. His friends on the baseball team were all taking painkillers. OxyContin, Vicodin, Percocet, he said.

"It just gives you a feeling that everything is great. You have energy. All your aches and pains go away. I loved it."

At the time, painkillers, were going for about \$1 a milligram. David started with one \$20 pill here and there at parties. Within three months, he was spending up to \$80 a day on the drugs, withdrawing money from a joint bank account he had with his mother or calling home asking for cash to pay nonexistent bills or for school supplies he didn't need.

He didn't even know he was addicted until Spring Break, when he and three college teammates found themselves in Florida, cut off from their usual suppliers.

The first day, he felt fine. But on the second day, he woke with a pounding headache, sweats, chills. His friends were feeling

similar withdrawal symptoms.

"We were all so sick. Throwing up, couldn't eat. We made an agreement. We all said that we weren't going to do pills ever again. We were done with it."

Too sick to enjoy their vacation, David and his friends spent most of Spring Break in their hotel room. Their resolve to stay clean lasted until their plane landed in Philadelphia. With pills once again within reach, they began to cave.

"I remember thinking, 'I'll just do it this one last time.' You just want that feeling back again."

David's mother was getting suspicious about his spending, but never suspected he had a drug problem. Still, she began questioning him about his expenditures and sent him gift cards to grocery stores instead of cash.

"I would take the card to the store and buy one thing, then trade the rest of the card to someone for cash."

Despite his drug problem, David managed to graduate from college with honors. He spent all the cash and checks he got in graduation cards on pills, which tided him over for a while.

But when his pill supply ran out, he got desperate and began to steal.

At first, he stole small things from family members. Jewelry. Video games. DVDs. Anything he could pawn for a few dollars. He also pawned all his sports equipment, including his prized baseball glove.

He knew the PIN for his mother's debit card, and would sneak out in the middle of the night and withdraw small sums, thinking she wouldn't notice.

He recalled trying to withdraw \$100 from a 7-Eleven ATM at about 3 a.m. A notice of insufficient funds popped up on the screen. "I got really scared, and stopped for a while."

When he was caught going through his father's wallet, David's parents kicked him out of the house. He moved in with his grandparents and was soon stealing from them.

One night, his grandfather caught him taking cash from his grandmother's handbag. He made up a wild story about owing a loan shark and having guys with baseball bats threatening to break his kneecaps.

"I thought they were going to kick me out,

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but instead they asked me how much I still owed. I just threw out a number, \$1,200, and they gave it to me. I used it all to buy drugs."

When he tells this story now, he looks sick. Says he feels so awful. But at the time, he said, all he could focus on was getting more pills.

"I couldn't think of anything else." A friend taught him how to shoplift. "Before that, I may have stolen a candy bar when I was a kid. I'd never taken anything from a store."

LEARNING THE ROPES

The friend taught him that, at most stores, you can steal up to \$300 worth of merchandise and take it back without a receipt for store credit, in the form of a gift card. Any pawn shop will give you 50 cents on the dollar for gift cards, the friend said.

"It sounded so easy," David recalled.

The first place he tried was a popular home improvement store. He found some small but expensive tools, shoved them under his sweatshirt and walked around the store for a while before rushing out the door.

David is tall and handsome, with short blonde hair and perfect teeth. It's likely that his clean-cut looks and good manners helped him become a prolific thief.

He would tell managers at home improvement stores that his dad owned a construction company and the saw blades and drill bits he was returning without a receipt were left over from a job, and his dad couldn't find the receipt. When the anti-theft sensors buzzed as he walked out of some popular big-box stores he'd smile and shrug at the cashiers and no one would chase him.

The more he stole, the better he got at it. He had store logo bags at the ready, and even wore a tool belt when returning things at the home improvement stores.

"You have to be clever and watch what you say," he said.

To return an item without a receipt, many stores require that you show your driver's license. After three returns, those stores flag an ID.

Working with friends who were also stealing to support opiate addictions, he began traveling all over the Philadelphia area, eventually going into New Jersey and Delaware to steal and return items. They involved family and friends, asking people to return items for them. After a day of stealing, it was off to a pawn shop to cash in the gift

cards they got for the returns, then straight to a dealer to get pills.

"There was one day that I got \$2,000 in gift cards from one day of stealing," David recalled. "It was a full-time job. My grandmother thought I was going to work every day."

David Smalley is a former loss prevention officer who now works as a criminal intelligence analyst for the Bensalem Police Department. He said drug-addicted shoplifters are often desperate — and dangerous.

"I've had people come at me, try to pepper spray me. People who are addicted to narcotics will do anything in their power to get their fix."

Smalley, who once patrolled Franklin Mills mall looking for thieves, said that shoplifters often walk in one door and out the other with stolen goods, then return sometimes minutes later to return the items for store credit to take to a pawn shop.

There's also a thriving online market for gift cards, he said, so shoplifters willing to wait for their cash can make more of a profit by selling their store credit on Ebay and Craigslist.

"Just Google 'sell gift cards.' There's lots of sites out there."

THERE ARE OTHER WAYS

Addicts get creative in other ways too. Food stamps are meant to help struggling people buy food and other necessary household goods. The government issues ACCESS cards, which families can swipe at the counter of a grocery store, convenience store or corner shop.

In 2009, Bucks County detectives busted a Morrisville corner shop that was swiping ACCESS cards for "food sales," when the store was pocketing 40 percent of the "sale" and handing over the other 60 percent to cardholders who they knew were addicts, police said. The Morrisville shopkeepers kept more than \$1,000 while claiming more than \$2,500 in sales during the investigation, police said. County detectives busted another shop in Bristol Township for doing the same thing in early 2012.

But that's not all the ways addicts steal, according to Abington police Deputy Chief John Livingood. The town at the edge of the city is home to hundreds of retail stores, including the Willow Grove Park mall and several large chain stores. Some addicts target places like big electronic stores for what retailers call "push-outs," Livingood said. The thief loads up a cart with high-end items such as flat screen televisions and

then wheels the cart out a back or side door where there's already a car running. Sometimes they load up before anyone even catches on.

And it's not just jewelry and high end electronic items that get snatched, police said.

Hilltown Detective Lou Bell said addicts will steal anything they know they can sell, which is why household goods such as detergent and baby powder get picked off. An addict can sell a \$24 container of Similac baby formula to a bodega in the city for half that price, police said. That's enough for the addict to get a bag of heroin and for the small store to make a profit from selling the formula.

Smalley said that the best way to discourage shoplifting is for stores to increase customer service.

"Thieves in a store don't like to be approached, especially if they have a drug problem. They want to be in their shells. If someone talks to them, they might freak out."

By the time he was arrested, David was shoplifting every day. His pill addiction had ballooned to \$400 to \$500 a week, and when he ran short the cravings were unbearable.

FINAL STOP

It was a Bensalem Kohl's undercover security guard who finally caught him. He was coming out of a dressing room with layers of stolen clothes concealed under the baggy sweatpants and hoodie he'd worn that day. A man with a walkie-talkie approached David and told him to come with him.

David did his usual spiel, laughed it off and tried to walk away. The man followed him all the way out of the store, talking into the walkie-talkie, telling the person on the other end the color of David's car and reciting his plate number. As he peeled out of the lot onto Street Road, three cop cars were chasing him.

"I never thought I'd get caught. I thought I had a foolproof plan."

After he was arrested, he told his family the whole story about his pill addiction and went into rehab. That's where he learned about heroin.

"If you would have asked me two years ago if I'd ever do heroin, I'd say, 'What are you crazy? That's disgusting.' "

The guys he met in the rehab called pills "synthetic heroin." They said the real thing was so much better and so much cheaper. They told David where to get it, giving him

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the exact street corners.

"It put ideas in my head. Still, it was Kensington, and that was a scary place to me."

His mom's health insurance would have covered 21 days of inpatient treatment. David stayed five days and agreed to finish his recovery in an outpatient program. The daily co-pay for that was \$35. His mom would give him the money every day, but instead of going to treatment, he used the money for pills.

But \$35 didn't buy enough, so he went back to shoplifting. Within days, he was arrested again. Now he was broke and desperate. Soon after came his first trip south on I-95, into Kensington. Finding a dealer was as easy as slowing down his car.

"What do you need, what do you need?" asked the men who ran up to David's vehicle.

Heroin was \$10 a bag, versus the \$50 he was then paying for two 30 mg pills. It was five times cheaper, but also stronger.

Ironically, switching to heroin solved David's money problem. He got a job as a landscaper and that was enough to pay for heroin, which he got by driving to Kensington three to four times a week.

At first, David just snorted the powder. He would watch a friend he'd met in rehab inject the drug, but he was too afraid to do it himself.

Eventually, the friend talked him into it. They were driving home from Kensington and pulled over into a drug store parking lot. The friend took out a needle and showed him how to shoot up.

"It was probably 10 times better. It was

like dumping a warm bucket of honey over your head, and having it slowly cover your whole body."

David's euphoria was short lived. Within weeks of learning how to inject heroin, he experienced his first overdose.

"I took the bag of heroin into the bathroom, mixed it as usual in a water bottle cap. I remember thinking that it looked different, that maybe there was more in the bag than usual. A couple seconds after I injected it, I started to feel like I was being paralyzed. I had just enough time to hide the needle before I passed out. The next thing I knew, my grandfather and girlfriend were splashing water on me and they said they'd called an ambulance."

He told his family he'd taken sleeping pills that he'd been prescribed before. They sent away the ambulance. He was terrified, but not scared enough to stop.

"I'm pretty sure I used (heroin) the next morning."

By now, his family knew he had a problem, but still had no idea he was a heroin addict. He didn't get thin or have track marks. He said he put the needle in places where you'd never see the hole if you weren't looking for it.

His second overdose happened a month later, as he was leaving Parx Casino in Bensalem. He had just injected himself and put the car in reverse, when he felt that paralyzing feeling. Somehow, he put the car in park. A security guard found him passed out behind the wheel, his car sticking halfway out of a parking space, and called police. Officers saw the drug paraphernalia and he was arrested again.

On probation for the first two shoplifting cases and terrified of going to jail, David went back to rehab, finally taking it seriously.

"I started thinking about the way my life was going. I did a complete 180. I got a sponsor, started going to meetings every night."

THE BOTTOM LINE

In less than two years, David estimates that he spent \$70,000 on pills, then several thousand dollars on heroin.

He says he stole about \$50,000 from stores to get about \$25,000 in gift cards. The jewelry store credit accounts added \$5,000 debt to his \$25,000 student loan debt. He also took out a \$1,000 title loan on his car. With the \$9 per day interest and fees, he was forced to borrow \$3,000 from his grandmother so he wouldn't lose car.

David faces jail on DUI and drug-related charges. He has a college degree but few job prospects, because of his criminal record.

He says he wishes someone would have talked to him about painkiller addiction when he was younger.

"Two years ago, I was a normal college student. Now I feel like I've ruined everything," he said. "When you're addicted to drugs, all your 'nevers' come true."

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Survey: Kids admit drug use

In 2012, the Monitoring the Future study reported that 14.8 percent of high school seniors had used a prescription drug not prescribed for them or for nonmedical reasons in the past year.

■ Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin.

■ The study also showed that, after marijuana, prescription and over-the-counter

medications account for most of the top drugs abused by 12th-graders in the past year, with Adderall and Vicodin being the most commonly abused prescription drugs.

■ One in 20 teens has abused heroin in their lifetime. (Source: Partnership for a Drugfree America)

■ Most drugs of abuse — including heroin — target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in re-

gions of the brain that regulate movement, emotion, cognition, motivation and feelings of pleasure. The over-stimulation of this system, which rewards our natural behaviors, produces the euphoric effects sought by people who abuse drugs and teaches them to repeat the behavior.

Source: National Institute on Drug Abuse

Heroin: Available, pure, cheap and Law enforcement can't keep up

May 27, 2013

Users and dealers are becoming more savvy, using social media, the Internet and texting to set up exchanges.

By **MATT COUGHLIN, MARION CALLAHAN and LAURIE MASON SCHROEDER**

STAFF WRITERS

It is becoming a common story. Police are called to a home — this one in Perkasio — where a 17-year-old has overdosed on heroin.

In this particular case, the child lived and, a few days later, her dealer — a Perkasio resident who was a reported drug addict — was arrested.

The 17-year-old didn't have to go to Philadelphia or Trenton or Allentown to feed her habit. There was another drug addict, just a few years older and more streetwise, willing to do it for her.

"These kids don't all want to go to the city, so one of them runs down to buy a bundle (14 or 15 small baggies) and makes a few bucks for himself and has five bags left over for himself," Hilltown Detective Lou Bell said.

Quakertown police Lt. Don Bender said the majority of people arrested for dealing drugs in the suburbs are doing it to supplement their own addiction. Bender said the typical younger addict is going to Philadelphia or Allentown to buy anywhere from a bundle to 10 bundles for themselves and other addicts they know. The word on the street is that Philadelphia dope is stronger than Allentown dope, and Route 309 is a straight shot down into the city, including the Far Northeast section.

Earlier this year, Bell busted a Hilltown man who was buying bundles of heroin in Philadelphia with money pooled from friends and getting a few bags for himself as well as some spare cash. Bell said that bust led to two more arrests of dealers in Philadelphia, just across the border from Bensalem, who were selling to suburbanites who were then bringing the dope back home to Upper Bucks.

That's one way heroin gets around in the

suburbs. Another way is the dealer coming to the buyer.

"Because the market for heroin is growing in the suburbs, the dealers and traffickers are simply responding to the heroin market's demand," said Jonathan Duecker, special agent with the Bureau of Narcotics Investigation and Drug Control for the state Office of the Attorney General. "The dealers that have historically stayed in the urban venue, forcing users to go to them, have made a business decision to instead travel to the outskirts and suburbs of the city to take the product to the user."

Suburban users will pay a premium for that type of service, he said, adding that it's also safer for the buyers.

Users and dealers are also becoming more savvy, using social media, the Internet and texting to set up exchanges. "That allows the parties in the transaction to advertise both the demand for the drug as well as the availability," Duecker said.

Such electronic methods are tough for law enforcement agencies to detect, he said.

And, he added, the epidemic is growing.

"The problem of heroin is definitely increasing statewide; we're seeing more availability, higher purity and cheaper prices," said Duecker. The findings by the Bureau of Narcotics are consistent with other law enforcement agencies, including the U.S. Drug Enforcement Administration offices in the region, he added.

The big change in heroin over the last eight to 10 years is really the source of its origin and the quantity, investigators have determined through its increased availability and lower price, Duecker said. Mexico is considered the primary source of heroin now, whereas most of it previously came from Southeast Asia or Colombia.

"Mexico's close proximity and porous border with the United States means huge amounts can be brought across the border in vehicles, hit the U.S. interstate system, and be distributed anywhere and everywhere throughout the U.S.," he said.

Since the state has numerous interstate roads, Pennsylvania is considered "a trans-shipment state as well as a destination state," Duecker explained. "Mexican cartels have flooded the marketplace with heroin nationwide and (in) Philadelphia."

These cartels, known by investigators as drug trafficking organizations, "are uncompromising" when it comes to competition, he said. They will usually either convince local traffickers to work for them or intimidate them through the use or threat of violence, he said.

"The violence associated with those gangs manifests in the prisons, on the streets, and in the neighborhoods of Pennsylvania and the region," he said.

REPUTATION FOR PURE HEROIN

The cartels also know what their customers want — purer heroin, he said. Philadelphia, and the surrounding region, have historically had cheap, pure heroin, Duecker said. He said the Drug Enforcement Administration has for many years conducted a program where agents buy heroin around the city and in other cities to stay aware of the drug's price, purity and availability.

"Probably more than any other illicit drug, quality matters for heroin users," Duecker said. "That's one reason why purity matters and the Mexican cartels have responded the way they have, and heroin dealers at the street level have responded accordingly."

For the dealers, purity means the drug is marketable and attractive and can be cut (diluted) with other products more times, which means higher profit. For example, he said, 1 kilogram of 99 percent pure heroin can be "cut" to make 1.5 kilograms of heroin, which gives the dealer more to sell. If the product is less pure, the dealer cannot cut it as much, decreasing the profit.

JoAnn Szpanka, director of the Bucks County Crime Lab, said myriad drugs can be cut into heroin. Two commonly used, over-the-counter substances are procaine and lidocaine. The anesthetics or numbing agents have some effects in common with cocaine. Other common cutting agents are the synthetic club drug ecstasy, the mild animal tranquilizer ketamine, diphenhydramine, and the anti-anxiety medication alprazolam.

"If the dope is less pure after being cut, the customer will likely know immediately because the successive highs for the user are less pleasurable, and the dealer will lose customers," Duecker said.

An alarming fact, he said, is that people who don't historically fit the demographics

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of heroin users are now involved in both the trafficking and using, partially because of the purity factor. The higher purity allows for users to get high without the use of needles.

"The stigma attached to needles, track marks, etc. has been somewhat eliminated by the ability to avoid intravenous injection by smoking it," he said. "In many of the state's jurisdictions, heroin has almost replaced cocaine as the drug of choice because of the high availability and the low cost."

That was echoed by Bell.

FROM PILLS TO HEROIN

"The straight-A student from the high school who gets bored is hitting the medicine cabinet," Bell said. "They start popping oxy's by mouth and, after a while, that doesn't do it anymore, they don't get high off it.

"They start grinding up the pills and snorting them and that doesn't do it anymore. They get 'dopesick.' Then they start snorting heroin. It's cheap, \$10 to \$15 a bag, compared to \$22, \$25 or \$30 per pill. Then they start shooting it. That one kid, that straight-A student, doesn't see that when they take that first pill. They don't see it going down that path where they end up shooting it," Bell added.

This heroin trend started about six to 10 years ago, and continues to increase in popularity across the commonwealth, Duecker said. Abuse of prescription pills is partly to blame.

"Prescription narcotics abuse is growing at alarming rates; we have numerous cases throughout the state involving doctors writing prescriptions that are in no way connected to legitimate purposes," he said. "We have cases where prescriptions are stolen and forged or sold."

Unfortunately, Duecker said, efforts to crack down on the illegal diversion of prescription pills will potentially result in a new marketplace for heroin.

"As we do a better job addressing abuse of opioid prescription drugs, users currently hooked on those will most likely turn to heroin as a cheaper, purer, albeit deadlier, alternative."

David Dongilli, an agent with the Philadelphia division of the Drug Enforcement Administration, said the Mexican drug cartels are capitalizing on this new market. He

said dealers know that the spike in abuse of medicines is leading to an increased demand for heroin.

WAKE-UP CALL FOR PARENTS

Duecker warns parents to be aware and understand that prescription pill addiction is not any different than addiction to heroin, cocaine or methamphetamine.

"There's a troubling notion in society that pills, which are manufactured under strict quality control standards and prescribed by and dispensed by medical professionals, are somehow 'clean' and safer to abuse."

Duecker said, in fact, law enforcement sees the same types of crimes and violence associated with pill abuse as they do with the other drugs.

"We recently arrested over 50 people across two states involved in selling illegitimate prescriptions," he said. "During the search warrants conducted as a result of the investigation, we seized 35 handguns, shotguns and rifles, many of which were loaded and strategically placed inside the residences, suggesting that the members of the pill ring were ready and willing to use deadly force to protect their operation."

Earlier this year, Bucks County detectives shut down an alleged prescription pill ring in which the reported ring leader was printing prescriptions from his computer and a group of heroin and pill addicts would get paid in drugs to fill the prescriptions at pharmacies in Bucks, Montgomery and Philadelphia counties. That case is awaiting trial.

Duecker said parents should reinforce with their kids the fact that heroin is extremely addictive and, once addicted, users face an almost insurmountable road to getting off the drug.

"Kids that get addicted to heroin often turn to theft in order to pay for their habit. The bottom line is that heroin is not the drug to 'try' or experiment with; addiction is all but assured and the lives of heroin users and their families will be destroyed along the way."

Many suburbanites, looking to buy more for less, inevitably make their way to Philadelphia. "I've worked at Fourth and Indiana and am always amazed at how easy it is to purchase heroin, as well as just about anything else you might be looking for, any time of the day and any day of the year," Duecker said.

And it's not just kids driving in from the suburbs, he said. It's city school bus drivers,

teachers, laborers, housewives from New Jersey, dentists from the Main Line, and Center City professionals who need to get their fix for the day, he said.

"The demographic of the heroin user in Pennsylvania is as eclectic as there is for any drug being abused," he said. "This is another reason why heroin use is increasing; the user base is wide and deep."

WHY IS IT SO EASY TO BUY?

Duecker said the phenomenon of open air markets is less about effective policing and counter-drug efforts than it is about very effective drug trafficking and dealing practices. But it accounts for the "widespread availability of heroin." A targeted counter-drug investigation must have the discipline to stay focused on a particular street corner organization and ignore the temptation to knock off street dealers not associated with the targets of the investigation, he said.

"The police officers are in the best position to arrest individual dealers on the street, but those officers cannot be everywhere all of the time. And they have to witness a 'hand-to-hand' transaction while driving through a treacherous intersection avoiding pedestrians."

At the end of the day, Duecker said, there are far too many dealers and not enough resources.

An area of Philadelphia known as the "Badlands" has a reputation for heroin sales, he said. When police target a corner, he said, dealers move around the block to avoid detection.

"You can target an individual, but if he's senior enough in the organization, he won't touch the money or the drugs. If he's too junior, he doesn't know anything of investigative value," Duecker said. "Getting 'into' an organization requires far more investigative time and effort, and you need to start low in the organization and work your way up. But, there are so many independent and loosely affiliated dealers at the ground level that each of them naturally assumes that law enforcement is looking at someone else. And they're right."

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Making a deal: Pawning for poison

May 27, 2013

Heroin addicts know just where to go to get cash in exchange for the goods they have looted: pawn shops and gold buyers.

By **MATT COUGHLIN**
STAFF WRITER

Heroin addicts know just where to go to get cash in exchange for the goods they have looted: pawn shops and gold buyers.

The cash, and there's a lot of it, is then used to buy drugs to feed their addictions.

More than \$4.8 million in valuables were taken during burglaries of Bucks County homes and businesses in 2012 and another \$10.3 million was stolen from various sources such as retail stores, according to state police records. Add to that the \$9.8 million worth of stolen items and \$11.5 million taken in burglaries in Montgomery County and that's more than \$36.4 million from the two counties in one year.

Hilltown Detective Lou Bell said that towns are getting hammered with burglaries, particularly during the day, which are fueled by the dope-sick needs of heroin and opiate addicts.

"They get valuables, jewelry, precious metals, flat screens, iPads, Kindles, laptops, GPS," Bell said. "Then they go to pawnshops, and there's a gazillion of them between Allentown and Philadelphia."

Included in the millions of dollars' worth of

stolen goods last year in Bucks and Montgomery counties were jewelry and precious metals, according to records compiled by Pennsylvania State Police. Much of that was pawned by thieves, police said.

Pawn shops, by law, are required to fax or mail to local police departments or their district attorney's office reports on all jewelry and precious metals purchases within a day of the transaction.

That process, though, creates mounds of paperwork that detectives must sift through in hopes of finding stolen items, police said. The job is time-consuming, and not always fruitful, since details of the items can be vague, and therefore tough to match up with their rightful owners. One pawn shop might describe a ring as a gold engagement ring with specific initials engraved on it while another might just describe it as an engagement ring.

"It would be tremendous for law enforcement to have some (statewide) database of information," Abington police Deputy Chief John Livingood said. "With police budgets the way they are today and manpower, most police departments can't afford someone to fat-finger their way through all this information."

Bell agrees.

He said having the state police or Attorney General's Office control a statewide database would be ideal. Each sale's record would be recorded in an online database that police could access and would include information about the item pawned and a photo identification of the person who pawned it.

The state's Precious Metals Act, which governs jewelry and precious metals purchases, requires buyers such as pawn shops to hold onto the purchased items for five days before selling or melting them down. That hold period is meant to give police time to track down stolen goods, but it often isn't long enough, police said. Before the owners realize their jewelry is gone, the gold items might have been turned into ingots.

And even if police arrive within the required five-day period, they might find that the jewelry has already been melted down by an unscrupulous dealer.

Some local governments, including Bensalem and Middletown, have gotten tougher. They've passed their own ordinances, requiring dealers to hold onto gold and other precious metals for longer periods of time.

One main factor in the new ordinances is an electronic inventory tracking system selected by the police department to upload specified information about purchases. Philadelphia and Bensalem use LeadsOnline, a company that warehouses the pawn or sales information in its database, and police can access it to look for specific items that have been reported missing or for patterns in who is selling gold.

Livingood said while law enforcement officials are pushing for a state law to create a jewelry and precious metals database, the push remains in the early stages.

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Drug court offers way out of jail for some addicts

By **LAURIE MASON SCHROEDER**
STAFF WRITER

Drug addictions, especially hard-to-kick heroin and opiate habits, lead people to commit all types of crimes. Following years of resistance, Bucks County Court officials finally started a drug court in 2010, and proponents say the program is starting to show results.

As of early May, 93 people have been accepted into the county's drug court program. Of those people, 85 — approximately 91 percent — have an opiate-based addiction, said Warren R. Grant, deputy chief of Adult Probation and Parole.

Initially targeted toward nonviolent offend-

ers who had violated probation or parole because of drug addictions, the program also accepts some defendants who are awaiting trial and gives them a chance to avoid jail. All participants are vetted through the District Attorney's Office.

The program isn't easy. Participants must attend weekly hearings at the county courthouse in Doylestown and undergo twice-weekly drug testing.

They also wear a bracelet that detects alcohol that seeps through the skin and must attend frequent drug therapy and counseling sessions.

The program is funded through a \$350,000 U.S. Department of Justice grant.

County officials last year estimated the program has saved taxpayers nearly \$809,000 by diverting drug offenders from county and state prisons.

Those accepted into drug court are placed on probation for up to two years while they work through the program. If they graduate, their criminal cases are closed. If they fail, they go to state prison.

As of early May, 30 people had failed to complete the drug court program, while 13 participants had graduated. Graduations are held quarterly. Eight participants are scheduled to graduate June 6.

Fifty participants are currently in the drug court program, Grant said.

REVEALING FAMILY SECRETS

May 28, 2013

One mother shares how her son who, after his first exposure to heroin, battled to survive every day.

By **MARION CALLAHAN**
STAFF WRITER

Cherylyn Marcy recalls the sinking feeling she felt in her stomach when she called her son one morning and he didn't answer his phone.

Her gut told her something was wrong. Fists clenched, Marcy banged on the door of his apartment.

"I ended up breaking the lock on the door. I just kept shoving myself into it."

Then she saw him.

Marcy doesn't know all the details of the drug addiction that ensnared her son's life.

But the bits that she's been able to piece together paint a picture of a teen who, after his first exposure to heroin, battled to survive every day.

LOOKING BACK

Voted the "most humorous" in his graduating class at Neshaminy High School, Matt Marcy grew into a young man whose personality could "light up a room," she said.

His humor was part of his charm, but it was also his mask, shrouding his use of marijuana and, later, his addiction to pain pills when he was in high school. At 18, he moved on to heroin, a cheaper drug that produced a stronger high.

He told his mother he "fell in love with it," from the first moment he snorted it.

"It didn't take him long to realize it would be a lifelong struggle," she said.

Marcy remembers when Matt first told his parents he was a heroin addict.

"When we heard the word 'heroin,' we couldn't believe it," she said. "We are from a generation where, when you think of heroin, you think of someone lying in a gutter in the city. He said, 'It's not like that anymore. There are kids doing it. I'm not the only one.' It was hard for us to wrap our minds around it. We didn't understand it was a disease and not a character flaw."

He admitted he took pain medications from the family's medicine cabinet when he was in high school.

"I know that he would go to parties and look in medicine cabinets and steal from other people," his brother Dave Marcy said.

Dave said Matt, who had been diagnosed with attention deficit disorder, would trade the Adderall he had been prescribed "like currency" for Percocet pain pills.

Cherylyn said she didn't panic.

"I remember being relieved, thinking, 'Oh, well that (pills) is something we could deal with,'" she said. "Little did I know there is no easy answer for it. That started us down that road."

THIS WAS DIFFERENT

Matt admitted he didn't realize what he was taking when he tried heroin for the first time. The drug was different, he explained to them. It could be snorted and smoked.

"He said that, if he had one moment to live over in his life, it would be that moment, and he would never have done it," she said.

Marcy doesn't know exactly when her son began using drugs or where he got a steady supply of them.

"Throughout high school, he seemed like a normal teenager," she said. "I now know he was doing a lot more drugs than we ever suspected, but he was able to hide it and function normally. Even when he was a full-blown addict, he was able to hold down a job and earned a (two-year) degree."

She recalls once, though, after her husband had surgery and noticed his pain medicine was missing.

"Matt said he had no idea," she said. "Years later, when we knew the story, he admitted he took them. They really become very masterful liars. They have to learn to manipulate people to get what they need."

Matt's life after his first use of heroin became a see-saw of recovery and relapse. For months, he could kick the habit. Then he would fall back into the cycle of addiction, stealing, lying and using.

"He would feel so guilty about what he was doing and stealing from us that he would want to do more drugs to get rid of the guilt," she said. "He would just fall into this downward spiral that was hard to get out of."

SEARCHING FOR HELP

The Middletown family researched every possible treatment and tried them all, she said.

Matt went to an inpatient rehabilitation

facility in Connecticut, but relapsed shortly after returning home. He attended at least two outpatient rehabilitation programs, had a Naltraxone pellet implanted in his arm to block heroin's effects and was put on a prescription medicine to thwart the cravings.

"None of these worked for very long," she said. His visits to methadone maintenance clinics, however, did help keep him from using.

She remembers one day watching as Matt made his way out of one of those clinics, following addicts who looked older, worn and weathered.

"Then out would come Matt, with his crew cut, wearing a golf shirt and cargo shorts, looking like a college prep kid," she said. He was one of the youngest at the clinic, going there six days a week, she said.

"I told him, 'You don't belong in there,' and he said, 'Yes, I do. I'm no different than any of these people.'"

Despite the pull of drugs, he was able to break from the pattern with the support of family and friends. In January 2008, Matt left his last inpatient treatment center.

"He was clean, and I felt I had my son back," she said. He had a girlfriend, his own apartment and a job he loved at a landscape nursery.

Then came a day when Marcy knew Matt had to be up early. So she called him. The sinking feeling in her stomach led her to his apartment.

"I was the one who found him," she said.

SAYING GOODBYE

Marcy discovered Matt's lifeless body in his apartment on the morning of May 28, 2008. She reflected on that day on a website that she helped create to make the public aware of heroin's often fatal grip.

"I found him ... sitting on his couch looking as if he had just dozed off," she said. "People tell me they are sorry that I had to be the one to find him, but I feel lucky that I got to spend time with him, holding his hand, touching his beautiful face, and saying goodbye."

While they couldn't save their son, Cherylyn Marcy and her husband, Steve Marcy, want other parents to know what she didn't — that heroin is cheap and accessible in the suburbs and that it triggers a lifelong disease that deserves more attention than it is getting.

Secrets continued on next page

Secrets continued

"When I talk to other parents, the stories are heartbreakingly similar," she said. "Once it has a grip on them, they really lose control. You want to shake them and say 'stop,' but they can't; there are changes in their brain that have taken place, and it's not just a matter of willpower."

Hundreds of friends and loved ones showed up for Matt's funeral, said Marcy, who was touched that a group of close friends planted a tree in his memory on the first birthday after he died.

"Bless his heart, he always had dreams of having a normal life, recovering from this, getting married and having children," she said. "He was a hardworking kid with a good work ethic. He really could have been very successful. This was not the picture of

what people have in mind of what a heroin addict is.

"As his mom, I can't help but think that I should have been able to save him and perhaps if I had known then what I know now, I could have," Cherylyn said. "For him to never realize his dreams is so heartbreaking. ... Once hooked, the addict faces a battle that they too often lose and even if they win, they are destined to fight it every day of their lives."

REACHING OUT

Marcy doesn't want families to feel shameful or alone. She is a member of Hope for Addiction, a foundation she hopes will serve as a resource for the parents of children and adults who are going through any stage of the addiction spectrum.

"I remember I didn't want to tell anybody,"

she said. "I thought they would think so poorly of Matt and look at us and think, 'What kind of parents are you?' It was embarrassing. I was afraid to tell anyone about it."

After Matt died and Marcy shared his story, others came forward and opened up about someone they knew who was addicted. Today, Marcy shares Matt's story to raise awareness.

"Our hope is that, through this foundation, we can broaden awareness, educate others and fund research on addiction so that we can save other young people from ever starting down this terrible road and give them the chance they deserve to fulfill their hopes and dreams."

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'Shedding the stigma'

May 28, 2013

To keep a daughter's disease a secret was never an option for one family whose worst fears were realized.

By MARION CALLAHAN
STAFF WRITER

Anna Louise Straw's obituary didn't read like so many other death notices for young people.

The cause of the 19-year-old girl's death wasn't vague or obscured by the words, "died suddenly."

Despite the pain that came with crafting the short reflection on Anna's life, telling the truth was necessary, Anna's mother, Jane, said.

So after words describing Anna's love for music, cooking, art and fashion, came the words describing her addiction to heroin: "The last six months of Anna's life were a struggle for her as she was pulled into drug use that very quickly spiraled down into tragedy, despite her efforts to find her way out because of her deep love for her family and friends."

The Straw family lost Anna to addiction on Nov. 9, 2012, but her folks refused to give in to the stigma that shames so many families into silence when a loved one loses the battle with drugs.

"I also wrote it the way I did, honestly and lovingly, because I loved my daughter absolutely, completely," she said. "My love was not lessened in any way by what she went through, and I was, in fact, proud of her for being honest about it and for trying hard to manage it. I needed people to see that, to know that she (and others by extension) was no less lovable or deserving of respect because of her challenges, regardless of how those challenges may have come about."

Anna's parents said there should be nothing secret about heroin in the suburbs and about the availability of heroin in the tight-knit community of Perkasio, a place where Anna could easily access prescription pills and heroin.

"They (teens) didn't need to go to the city; they found it here," she said.

Now, instead of embracing her daughter with a hug each evening, Jane lights a candle beside Anna's senior high school photo, surrounded by yellow daffodils, white lights and a ceramic angel figurine.

SHARING A MESSAGE

Hope is what opens Jane's heart, emboldening her to share Anna's story.

"If it could save one life, if it could prevent one mother from going through all of this, it's all worth it."

Curiosity, Jane said, is what she believes drove Anna to try drugs.

Anna, a 2011 graduate of Pennridge High School, wasn't sure what she wanted to do when she finished high school, but she knew she didn't want to travel far from home.

"She was a homebody, very close to her family and didn't want to be far from us," said her mother, adding that she shared a very close and honest relationship with Anna. She loved fashion and the arts and talked about going to cosmetology school. Because she was dual-enrolled in Bucks County Community College during high school, Anna graduated with more than a semester of college credits.

Drugs derailed her schooling and her career plans, Jane said.

Shortly after graduation, Anna tried Percocet, a prescription painkiller that friends gave her. The drug quickly changed her life. Again, curiosity and the yearning to find a cheaper drug led her down an eerily familiar path for users — the road to heroin. In a matter of weeks, she made the jump from pills to heroin.

A few weeks later, one of Anna's friends nearly overdosed. Anna and her friend became frightened and they tried to stop. That's when Jane, Anna's mother, spotted the withdrawal signs: "They felt agitated, their bodies hurt and they became sick. It looked like an opiate addiction. But what mother thinks 'heroin'?"

Stigma continued on next page

Stigma continued

Jane recalls sitting on the sofa — the same sofa she and Anna cuddled on nearly every Sunday — listening as her daughter revealed her addiction.

“But I still can’t explain the shift that happened in her head that enabled her to take that first step to try it,” Straw said.

Jane raised both her children to understand the dangers of drug use, and through role-playing, taught them how to avoid caving in to peer pressure. Jane said heroin terrified Anna.

“She didn’t want this to be her life, and she wanted to fix it,” she said. “Once she began, she didn’t know how.”

After checking herself into her first rehabilitation center, Anna signed out after only two weeks. The cycle of rehabilitation stints and relapses continued for months.

“There was this intense sorrow that she was going through this, this grief over the loss of her innocence,” Jane said. “We knew and she knew this would be a lifelong challenge. There was grief about her going through life with this new burden and a lot of sorrow.”

An overwhelming anxiety about her ability to successfully fight this disease weighed on the minds of Anna’s parents every day.

“In rehab, I knew she was safe, and I could breathe. From the moment she was out of rehab, every day I had to make an active decision to go to work,” Jane said. “I wanted to stay home and keep her in my sights all the time.”

DIFFICULT DECISION

But when the drugs came first, Anna was given an ultimatum: “We told her, ‘If you are using, you are not welcome in the house.’ We had to make the price of using unac-

ceptable to her. We knew the only way she would stop and be able to do the very hard work of managing it was if there was strong enough motivation.”

Anna then went to stay with a friend. After a stretch of sobriety, Anna was allowed back into her family’s home. She was clean and prepared to get a job.

One Friday in November 2012, Anna was dressed nicely and ready to go job hunting, her father said. That night, she didn’t return home. The next day, she didn’t return phone calls or texts from family or friends.

“We knew something was wrong and we filed a missing person’s report; by Monday we were pretty frantic,” Jane said.

On Thursday, minutes before Jane was ready to head out to Bristol Township, one of the known places Anna went to use drugs, the family heard a knock on the door. It was a police officer with news that Anna had been found dead in a parked car, overdosed on heroin.

“After you lose them, you can put yourself through the ‘would have, could have, should have,’ but we always told her, ‘We love you, we have faith and hope in you, but you are ultimately responsible for your actions.’ A huge struggle is allowing them to be responsible for their death when it’s our job to keep our children safe.”

As a parent, it’s difficult to resist the guilt.

“The guilt and self-blame, I see it so much,” Jane said. “It’s worse for mothers. We’re the ones who are supposed to kiss their boo-boos and make everything better.”

Now, instead of kissing Anna goodnight, Jane reaches for Anna’s American Girl Doll, Molly, the one she gave her for her sixth birthday, the doll that Anna knew was a big responsibility, a big gift.

Responsibility, Jane said, was a value

that she knows her daughter understood — even from a very young age. But the disease had a tight grip on Anna’s life.

“I went through a bad time, thinking I should have done something different, something more, something better,” she said. “These were her decisions. They were heartbreaking and self-destructive, but they were also destructive to us. She hated herself for that.”

Anna’s father, Stephen Straw, said this was never the life Anna wanted.

“This was a kid who had good grades, bright, a well-loved child who just succumbed to drugs,” he said. “Even given all the tools and all the advantages of a good health insurance plan, she just couldn’t do it. She had everything that should have helped, but it just didn’t.”

To keep her disease a secret was never an option.

“We were never truly embarrassed that she was having a problem with drug addiction; to put it in the obituary seemed like the right thing to do,” he said.

Though many people who showed up at Anna’s funeral were teens his daughter’s age, Stephen and Jane hoped that the obituary reached parents in the community as well. They also hope the truth might play a small part in shedding that stigma that so often distances parents from the idea that drugs could infiltrate their families.

So often, Jane said, people think this is a disease that affects “others.”

“But we are not ‘others’; we’re your next door neighbor, the same hardworking, conscientious parents. We are like you.”

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Warning Signs

If you’re concerned that someone might have an addiction, look for signs as well as symptoms. These signs occur across many — but not necessarily all — addictions.

- Extreme mood changes — happy, sad, excited, anxious, etc. Addicts are prone to stretches of hyper-alertness followed by long periods of sleep.
- Personal hygiene falls, along with performance at school or work.
- The person sleeps a lot more or a lot less than usual — or at different times of day or night.

- There is a noticeable weight loss or weight gain.
- There are unexpected and persistent coughs or sniffles.
- The person seems unwell at some times and better at other times.
- The pupils of the eyes seem smaller or larger than usual.
- He/she is secretive, lies and/or steals.
- The person may have large amounts of cash at times, but no money at all at other times.
- Social groups have changed; friends are

new and unusual; cellphone conversations sound odd.

- There are repeated unexplained outings, often with a sense of urgency.
- You see drug paraphernalia such as unusual pipes, cigarette papers, small weighing scales, etc.
- You find “stash” of drugs, often in small plastic, paper or foil packages. Missing shoelaces, burned straws and spoons, and non-medical syringes and needles are commonly used to shoot, snort or smoke heroin.

— Penn Foundation Recovery Center, West Rockhill

Addiction 'tears the family apart'

May 28, 2013

Substance abuse causes families to do many things, including unintentionally enabling the user.

By **MARION CALLAHAN**
STAFF WRITER

"It's not your fault."

"It's not your fault."

"You're not responsible for your loved one's addiction."

Heads lowered. Tears filled the eyes of one woman. Another man, the father of a heroin addict, nodded in agreement.

Sister Mary Julia McKenzie repeated this message to those circled around her during a Penn Foundation educational meeting aimed at giving families tools to help them cope with the addict in their family.

She spoke of the fears that resonated with the group:

"When you turn the lock with your key, how many of you are uncertain of what you'll find on the other side of the door?"

A few hands went up.

"How many feel that if you don't let them come home, they will die?"

Nearly all hands were raised. The people attending the meeting at the treatment center in West Rockhill shared the commonalities of their struggles, grappling with the questions that McKenzie presented: "What's the difference between enabling and supporting? How do you know when to allow an addict to move back home?"

She said guilt is one of the major ingredients to enabling.

"We need to make sure we're not accepting consequences for them," McKenzie said. "If there are no consequences for one's behavior, there is no reason to change it."

Addiction, she said, is a disease of isolation — not just for the chemically addicted individual, but for the family, too.

"People call our children junkies and felons and everyone wants to know 'Where were you when this was going on?' We keep this family disease — the family secret because of misguided feelings of guilt and shame. We need to speak out if we intend to end the isolation and educate the public — maybe saving someone else's life as well."

'MOP AND BROOM THEORY'

Livengrin family therapist Dana Cohen, who held a similar meeting one recent Saturday, echoed McKenzie's message: "This is a family disease."

"You see their loss of control, their powerlessness," Cohen said. "Cleaning up messes is one of the examples of enabling behavior."

Other enabling acts, she said, include providing financial support, making excuses for loved ones' behaviors and even ignoring their problems.

"It really comes down to helping yourself. You are relieving your anxiety and guilt and you are justifying it as love. It is giving you this false idea of control," she said. "We are just as good at justifying our enabling behavior as they are at justifying their (addictive) behavior. You become addicted to them."

Using a "mop and broom theory," Cohen showed attendees they can't hold both when cleaning up addicts' figurative and actual messes.

"It's up to them to clean up," she said. "They are empowered when you give them a mop and broom. Or you can say, 'You take the mop, I'll take the broom. We're a family.' If they walk out and I'm holding both, I'm enabling."

Rather than paying for loved ones' debts and lawyers, Cohen added, family members can tell their addicted child to do work around the house to earn money for those purposes.

"Let the legal system do what it needs to do," she said. "If they know you're going to come in and clean up their messes, they have no reason to change."

But drawing boundary lines is heartbreaking for families, including some who find themselves faced with decisions they once prayed they'd never have to make.

Jim, who didn't want to disclose his last name, has an 18-year-old daughter who is addicted to heroin and has been arrested three times for stealing to support her habit. The toll his daughter's addiction has taken on his family's lives has been exhausting, he said.

"I'm angry and upset; I take vacation days to go and pick her up from jail," Jim said about his daughter, who was arrested twice in Bucks County for theft. "We had her in three or four rehabs and she walked out of

half of them. In the back of my mind, I wonder whether we're wasting time and money. It just tears the family apart."

AFTER ROCK BOTTOM

Right now, his daughter says she's clean.

"Been clean for two months, but I don't know what I'll do if she falls again," he said in a phone interview. "I was told the best thing you can do is let them hit rock bottom. But at rock bottom, they're dead. If you leave them out there, will you ever see them again? I don't know."

One day, he learned his daughter had been kicked out of a halfway house in Bristol and was sleeping on the streets of Philadelphia. When a police officer woke her up, she went into an abandoned building to sleep.

After six weeks away from her Maryland home, she returned with promises: "She told us: 'I'll do anything. I don't have any food or friends. I'm on the street. Please let me go to rehab.' The next thing you know, she's back on the drugs again. We wouldn't put up with this unless we cared for her."

Jim is now torn about what will happen if she takes another fall. "We can't take her back into the house," he said.

Jim wished he would have made the tougher calls before she started shooting heroin, when he first learned she was addicted to the painkiller OxyContin. He caught his daughter with pills when she was 15.

"But we didn't know she was crushing them up and snorting them," he said. Pills became too expensive for his daughter to afford, and she turned to heroin, another drug she could snort and get a similar morphine-like high.

"They go to heroin and get the high for one-tenth of the price," Jim said. "Then their nose starts to burn, they start to shoot it, and they're done. If we would have known the pills would lead her where it did, we would have put her in rehab sooner."

Jim slowly watched his daughter transform into a different person, a person who would steal from her parents and others coming into their home.

"At one point, we were close to calling the cops, because I'd rather see her in jail than on the streets," he said.

In December, his daughter was arrested

Addiction continued on next page

Addiction continued

for retail theft after stealing \$117 worth of batteries and razors from a Middletown market.

"Honestly, I was glad when she was locked up," he said. "This way I knew she'd go 30 to 60 days without drugs."

Jim never expected he would long for prison time for his daughter. But time in a cell meant time away from drugs.

TOUGH DECISION

Eileen Smith of Buckingham understands this perspective firsthand.

She called the police one day when she suspected her son Joseph had gone to school at Central Bucks East high on heroin.

She said it was one of the toughest decisions she has made as a mother coping with a child addicted to heroin. Though Joseph had just gotten out of a rehabilitation center, she had a sinking feeling when he left for school one morning. Then Smith got a text from one of her son's friends who spotted him in the hallway. He was high.

"I thought, 'What if he got in his car and hurt someone else?' I had to do this," Smith said. "I had to call his probation officer; I had to realize I couldn't do this on my own anymore. He would get sick, hurt someone, or die."

The probation officer met Smith at the school, where Joseph admitted using heroin and breaking the terms of his probation. Joseph was sent to a juvenile detention center and then to Today Inc., a rehabilitation center in Newtown.

She recalls him sitting at the conference table at the school, sobbing.

"Of course, I wanted him home, but I was petrified for his life, that he would relapse and my fear was finding him dead."

At home, it was too tempting to trust her son, she said. "I wanted to trust him every minute he told me, 'I'm OK. Nothing happened.'"

She'd heard those words before: the night Joseph passed out in his sister's arms at home; the night he told his parents he was clean. Not long after that, his parents picked up him from the police station, where police had frisked him after he was pulled over.

"He had (heroin) taped to his groin, and

when he was home, he snorted another line," Smith said.

Smith saw her son's lips turn blue. He couldn't stand up. He could barely talk or stay awake, Smith said.

"He kept nodding out, and my husband started smacking him on the face to wake him up. My daughter was pumping his chest, tapping his face and trying to help him to breath the entire way to the hospital," she said. "The rest of the night, they were just trying to keep him alive."

Smith said it didn't sink in until the next day that Joseph had overdosed. He survived and then went to a rehab center.

PICKING UP SIGNS

The days Joseph was in rehab were the only days Smith could sleep through the night.

"When he was home and I heard the slightest noise, I couldn't help but wonder: Is he downstairs going through my purse? Was he going through the cabinets? He was that desperate. It was a crazy rollercoaster."

Smith came to a point when she began sleeping with her purse.

"I struggle with it every day: How did I not see this coming? There are a few signs (anger and irritability) I should have picked up, but deep down you don't want to believe your child is that drug addict. You try to keep a lid on it, keep it away from your house and family, but you can't be with them 24-7," Smith said.

"It just took a text message or a phone call and you were hooked up in no time," she said. "That, I didn't see coming. And that reality hit us like a brick wall. Soon, I was on his back every minute."

She tried to take Joseph everywhere she went. She took away his phone, restricted his computer use and tried to keep him supervised at all times.

"One day, I ran out to get gas and I came home and saw him walking out of my neighbor's house with eight or 10 Excedrins," she said. "It was a nightmare."

"All the money he had saved up since he was 12 was gone; that drug overtakes you."

During his second stint in an inpatient rehabilitation center, Joseph slowly began to realize what he had done to his friends

and his family.

"My family was beyond upset," said Joseph, now 19. "I can't even describe it. They were always there for me. They still cared and loved me. I had already lost a lot of friends. I expected to lose everyone."

At the time, Joseph was 18 and placed in a program with adults who had been through rehab dozens of times.

"Some of them had spent hundreds of thousands on drugs, lost their homes and were at the bottom," Joseph said. "They all wanted me to get it and not be where they are in 10 years."

A SOBER LIFE

Joseph is now back home, and has been sober for more than a year, though his mother still keeps a cautious eye on him. He earned enough credits to graduate from high school in 2012 and now attends Bucks Community College.

Since he lost his driver's license, Smith continues to drive him around.

"He's doing terrific now, but to this day, when I have a gut feeling, I'm going to ask about it," said Smith, who doesn't work outside the home so she can shuttle her son back and forth between school and work. "You can't ever get comfortable, but you can get past a certain point."

"You can't point fingers. It's not about who made him try it, who brought it around," she said. "That doesn't matter anymore. The point is, he got hooked and he got off it. Now the focus is on saving his life. These are our kids and they deserve a second chance."

For Eileen Smith, letting go isn't easy. And neither is achieving a sense of normalcy.

"I still don't leave the state to visit family without him; it will take time," she said. "Baby steps. Baby steps."

Navigating her role, though, is still difficult, but she knows that ultimately the toughest choices are up to her son.

Freelancer Vic Monaco contributed to this report.

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You can't 'just stop' a disease

May 29, 2013

Believing that quitting drugs was a matter of willpower, friends and family begged one addict to "just stop it."

By **MARION CALLAHAN**
STAFF WRITER

Jackie Calkins isn't embarrassed to admit she loved drugs.

"I don't glorify drugs," said Calkins, a graduate of Conwell-Egan Catholic High School. "They ruined my life."

But the 21-year-old Newtown woman, who now wears a confident smile and is pursuing a career in retail, refuses to soften her words when it comes to the damaging effects of alcohol, marijuana or prescription pills — all substances she once tried to rationalize as harmless.

Nearly two years ago, she couldn't imagine a day without heroin. Today, she knows why.

"I had a disease," said Calkins, who learned through treatment about her addiction and the neurological forces that kept drawing her back to alcohol and drugs even when she wanted to get better.

Believing that quitting was a matter of willpower, friends and family begged Jackie to "just stop it."

"I just physically and mentally couldn't," she said. "People don't want cancer; they get it. Well, people don't want to be an addict either."

AT THE START

Dr. Ruben Baler, health science administrator for the National Institute on Drug Abuse, said addiction starts with a voluntary behavior of trying a drug, but then quickly shifts from an impulsive behavior to a compulsive one.

NIDA reports that nearly 30 percent of those who try heroin become addicted. It also reports that an opiate habit can form in one or two exposures to the drug — depending on the person's genetic predisposition for addiction. With regular heroin use, tolerance develops in which the user's physiological and psychological response to the drug decreases, and more heroin is needed to achieve the same intensity of effect.

"Eventually, drug use leads to something that is nearly uncontrollable as the brain

seeks something that no longer brings pleasure," Baler said. "They take it just to feel normal. We've never encountered an addict who wanted to become an addict. It really changes the brain."

The drug targets the rewards center of the brain, causing a spike in levels of a brain chemical called dopamine, which results in feelings of pleasure. When some drugs are taken, they can release two to 10 times the amount of dopamine that natural rewards do. The brain remembers this pleasure, triggering cravings for it to be repeated.

The problem is that the brain isn't wired to handle the intense high that drugs give, NIDA reports. With repeated use of these drugs, their ability to generate a sense of pleasure decreases.

"Just as we turn down the volume on a radio that is too loud, the brain adjusts to the overwhelming surges in dopamine (and other neurotransmitters) by producing less dopamine or by reducing the number of receptors that can receive signals," NIDA reports. "As a result, dopamine's impact on the reward circuit of a drug abuser's brain can become abnormally low. ... This is why the abuser eventually feels flat, lifeless and depressed, and is unable to enjoy things that previously brought them pleasure."

At the same time, drug use weakens the prefrontal cortex, an undeveloped part of the teenage brain that controls decision-making. Drug abuse can disrupt brain function in this and other areas critical to motivation, memory, learning, judgment and behavior control, Baler said.

"This is one of the major reasons why drug users fall prey to urges; they are now governed by a drive in the more primitive part of the brain," he said. "On one hand, the memory of the drug experience becomes magnified, driving people to seek it again and again."

Yet, Baler said, that repeated drug use also disrupts the areas that guide appropriate behaviors.

"Addiction is a disease, a dysfunction of the brain, and that should frame our expectations of those trying to recover," he said. "It's not a character failure; it's an operational failure of the brain."

Last summer, Gil Kerlikowske, director of the Office of National Drug Control Policy and President Obama's top adviser on drug policy, announced in a speech at the Betty Ford Center in Rancho Mirage: "Addiction is not a moral failing on the part of the individ-

ual. It's a chronic disease of the brain that can be treated."

According to a study published by Baler and NIDA Director Dr. Nora Volkow, people working at recovery are up against several obstacles, including altered brains, strong drug-related memories and diminished impulse control. Because of this, relapses are common, happening at rates similar to the relapse rates for other well-known chronic medical illnesses such as diabetes, hypertension and asthma, the study said.

ROAD TO RELAPSE

Still, despite the odds, Bruce and Ginny Murray had every reason to hope.

On New Year's Day 2012, the couple stood in the foyer of their Abington home, uniting in celebration with a high five. They reflected on a year when their son Alex Murray took up carpentry, crafted handmade guitars and earned enough money to get his own apartment.

The prior year, 2011, was a big one, marking months of sobriety under his belt. After several years of being addicted to heroin, which landed him in and out of rehab clinics, kicked out of several halfway houses, and eventually homeless on the streets, Alex had come back to his family. Clean.

Never comfortable or complacent, the Murrays stayed watchful, though optimistic. They knew their son's old demons were lurking below the surface, but prayed his will to stay drugfree would prevail over his will to use. But they had learned that living on the brink of a relapse is part of the disease of addiction that afflicts not only the addict, but families, too.

After several months of being clean, Alex relapsed the day after Father's Day. His mother discovered him dead in his apartment.

"We learned quickly that relapse tends to be repetitive and an unfortunate part of the process of addiction," said Murray. "We had to accept that relapse can happen after recovery, even for people who have been clean five, 10 or 20 years."

Murray wasn't surprised at a NIDA report, which shows that relapse rates range from 60 percent to 90 percent in the first year of sobriety.

Baler agrees that relapses are part of the addiction process, so any treatment approach has to recognize this. Research shows that combining treatment medica-

Disease continued on next page

Deaths continued

tions with behavioral therapy is the best way to ensure success. He recommends a multifaceted approach to treatment that includes learning new behavioral skills and avoiding obvious triggers that lure one back into chronic use.

The medicine, Suboxone, for example, helped reduce cravings for Calkins, but she knew other lifestyle changes were even more critical for her recovery.

Calkins knows that any drug or alcoholic drink could trigger a relapse, and she refuses to expose herself to any situation that would weaken her resolve.

"The phenomenon of this craving creates a total change in me," she said. "If I were to drink or use, there would be no stopping me. That's how I know it's a disease."

SMALL STEPS

She cautions students, parents, others struggling with addiction to understand what she didn't: "All" drugs are dangerous. She tells her story as a warning, hoping others don't have to travel the rocky path that nearly killed her.

She points to her first drink, a moment that was pivotal in her life. She was just 15.

"I didn't even know what drunk was," she recalls. "I was so oblivious. I loved the idea of being outgoing. It was easy to act open and free."

After alcohol, she popped the anti-anxiety pills Xanax, then painkillers and eventually heroin: "I turned to anything that could get me out of myself."

But Calkins didn't just drink for a buzz or

to loosen up socially. She drank until she blacked out. She consumed drugs until she passed out.

Her addictions led her down a scary path. Once addicted, she wanted relief just to feel "normal," and the bridge from oxycodone to heroin became an easy one to cross. She could pick up pills and heroin locally in Bucks County. But, after she built up a tolerance to heroin and needed more to maintain the same high, it was cheaper to buy in bulk in Philadelphia.

She recalled making trips to meet dealers in the city's Kensington neighborhood, also known as the Badlands. She would sit in the car, while her friend made the exchange. Clutching a knife, the 100-pound girl would wait.

"It was terrifying — absolutely terrifying," she recalled.

Even worse, she said, were the awful things she did to the people she loved. She convinced her boyfriend at the time to take money out of his trust fund to pay for drugs.

"I manipulated, lied and made it seem like it was OK," she said. "There are so many low points."

At the height of her addiction, her parents forced her into an inpatient treatment program. She thought she was going for a few weeks; she stayed for four months. There, she learned about the disease of addiction, she said.

MOVING FORWARD

Understanding the science of her sickness helped erase some of the shame she felt.

Still, the fight she wages against the disease is a daily battle. She reflected on

what she learned in treatment and through a 12-step program that she said saved her.

"Treatment taught me about triggers — what to stay away from — the people, places and things," she said.

Early in her recovery, she avoided straws because they reminded her of the tools she would use to snort drugs. She also avoided cash, which she equated to bags of heroin she would once buy.

"I hated cash for a while; it seems so minuscule, but these are the things you have to avoid," said Calkins, who also avoided contact with her ex-boyfriend, who was the person who initially introduced her to opiates. "And alcohol? I don't want to even smell it. My brain wants to justify it. This disease is waiting for you to slip."

Calkins admits she almost relapsed, then turned to a network of supportive peers who knew her struggle.

"It's demoralizing to be so close to relapsing, but when you feel like that, you share your feelings with people who understand, and they will carry you," she said.

Now, she said, her life is too good to return to drugs. Today, Calkins does "a lot of praying, and a lot of trusting in a higher power."

Her parents' eyes are evidence of how far she's come.

"Just 18 months ago, my parents were looking at me with shame in their eyes; that's all changed. Now I can see in them how proud they are. It's enough to keep me going."

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New medicine offers hope for some addicts

May 29, 2013

By MARION CALLAHAN, LAURIE MASON SCHROEDER and MATT COUGHLIN
STAFF WRITER

There is no magic pill to cure addiction.

There is no one answer, no one-size-fits-all solution to opiate addiction.

But medical breakthroughs are saving lives, offering answers to people who thought they'd run out of choices, of places to go, of methods to try.

Amber was one of them. She'd lost count of how many detoxification and rehabilitation centers she passed through unsuccessful-

fully. Most won't take her back, she said.

Addicted to heroin since she was 15, Amber nearly gave up on recovery. Suffering from an abusive childhood, the Levittown native said she nearly gave up on life, too.

"I had accepted the fact that I would never get clean," she said. "I didn't know how to live life. I didn't know how to do anything, and I couldn't stay away from drugs long enough for anything to change."

But something happened the day she woke up in a Philadelphia motel room nearly too weak to walk.

"I was shooting up heroin and cocaine, and I felt my body shutting down. At that

moment, I didn't want to die. I began caring enough about my life to want to live. I haven't looked back since then."

Amber went to Bensalem's Livengrin, an addiction treatment center where doctors put her on Soboxone to wean her off heroin. Though the drug reduced her cravings, she said Soboxone was still a drug that she felt dependent upon — one that still left her in a "fog."

She wanted something different. She then learned about Vivitrol, a monthly injection of naltrexone that blocks the euphoric and pain-relieving effects of heroin and

Medicine continued on next page

Medicine continued

most other opioids. She had to go through detoxification first to make sure she was opiate-free before starting naltrexone.

Amber was drawn to this type of medication-assisted treatment because it doesn't have addictive properties, doesn't trigger physical dependence and you don't develop a tolerance to it.

"Vivitrol blocks the rewards the drugs would give someone," said Alicia Gillespie, a rehabilitation specialist for Rehabilitation and Occupational Specialists in Levittown.

But Vivitrol isn't cheap. Each monthly injection can cost up to \$1,000, though many insurance plans cover at least part of the cost. The drug's maker also offers a discount plan for eligible persons.

Amber knew other medications, such as Suboxone and methadone treatments, wouldn't remove dependency on opiates, though they have helped others break out of the grip of heroin. Plus, Suboxone is a narcotic and can be sold on the streets for \$10 or more a pop to anyone wanting to avoid withdrawal symptoms. The seller can then use that money to buy heroin, defeating the purpose of the treatment plan.

Methadone treatment raises concerns also. The state's recently created Department of Drug and Alcohol Programs in April started looking into the frequency of methadone deaths. Experts have said that methadone is often found in the blood of a fatal overdose victim who has relapsed. The combination of the methadone and the opioids overloads their system, resulting in death.

More than 75 people have died as a result of a drug overdose involving methadone in Bucks County between 2007 and 2011, according to statistics provided by the coroner's office.

The National Council on Alcoholism and Drug Dependence says medications like methadone and suboxone are substitute drugs that are legal when properly obtained and do not produce a "high" or impair functioning. According to the council, "they do eliminate craving and drug-seeking for illegal or unauthorized opiate drugs."

Unlike methadone or Suboxone, Vivitrol is a non-narcotic and doesn't suppress withdrawal or cravings, she said. If she were to relapse, the drug would trigger withdrawal symptoms rather than feelings of euphoria.

"Did I want to use? Yes," Amber said. "But knowing I was on Vivitrol prevented that. I knew I would either be sick or it (heroin) wouldn't work."

Remembering the pain associated with withdrawal was enough of a deterrent.

"It's similar to having the flu, but 10 times worse," she said. "I remember feeling like I had broke every bone in my body."

Amber credits Vivitrol with getting her clean, but not for her recovery.

On the brink of relapse, Amber turned to the 12-step program, which exposed her to support groups and peers who had been through similar experiences.

"For me, I had to want to stay clean at a time when I wasn't sure there was a way out," she said. "Meetings and support helped me out of that life. Vivitrol helped keep me clean, but without changes in my life, I would have used again."

Gillespie said doctors who use Vivitrol try to wean people off the drug after a year, depending on the individual. Vivitrol was approved in October 2010 by the Food and Drug Administration for the treatment of opioid dependence.

Amber completed her shots in a year. Reflecting on that first injection, she gets emotional. She was desperate for a solution,

having failed to kick her heroin habit after more than 10 stints in rehabilitation clinics.

"This was really the last option for me," she said. "My life now is different than anything I could have imagined."

Since getting clean, she's earned her GED, bought a car and gotten a full-time job. Plus, her family is back in her life.

"Before, I had no goals and didn't see life beyond getting high," she said. "I was living like an animal almost."

It was like a big transition to join the human race again, to be in society and have conversations that weren't about drugs or getting more drugs."

Amber also takes pride in the responsibilities she shoulders — paying her bills on time, making her car payment and getting to work every day on time.

"I enjoy the simple things in life because I wasn't able to experience them or participate in them before," she said. "Being there for my family and for my little brother. I try to hold onto the moments I have with them today."

"People don't stay clean unless they want to. I got to a point I wanted it for myself. It's what's

kept me going — wanting more for myself, Amber added. "I'm gaining things from being clean — not materialistic things — the difference I feel inside is what keeps me going."

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Q & A: The disease of addiction

May 29, 2013

By **MARION CALLAHAN**
STAFF WRITER

Dr. Mark C. Wallen has been the medical director of the Livengrin Foundation for the past 12 years. He is board certified in psychiatry, addiction psychiatry and addiction medicine.

Q. Many parents, upon discovering that their child is addicted, express frustration that he or she cannot just “knock it off.” Can you explain how addiction becomes a physical dependence, not just a matter of will:

A. There is both a difference and correlation between a physical dependence and the biological changes that are the core foundation of chemical dependency disorders. As a person uses a substance, be it alcohol or certain drugs, over a period of time they are loading their brain cells with the substances. As a result, biochemical changes begin to take place inside the cells. Those changes can be the foundation for chemical dependency disorders. There are a number of symptoms; the hallmark is the compulsive craving to use.

Q. Can you describe this compulsive craving?

A. This craving is extremely intense, and can be perceived by the person as removing the sense of having a choice. It takes on an instinctive quality to it — that the brain must have the chemical just to function normally. The user develops a perception internally that they can suffer or die without the chemical — just like breathing, eating, etc.

We don't remark to ourselves, “Well, if I don't eat, I'll die.” It's just there, it's a part of our human makeup. Cravings can really be that strong and overpowering.

Q. Is there a misconception that one trip to a rehab clinic will “work?” Do you have any statistics that show just how frequent a heroin addict goes to rehab?

A. Addiction is a chronic disease. Once the disease has developed, it can be viewed in ways similar to how we look at hypertension, asthma or diabetes. One trip to a rehab clinic or treatment setting is just the initiation of care for a lifelong illness.

People don't become cured, but have to undertake a lifelong process of “managing” the disease so that a return to use of the drug does not occur. In the case of addiction, it's about learning relapse prevention

techniques. There are so many things that come into play — continuing involvement with treatment professionals, support groups and relationships. The central key is lifestyle changes.

Q. People say addiction is a lifelong battle. Why?

A. As with any chronic medical condition, a person must address this on a lifelong basis. One must be on the alert for warning signs that they might be putting themselves at risk for relapsing. What doesn't go away is a underlying brain sensitization process that stays with the person for life because, simply, that's how our brain and body work. Once you develop the disease, you have it.

Q. What is the danger in relapsing after a longer stretch of staying clean?

A. Physical dependence can involve developing a tolerance to the effects and possible toxic reactions to substances. In the case of opiates, as an example, once the person stops using for a period of time they lose their tolerance to the opiates. If they try to use once again at the amount they had previously been using prior to stopping usage (i.e. by being involved in treatment), this can result in an overdose because the brain and body cannot handle it.

Many people think they can experiment with substances once they have initially completed treatment, to test themselves by trying a small amount of substance. But once they get the chemical back into the system, this activates the compulsive craving and the person then tends to rapidly return to their prior previous pattern of usage.

Q. Describe why the risk is greater.

A. So the person who uses the drug again at the previous high level “just one time” can end up in an overdose. Hitting that high mark again is very disturbing to the body, and it can be fatal. For a return at a smaller level, this leads to the brain re-activating the craving, and that in itself usually leads to continued progressive use. Relapse with any drug leads to the return of the low-functioning state. There is no such thing as saying, “I know I was off drugs, but just this one time for the party won't hurt me because I'm clean now’.

Q. What do you think most people don't understand that could put addiction in perspective for the average person?

A. A basic truth that has to be accepted by the patient and also, especially, the

people around them — the family, employers, friends — is that it's a biological disease, not just a lack of morals or low will power. As a biological illness, it has to be addressed from a medical perspective, with well-identified and successful treatment approaches.

Q. Is there any context you can provide on why heroin is such a natural progression after OxyContin use?

A. This situation in society is coming about primarily because heroin is cheaper and more available for misuse than prescription drugs. OxyContin and other prescription opiates can be available in a parents' medicine cabinet, or may be passed around between young people because someone got their hands on it. As time goes on and a person's usage begins to escalate, it becomes increasingly expensive.

Once heroin use begins, many individuals find the euphoria to be at a more intense level than they might have gotten with the pills that preceded it. They perceive the heroin high as more rapid, intense and pleasurable — which promotes ongoing utilization of it.

Many preparations of OxyContin have been taken off the market in the U.S. Abusers have therefore switched to other opiate medications (i.e. Percocet), which contain the same active ingredient as OxyContin (oxycodone). Vicodin (which contains the opiate hydrocodone) is another commonly abused opiate painkiller.

Q. Are some people more predisposed to addiction?

A. Some people may be genetically predisposed to attaining a greater high from the agent as compared to other people. This phenomenon can affect anyone, with any kind of drug or alcohol. This is why a person who is genetically predisposed can become addicted very quickly after a long binge with drinking, even though they'd hardly ever touched alcohol previously. Or someone taking prescription pills for a few months to recover from back pain after an accident realizes not only that they like how the drug makes them feel; now they've developed a sense that they must have the drug to get through the day just to feel normal.

Heroin series comes to end, but discussion just starting

May 30, 2013

By **THERESA HEGEL**
STAFF WRITER

It was one of the hardest decisions Bruce Murray ever made.

His son Alex, a heroin addict, was being thrown out of the latest in a string of recovery houses after he was caught using drugs. He called his father, asking to be picked up and taken home.

It was February. A snowstorm was coming. Murray said no.

"That was probably the toughest moment in my life, telling him no and really meaning it and sticking to it," he told a rapt audience of close to 350 on Wednesday night at Holicong Middle School in Buckingham.

Murray, who lost Alex in June to an overdose, was one of five panelists at The Intelligencer and Bucks County Courier Times' town hall discussion on heroin and other opiate drugs. It was an opportunity for the public to ask questions about drug abuse and prevention, capping off the newspaper's five-day, in-depth investigation into a problem that is pervading our community.

Also on the panel were 21-year-old Jackie Calkins, a recovering addict who lives in Newtown; Bucks County District Attorney Dave Heckler; David Fialko, prevention specialist at the Council of Southeast Pennsylvania; and Dr. Mark C. Wallen, medical director of the Livengrin Foundation.

The audience asked questions ranging from the warning signs about drug use to whether police and schools are doing enough to combat the problem.

Calkins rattled off a long list of street lingo for various drugs — wet, jawns, perks, thriller, diesel, tar — and told parents to look for paraphernalia like baggies, straws and disassembled pens.

Ultimately, however, you can only see the

warning signs if you are willing to look, she said.

"My family was oblivious, and they didn't want to believe it," she said of her drug use. "I just used wherever and whenever I wanted to. I would just leave. I would just up and go."

One questioner pondered why high-level drug dealers weren't being sentenced to life or even executed "for killing our kids."

Heckler fielded that question: "Personally, that would be fine with me. As a snap response, it sounds good."

Legally, the problem is that even for murderers, the death sentence doesn't mean death, but years of new trials, which are expensive and time-consuming, he said.

Instead, Heckler said, he prefers to try for long sentences for high-level drug dealers to get them caged and out of the supply chain.

"I see people who sell drugs as parasites ... who are choosing to trade in the misery of other people for profit," he said.

Another questioner wanted to know how to get schools to acknowledge and address the drug problem.

Fialko, the prevention specialist, noted many districts in the region that aren't hiding from the problem, such as New Hope-Solebury, which recently did a survey that highlighted students' drug use.

That district is working with a coalition to address the drug issue. He recommended parents and community members get together to form more coalitions to help schools identify their problems.

"It's a natural thing to be defensive, there are a lot of concerns that go along with having a bad reputation," Fialko said, citing lower property values and loss of government funding as two. "What's more important: our children's lives or these things?"

Murray said he would like to see changes to the federal health information privacy act,

HIPAA, that might make it easier for parents to find out a college-age child is using drugs.

Sometimes schools have their hands tied, but I think HIPAA becomes a crutch that schools hide behind, so they don't have to deal with it," he said.

All panelists stressed the importance of ongoing treatment for recovering addicts and building a support system for them and their families.

According to Wallen, of Livengrin, there are three things that research has proven to help a person manage the disease of addiction: maintaining treatment with professionals, becoming involved in a community-based program and making lifestyle changes.

Of the last, he said: "That probably is not easy for anybody, but I think it's especially difficult for adolescents."

Calkins praised the 12-step program that has helped her maintain her sobriety.

"I can't even tell you how amazing my life is today from what it was two years ago," she said to a roar of applause.

Though Wednesday's town hall meeting marks the final installment of The Intelligencer and Courier Times' series on heroin and opiate abuse, it's not the last word on the drug problem in our towns.

"One of the things our newspapers believe strongly in is supporting the community and starting a conversation," said Pat Walker, executive editor of The Intelligencer and Bucks County Courier Times. "The goal of the project is to get people talking."

Not all of people's questions have been answered; not everyone's stories have been told. With your help, The Intelligencer and Courier Times plan to continue coverage of this important issue.

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\$2.00 SUNDAY, APRIL 17, 2016

Special Report

RECOVERY ROAD

An in-depth look at recovery houses

"You need to have proper houses. I'd like to see rules in place so people have a home, not just a place to sleep."

Esther McDonald, recovery house owner



Tonia DeFrancesco (upper right), 37, prays during a daily devotional at the Guiding Light Recovery House in Bristol Township.

BILL FRASER / PHOTOJOURNALIST

Recovery Road:

The journey for many begins in recovery houses

By MARION CALLAHAN, JO CINVARLIA and JENNY WAGNER
STAFF WRITERS

The women circled the kitchen table, folded their hands and lowered their heads. One by one, each shared words of inspiration during the regular morning devotional at the Guiding Light Recovery Home in Bristol Township.

"We carry a message of hope," resident Danielle Nilan, 28, said. "We all have our own stories, but we share one common issue."

That issue is recovery from addiction. After her most recent stint in a rehabilitation facility, returning home wasn't an option for Nilan, who's recovering from heroin addiction. She tried that path before, but it led her back to "people, places and things" that triggered relapses.

The Delaware County native wanted more than a roof over her head. She said she found it at Guiding Light, where she lived with eight other women also fighting for sobriety one day at a time. She had been referred to recovery houses in the past, but said the lack of structure, support and even cleanliness was hard to stomach.

Recovery houses are supposed to be places where those recovering from addiction can find a safe place to live, free of drugs and alcohol. Managers of well-run houses impose rules that require residents to attend support sessions, such as the Narcotics Anonymous 12-step program, do chores and abide by curfews.

But Nilan learned through experience that recovery houses have different standards, rules and levels of support — and there's no



A sign protesting a possible recovery house on Penn Lane sits on a lawn of a residence in Falls in December 2015.

BILL FRASER / PHOTOJOURNALIST

easy way to determine which ones offer what.

That lack of information also makes it hard for local and state officials to know much about recovery houses, including where they're located, who runs them and if they're providing safe and supportive environments for residents and the surrounding community.

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About the series

Sunday, Day 1: Lifesavers or community blight? When it comes to recovery houses, it depends who you ask. Who regulates these houses? Why and how we did the series.

Monday, Day 2: Bristol Township is a hub for recovery residences. Neighbors weigh in on these group homes. Oxford Houses have a different approach.

Tuesday, Day 3: What makes a recovery residence work well and how do you find a good one for yourself or a loved one? Bucks County Court has a unique relationship with a recovery house network.

Wednesday, Day 4: Spend a day with two recovery house residents. Helping ex-convicts in recovery to succeed. A mother shares the story of her son's overdose death.

Thursday, Day 5: Federal laws protect those in recovery from housing discrimination, but no laws govern recovery houses. Should they be regulated? How? Parents share stories of recovery gone fatally wrong.

Why we did the Recovery Road series

They fight for sobriety one step at a time. They are our family, our neighbors and our friends who have fallen to addiction, fought through treatment and reached out for shelter and support in one of the many recovery houses that have sprouted in neighborhoods in recent years.

Some homes offer safety and structure in sobriety, while others offer, well, no one knows.

The reason: Anyone in Pennsylvania can open a recovery house, including holding



companies and businesses that know nothing about the drug and alcohol treatment field. No training is mandated. No background checks are compulsory. No government oversight is required.

Recovery house rules vary widely — as does the enforcement of those rules.

Federal laws protect residents from housing discrimination, but those laws don't regulate how recovery houses operate.

For families seeking help for a loved one and

for the recovering addict seeking safety from drugs, finding the right recovery house is a process burdened with uncertainties.

For neighbors concerned about lack of supervision, overcrowding and other issues, there is no easy answer.

In this five-day series, we set out to shine a light on the recovery houses that share our neighborhoods and have become a crucial step for some people making the transition from addiction treatment back into the community.



73° Warm with plenty of sunshine. B3

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Inside today's Courier Times

Great Scott: 80 years after enlistment

Carroll Scott served in the Navy for 41 years.

By MATTHEW TURNER
STAFF WRITER

It was 80 years ago Friday when Carroll "Scotty" Scott enlisted in the Navy.

More than 30 people showed up Friday at the Chandler Hall Health Services nursing home in Newtown Township to celebrate the occasion. Many of them were veterans from the Veterans of Foreign War Post 6393 in Lower Makefield and American Legion Post 317 in Yardley.

Scott, 98, formerly of Middletown, joined the Navy on April 15, 1936, before the bombing of Pearl Harbor. He saw action in World War II in both the Atlantic and Pacific oceans aboard the USS Nicholas. After World War II, Scott transferred to the Navy Reserve and retired after 41 years in 1977 as a master chief. Friday's event was organized by VFW historian Mike Werner, who realized this week that Scott's anniversary was approaching.

"Eighty years ago," Werner said, "How many people can say that? I believe he may be possibly the last surviving master chief in

the pre-World War II Navy."

Post Commander Thomas Hauserman led the ceremony. Other speakers included U.S. Navy Command Master Chief Duane Spears, of Philadelphia, Rep. Steve Santarsieri, D-31, and a spokeswoman from the office of Congressman Mike Fitzpatrick, R-8.

"On behalf of a grateful nation I would like to say happy 80th anniversary," Spears said. "The sacrifice and dedication you displayed to your country allowed your fellow Americans to sleep at night."

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Recovery Road:

The journey for many begins in recovery houses

April 17, 2016

BY MARION CALLAHAN, JO CIAVAGLIA
AND JENNY WAGNER

STAFF WRITERS

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But Nilan learned through experience that recovery houses have different standards, rules and levels of support — and there's no easy way to determine which ones offer what.

That lack of information also makes it hard for local and state officials to know much about recovery houses, including where they're located, who runs them and if they're providing safe and supportive environments for residents and the surrounding community.

Pennsylvania, like most other states, has no government definition of recovery houses. There's no training or certification required to run one. No standards exist for what services these houses should provide.

There's no independent review process for complaints from residents or neighbors. There's no criminal background checks mandated for residents, managers or owners. Residents are considered program participants, not tenants, so they can be evicted at any time.

While the drug and alcohol treatment community considers structured, abstinence-based housing part of its continuum of care, recovery houses have operated largely in the shadows between rehab and real life for decades. And with heroin and opiate addiction at epidemic levels locally and nationally, the demand for transitional living has made recovery housing a fast-growing industry.

In Bucks County, recovery houses periodically have grabbed headlines as neighbors have voiced concerns at municipal meetings. They've complained about what they've called excessive car and pedestrian traffic at all hours. They've expressed concern about their property values declining, especially on streets with multiple recovery homes. They've talked about a variety of quality-of-life issues, ranging from outdoor noise and cigarette smoke to messy yards and porches and lawns that aren't mowed regularly.

Nowhere has the issue generated more concern locally than in Bristol Township. The 16-square-mile community is home to more than three-quarters of the 121 recovery houses in the county identified in an analysis by this news organization. Multiple recovery houses can be found in some neighborhoods — and even on some streets.

Only seven recovery houses are known to exist in neighboring Montgomery County, officials there said.

Recovery houses wouldn't exist if they weren't needed, said Robert Fairbanks, a lecturer and fellow in urban studies at the University of Pennsylvania. The combination of the growing heroin epidemic, shrinking social services budgets and cheap housing have created what he called the "perfect storm," leading to the dramatic increase in demand for this housing option.

"No matter how many community groups say they don't like them and want to shut them down, there is a need for them that often overrides local interests," said Fairbanks, the author of the book "How It

Works: Recovering Citizens in Post-Welfare Philadelphia."

"The shelter system can't accommodate them; the prisons can't," he said of people in recovery. "... There is supply and demand, and operators get in on it — for better and for worse."

"For worse" is what worries some local officials, lawmakers, parents, neighbors and treatment providers. Overcrowding, dirty, noisy and rundown homes with lax rules are frequent complaints.

RIGHT PEOPLE, RIGHT RULES

Bristol Township acting police Lt. Ralph Johnson remembers the first time he responded to an overdose call in a recovery home. The year was 2012 and he couldn't believe how many beds were set up. "Everywhere but the kitchen," he said.

Beyond overcrowding, Bucks County recovery houses have had several fires and cases of non-functioning sewer systems and electrical issues, officials said.

Bristol Township resident Marie Latimer said her son Jay developed a highly contagious, antibiotic-resistant infection two weeks after moving into a Bucks County recovery house. After the infection was confirmed, he was evicted and almost lost a toe, she said.

Latimer's husband, Jerry, a recovering alcoholic, recalled being told a year ago about four guys sleeping on couches in a Bucks County recovery house while waiting for beds to open up.

"It's not conducive to recovery to be jammed in a room with a bunch of guys sitting around telling war stories of what they used to do," Jerry said. "That's not recovery. That's insane."

The Latimers estimate they spent more than \$15,000 over nearly three years on recovery house stays in three states for their 23-year-old son. He was sober for 8½ months before he died of a heroin overdose last year.

Weekly fees for recovery houses in Bucks County range from \$140 to as much as \$300, with residents or their families paying. Often, only cash or a money order is accepted. And residents often stay for many months.

With 14 residents paying \$160 a week

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Recovery continued

(not including an intake fee) a single house can bring in nearly \$9,000 a month before expenses. Some recovery homes also receive thousands of dollars in state and federal money for housing court-supervised and low-income residents.

"Dee," a Bensalem resident who didn't want her real name used, said her son struggles to scrape up the \$160 weekly fee charged at the four-bedroom Bristol Township house where he lives with 14 other men. After sleeping through several court-ordered drug tests, a judge told him to quit his graveyard shift job and find a new one. Recently, he started selling his plasma twice a week to earn an extra \$300 a month, his mother said. And he delivers food seven days a week from a 30-year-old vehicle that frequently breaks down.

"There is so much pressure," she added. "You should see the stress on his face."

The concern about poorly run houses prompted county officials, drug and alcohol specialists and a small group of recovery house owners to band together in 2004 to create their own set of health, safety and organizational standards that are designed to hold recovery house owners who are part of the organization accountable. The Bucks County Recovery House Association has 14 members who run roughly 50 of the area's recovery and sober living houses.

Recently, the association became affiliated with the Pennsylvania Alliance of Recovery Residences, which is affiliated with the National Alliance of Recovery Residences. To be part of the national network, recovery houses must adhere to NARR standards, which address everything from making sure appliances work and houses aren't overcrowded, to helping residents access recovery services.

"The good ones, if they break even or make a little profit, that's wonderful," said Fred Way, founder and executive director of PARR, a state level affiliate of NARR. "But if they don't, that's not the reason they (owners) got into it anyway. I think sometimes we forget about those (good owners) because we only talk about the ones that have 30 people in one house. The story for me is the ones out here that are ... doing a wonderful job helping individuals recover, helping them with their life skills (and) helping them get their financial books in order so that when they do leave they have a chance."

Michael Wallick, who owns six houses known as Phoenix Transitional Living, said

it's not hard for owners like himself to make money from running recovery houses, but he believes some owners cram in residents to bring in even more money. Wallick, who isn't a member of the Bucks County recovery house owner group, said he supports himself with a consulting career and puts his recovery house profits back into the business.

"If you care about people in recovery, you're not going to overcrowd houses," Wallick said. "Those types of environments are detrimental to recovery. So why do they put so many people in a house? ... Why do you think? Money."

Deb Beck, president of the Drug and Alcohol Service Providers Organization of Pennsylvania, testified, during an April 4 House Democratic Policy Committee hearing on a proposed bill from state Rep. Tina Davis, that she'd like to see the "profit" taken out of recovery houses. She also said that a block of well-run recovery houses can actually stabilize a community.

"It may be part of the solution," Beck said, adding that the growth of privately run recovery houses is a reaction to the demise of funding for halfway houses.

Davis, D-141, Bristol Township, and state Rep. Frank Farry, R-142, Langhorne, have pushed measures to monitor recovery houses. But drafting regulations at the state level — or even local ordinances — is tricky since recovery house occupants are a federally protected class under the Fair Housing and Americans with Disabilities acts.

A Pennsylvania task force created in 2014 to address the issue is preparing final recommendations to create a voluntary certification process for recovery houses that would be similar to what other states have adopted, according to officials. Under those regulations, only certified recovery houses would have access to state funding for residents.

"You need to have proper houses. Addicts will be addicts, and they are not easy," said Esther McDonald, the owner of the Guiding Light recovery house and a member of the Bucks recovery house group. "But if you have the right people and rules in place, many of the problems can be fixed. I'd like to see rules in place so people have a home, not just a place to sleep."

'ENORMOUS' NEED

Recovery from addiction doesn't end after initial treatment, said Tom Hill, acting director for the Center for Substance Abuse Treatment, an arm of the Substance Abuse and Mental Health Services Administration

under the U.S. Department of Health and Human Services.

"Recovery houses are getting more attention these days because of their effectiveness; they've been very instrumental in stabilizing folks and offering long-term support," Hill said. "It's hard to recover when you are living in the back seat of your car or you're couch surfing."

The challenge to find after-treatment housing is huge, especially in Central Bucks and Upper Bucks, said Diane Rosati, executive director of the Bucks County Drug and Alcohol Commission. Only three houses are known to be operating in those areas, according to this news organization's analysis.

"You can't imagine how difficult it is for people leaving treatment to find a place; many can't go back home," she said. "Maybe they've burned bridges, but they need a place to live to support their sobriety."

Residents often learn about recovery houses from treatment providers, county probation or court systems, hospitals or word-of-mouth. Some recovery houses also advertise vacancies on social media, websites and online classified ads. Sometimes, owners visit treatment centers to talk with patients about their programs.

A number of recovery houses are owned or operated by recovering addicts who know first-hand the benefits of such an environment. But others are owned by investment companies that rent the houses to private operators, according to the news organization's investigation.

"The problem is ... people are buying houses, filling them up with guys and not offering any guidance or leadership," said Gary Kaisinger, who has operated the Emilie Recovery Houses in Bristol Township for 15 years. "It's the blind leading the blind, in some cases. People are just opening houses, making money, but don't know the work that is involved."

Kaisinger and wife, Micki, who own five recovery homes that are part of the county recovery house association, support measures to require certification of all recovery homes. Micki Kaisinger is a recovery specialist who has been certified after taking a course and passing an exam overseen by The Council of Southeast Pennsylvania, a Doylestown nonprofit.

People entering recovery houses often are starting their lives over from scratch, Gary Kaisinger said. "Here, they learn a lot of skills, they make some friends, they create goals, they become self-sufficient and they

Recovery continued on next page

Recovery continued

move on to live productive lives. That's what is supposed to happen."

'JUST LIKE ME'

With its neatly manicured lawn and freshly painted exterior, it's tough to pick out the recovery home Bryan Kennedy operates in a Levittown neighborhood of Bristol Township.

One recent evening, the residents gathered for dinner and talked about jobs and football. On the living room wall hung a 55-inch, flat-screen TV with an adjacent Xbox gaming system. Kennedy explained the house's layout, emphasizing the importance of the intake room, which is a bedroom with two bunk beds for four men. The room is designed to build camaraderie during residents' first few months in the home.

"Many of them want their own room after treatment," Kennedy said. "It's not good for them to be alone. When they are with their peers, they are accountable to one another. And you don't feel judged because they feel like, 'Hey, he's just like me.'"

Kennedy, a recovering alcoholic and co-chairman of the county recovery house group, credits his stay in a recovery house with saving his life. He said that experience inspired him to dedicate his career to helping others facing the same challenges he did. He owns three recovery houses in Bristol Township, all under the Independence Lodge name.

"I get to see them eventually become responsible members of society again," he said of the residents. "I get to see them get jobs, volunteer in the community and become accountable to those around them. I get to see smiling faces on their family members as they embrace them during their visits."

Nearly all his residents come directly from treatment centers, usually through referrals, Kennedy said. Newcomers face a 30-day probationary period, where they aren't allowed to go out at night unless they're with a senior resident and then only to attend a support group meeting. His rules require new residents to attend 30 meetings in their first 30 days. During their first 30 days, residents are required to get a sobriety sponsor, get a job or volunteer. Random drug tests are required, as they are for all

houses that are part of the Bucks County recovery house group.

"We have no tolerance for fighting or theft, and if anyone shows any sign of unusual behavior, we give them a drug test ... " Kennedy said. "We need them to be back in society and contributing in some way."

'I DO MY BEST'

Former Army Sgt. Joseph Dunbar, 30, who served three tours of duty in the Middle East, said Kennedy's house rules have taught him accountability. He initially resisted staying in a recovery house, but after living at home following rehab for a prescription painkiller addiction, he realized he couldn't achieve recovery alone.

"I went to countless treatment centers, completed programs and went home, but I would usually end up going back out and picking up a drink and drugs again," Dunbar said.

As of March, Dunbar had been clean for more than six months.

"When I was home, and I didn't feel like going to a meeting, I wouldn't go," Dunbar said. "Here, you have guys pushing you. Our addiction will tell us we're fine, when clearly we need a meeting. Here, we need the rules, chores and curfew. It teaches us how to live again and it helps us feel like we have a sense of purpose again in life."

Nilan, who is no longer a Guiding Light Recovery Home resident, also said the peer support made her feel part of a family.

"Before, I wasn't going home to 10 women who I can talk to, who understand what I'm going through if I'm having a bad day," she said.

Nilan was doing well in recovery, Guiding Light owner McDonald said. But six weeks after starting her sobriety journey in the recovery house, she relapsed.

As Nilan stood at the door with her bags packed, McDonald recalled the parting advice she gave her.

"The last thing I said to her (was), 'You know what to do. Do the right thing, which means get into rehab, and get help.' I was really hoping she would be an alumna here. I still am," McDonald said. "I could and would take her back."

Relapses happen, house owners said,

and they're hard on own-ers and residents. Many recovery house rules warn residents that a relapse means immediate eviction to protect the sobriety of the others.

"I do my best with the girls," McDonald added. "I spend so much time with them. But it's really up to them to stay clean and sober. Either you want to abide by rules or regulations we have here, or you don't."

Contacted after her relapse, Nilan said she slipped back into addiction when another resident introduced her to a drug dealer.

"I thought I could just do it (heroin) once, but it didn't work out that way," she said.

Once McDonald discovered the other house resident was using, Nilan knew she would be next to be evicted.

"I didn't wait for a drug test; I just packed my bags. I knew Esther wants what's best for me, and I wanted to get into treatment," she said.

After 24 days at an inpatient facility, Nilan returned to a different recovery house in Bristol Township. She said she's striving to recover, not only for herself, but also for her 7-year-old daughter, whom she doesn't see at all right now. She's taking recovery one day at a time, waiting tables to save money for school. Her goal is to become a nurse.

"My daughter is my biggest motivator; I want her back in my life," she said.

Despite failing at a recovery house once before, Nilan said she still believes the road to recovery is in the company of others who know what she's been through and understand her struggles.

"I know I need the structure, and I don't have anywhere else to go," she said. "Getting caught (using) made me realize I needed to get help. The house keeps me in line. They know first-hand what I'm dealing with. And right now, I don't have the strength to live by myself."

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How we did the Recovery Road series

April 17, 2016

BY MARION CALLAHAN, JO CIAVAGLIA
AND JENNY WAGNER
STAFF WRITERS

We heard from you first — residents sharing their concerns over the proliferation of houses designed to help those recovering from drug addiction make a smooth transition back into the community.

Some said these recovery homes were unkempt, noisy and even dangerous, sparking drug-related crimes. Others worried the houses were disrupting their quality of life, diminishing their property values and endangering their children.

The concerns, though, didn't just come from neighbors of these homes.

Stories began to surface from parents and officials about recovery houses with people crammed into basements, sleeping on couches and selling and using drugs. Callers questioned whether some owners of recovery houses were just in the business to make money rather than help people with addictions. Then, there were reports of overdose deaths.

Were these just rumors or random occurrences — or was there more to the story?

Who's protecting recovery house residents? Who's protecting their neighbors? Exactly what are these houses supposed to do?

We were determined to find out.

We started our research from the same point as many of those in recovery and their

parents — fumbling around the Internet, trying to figure out where to go and who to talk to for reliable information about recovery houses.

When we began trying to collect data, we found it scattered at best and non-existent at worst.

We filed Right-to-Know law requests to get government documents. We sought information from municipalities and from county and state agencies. We asked for inspection records. We searched to find out if recovery houses or their residents were receiving public money and what strings were attached to those funds.

We sought to confirm how many recovery houses are in the area, using county property records and formal and informal lists from various state and local officials, recovery house associations and online searches.

The result of our six-month effort to quantify the numbers of houses is: a database of 145 addresses, 121 of which we could verify are recovery houses operating in Bucks County. Still, others may fly under the radar or open and close too quickly for most anyone to notice. Reporters spent hours culling through files on more than 100 properties in Bristol Township to identify houses and review violations or citations. We found 93 recovery houses operating in that township alone.

As we worked to get a handle on the number, location and administration of recovery houses, we spent time with owners and residents, talking with them about their experiences. Many residents we interviewed

remain in recovery. Some relapsed into drug addiction — even after sharing inspiring stories of their efforts at recovery.

We attended meetings hosted by house owners to investigate their efforts to regulate themselves. We spoke to the state and national associations aiming for uniformity and non-governmental certification and self-regulation. We tagged along during local association's inspection process. We determined what authority these associations have and what control they don't have without any legal teeth to enforce quality-control measures.

We spoke to the organizations and agencies that refer newly sober residents to recovery house owners, trusting they'll help guide them further along the road to recovery.

We investigated legislative efforts — here and across the country — to regulate recovery houses and the legal challenges lawmakers and municipalities face while attempting to respond to their constituents and community concerns.

We knocked on doors and asked neighbors of recovery homes to reflect on their experiences.

Learn what we found in this five-day series that delves into the recovery house phenomenon, answers questions and, perhaps, sparks change. In the end, we hope to help improve the lives of the recovery house neighbors and protect residents of these unregulated facilities so they have a better chance at achieving recovery and sustaining it.

Forging bonds in recovery

April 17, 2016

By Marion Callahan
STAFF WRITER

They were roommates, nothing more at first. They were strangers, a group of guys who were recovering from drug addictions.

When Ryan Barletto first met his housemates in the living room of a Way of Life recovery house, he wanted nothing to do with them.

"Never once did I imagine the bond that would develop," said Barletto, 28.

About seven months later, three of those guys surrounded him after he voluntarily

left the house and was in the midst of a relapse. They sat beside him on the couch of his girlfriend's Upper Southampton apartment and convinced him to stop using heroin. Those guys — also in recovery — were the only ones who could reach him, he said.

"I was at the lowest point in my life," Barletto recalled. "I had tried so many times. If it wasn't for those guys, telling me to take it one day at a time, just don't use for one day, and keep moving forward, I wouldn't be here. I lost all hope. I felt no matter what I tried, it wouldn't work. But they told me I could go on and die or go with these guys

and try to have a life."

He chose life.

Barletto, who is back at the Way of Life home, chose to follow the advice of the men he met in the recovery house, men he said formed a "brotherhood" that was different from any relationship he had experienced because of the common struggles they share.

While the idea of group housing for people in recovery may seem like a recipe for relapse, a top official with the U.S. Substance Abuse and Mental Health Services Administration says it's a formula that works. Tom

Bonds continued on next page

Bonds continued

Hill, acting director for the administration's Center for Substance Abuse Treatment, said well-run recovery houses "have been very instrumental in stabilizing folks and offering long-term support."

"Because addiction is a disease of isolation, people generally recover best in community," Hill said. "Recovery residences create micro-communities and extended family structures. They help people set up a foundation for a lifetime in recovery, providing structure, accountability, recovery role models, and opportunities to develop recovery and life skills."

For more than a century, recovery houses have existed to bridge the gap between treatment and living independently. They have proliferated over the past several years in the suburbs along with the increase in addiction to heroin and opioid painkillers.

The concept of a recovery house is that it provides an alcohol- and drug-free transition back into the community. Many recovery houses impose rules intended to create a structured environment, where residents are required to do everything from making their beds to attending regular support meetings to getting jobs or volunteering. Many homes' rehabilitation philosophy largely adheres to the 12-step principles of Alcoholics Anonymous and its offshoot, Narcotics Anonymous.

"It's really being able to identify with, affiliate and belong to others in a group," Hill said.

Through his relationship with these former addicts, 22-year-old Evan Faulkner began to believe he could live a sober life.

Before that, he said, "I just couldn't picture my life without drugs — not since I was 13. I didn't know how to live without it."

Faulkner was in a treatment center when he first met the people who would eventually be his housemates. They were visiting from a recovery house called Independence Lodge in Bristol Township and were talking about life after treatment.

"They were talking about fun things they were doing in sobriety, not just war stories," he said. "They were right around my age, and though I didn't know what I needed to do, I knew I wanted to have what they had. They gave me hope at a time when hope

had run out."

Once he became a resident of Independence Lodge, the same guys helped him become resilient — constantly pointing him in the right direction when he was almost led astray. One night after work, he was tempted to try a drug that someone offered him.

"Knowing all the damage I caused in active addiction, going to treatment and getting clean and then being in recovery ... the idea was still in my head. It's how this disease works mentally, but I didn't take that drug, and it was because of the people in recovery around me," Faulkner said. "One of the guys sat next to me and told me of a similar experience he had, and he kept me on the right track."

Understanding the struggle firsthand has helped some recovery home owners connect with their residents.

Way of Life Recovery House owner Barbara Williamson is someone who knows the plight of addiction. The 27-year-old's addiction to heroin left her homeless for more than four years, living in abandoned buildings along Kensington Avenue in Philadelphia doing "anything" to get her next high, she said.

"I was doing heroin at 15 or 16, doing it with a needle at 17, and by 20, I was homeless," said Williamson, of Chalfont. "I found that my problem was just being normal. Being sober was my problem; drugs were the answer. That's how I felt at the time. Whatever would take me out of me, whatever would numb the pain, was what I wanted most."

During her last six months in Philadelphia, Williamson said she hit rock bottom: "I was trying to die, yet too afraid to actually kill myself."

Williamson said her mother would search Kensington Avenue for her and beg her to get treatment. Other times, her mother would wave down the police in Kensington and beg them to arrest her. "The last time my mother came in North Philadelphia to see me, was to ask me what I wanted to be buried in, and it honestly didn't faze me," Williamson said.

Then one day, a stranger who was in recovery stepped into her life.

"He just told me I ... looked like I needed

help and he would take me to a treatment center. Something inside of me said 'take this man up on his opportunity' and I did," she recalled.

Recovery wasn't over after 28 days in treatment, though.

Williamson said she tried to return to her family's home, but her mother wouldn't let her. Her only option was a recovery house in Bristol Township.

"It was the best thing that happened to me. It gave me the structure and safety and pointed me in the right direction that someone in early recovery needs," said Williamson, who was required to go to meetings, get a job and get a sponsor to support her recovery. "I watched some of the girls that didn't follow the rules go back out, but I also got to watch girls like myself change."

Those who succeeded inspired her to keep going, she said, and the bonding experience triggered something inside her that did more than simply guide her recovery.

"I wanted to be part of the change, part of the positive solution," said Williamson, who, with the help of her mother, owns five recovery homes. "So, that is why I got into the business."

For \$150 a week, Williamson provides residents with daily meals, gym memberships and regular trips to the movies, bowling alleys and other social events. For their part, residents must remain sober and obey the house rules.

One recent Saturday, about a dozen residents from her three houses met for brunch, feasting on spinach quiche, fresh tomatoes and mozzarella prepared by a house resident.

That was family day, and Kevin Grant welcomed his girlfriend and 2-year-old daughter to one of Williamson's recovery homes. With his daughter on his lap, Grant talked about how his housemates changed his life.

"I actually have a second chance — I thought I'd lose my family and never get sober," Grant said. "Before, I didn't have a single friend who cared about seeing me do good, but now I have a giant network of guys who want me to be happy."

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Self-regulation is the solution, recovery house owners and their associations say

April 17, 2016

BY MARION CALLAHAN, JO CIAVAGLIA
and JENNY WAGNER
STAFF WRITERS

Helen Maloney said people don't realize how hard it is to go home after inpatient treatment for drug or alcohol addiction.

"Everybody is on eggshells is the best way I describe it to the people I interview (for housing)," said Maloney, who owns five recovery houses in Bristol Township and one in Philadelphia.

Where do people go in those fragile early days after leaving treatment? And who watches over them?

Many head to recovery houses, and research has shown houses that provide safety, support and a community built around sobriety are important to achieving and maintaining long-term recovery. But in the absence of government oversight or licensing, owners like Maloney have sought to regulate themselves.

Bucks County didn't have many recovery houses — especially for women — nearly two decades ago when Maloney decided to open one.

She knew from personal experience that some people need more time to get used to life without drugs or alcohol.

Maloney, who is in long-term recovery herself, was a product of a halfway house. Halfway houses offer some treatment and clinical services, whereas recovery houses do not. Stays are about three to six months at halfway houses, a much shorter time than the stays at recovery houses, which can last a year or more.

After she left the halfway house, Maloney said she got her own apartment. "I wasn't ready for that," she said, fighting back tears.

Maloney opened her first recovery house in 1999 with help and guidance from established owners in the area. She took rules from halfway houses and other recovery houses and tweaked them to fit her "no-nonsense" program, and what she thought would work for women in recovery. She and a partner monitored the house, helped the women find jobs and made sure they were attending 12-step support meetings and getting drug tests.

"It was a lot more than just take a house and throw some people in it. It wasn't ever

meant to be that," Maloney said.

Not all recovery house owners felt the same way.

Bucks County Adult Probation and Parole's intensive supervision program for higher-risk offenders ran into issues with some recovery houses over communication with parole officers, accountability of residents and drug testing, according to Warren Grant, who was then the program's supervisor and is now deputy chief of the department.

In the early 2000s, Fred Martin, of Pro-Act, a recovery initiative of The Council of Southeast Pennsylvania, said he started to hear from more and more people looking for information about recovery houses and which ones they should choose.

A SELF-REGULATING GROUP IS FORMED

So, in summer 2004, Martin, Grant, recovery house owners and others from around the county, including professionals in the fields of corrections, law and treatment, held meetings to talk about what to do.

"We understood, at that time, that this is important to make sure we get it right," Martin recalled. "Society believes just because you go to treatment for 30 days, 60 days, when you get out you're supposed to be cured. You still need support."

The result was the Bucks County Recovery House Association, which brought together house owners and others who established bylaws, standing committees and a resident bill of rights. Association members agreed their houses would require things such as random drug testing of residents at least once a month, according to Grant. "You have to keep a log and the log has to be available if somebody wants to come out and inspect it," he said.

The resident bill of rights, which must be posted in all association houses, states that each resident has the right to: be free from physical and mental abuse; live in a safe, clean and decent environment; leave the recovery house temporarily, subject to house rules, such as getting an overnight pass; and not be penalized for filing a complaint.

The members also wanted to make sure owners gave residents notice when they were going to be kicked out for things like failing to pay rent.

"We felt as a group that it wasn't appropri-

ate to discharge somebody on Friday night at 7 o'clock," Grant said. "You know those things in advance, and you're kind of setting that person up for potential problems."

As long as they adhere to the association standards, these private, for-profit recovery residences can maintain individual house rules, which vary pretty widely.

Maloney, for example, has a two-week probationary period where new residents are subject to strict behavioral guidelines. She also requires residents to attend 90 12-step meetings in as many days. Bryan Kennedy, owner of Independence Lodge recovery houses for men and co-chairman of the county association, has a 30-day probationary period and requires residents to attend 30 support meetings in 30 days.

Kato Szabo, a resident of Emilie House Recovery Home in Bristol Township, said it's frustrating to move into such a rule-intensive environment — at first.

"It's very humbling," said Szabo, of the home co-owned by Bucks County Recovery House Association member Micki Kaisinger. "You're just having to follow the rules that you probably don't want to follow, but you know, in the end, that's what you have to do, and I'm very grateful for it. I'm starting to understand and now know how to start living right."

The rules, she said she realizes, are what keep the house in order and help keep her and her housemates safe.

"And structure is what we all need at this point," she said.

The Bucks association also requires house owners to secure necessary permits and adhere to the regulations of the municipality in which they're located, submit proof of insurance to the county group, and agree to regular inspections of the house.

Since 2004, Bucks County Adult Probation and Parole has referred offenders to association houses, and has made federal grant money available for short-term housing. The department conducts unannounced site visits four times a year and officers regularly are in the houses to meet with offenders. It doesn't keep records, Grant said, but it informs the association's resident advocacy committee of any issues. The Bucks County Drug and Alcohol Commission also exclusively refers clients to association houses.

Self-Regulation continued on next page

Self-Regulation continued

As a result, the houses are eligible for short-term housing funds through the state Department of Drug and Alcohol Programs.

The association recovery houses that contract with the drug and alcohol commission must meet its guidelines, as well as state guidelines, commission Executive Director Diane Rosati said. They include establishing protocols for appropriate use and security of medications, referral agreements regarding drug relapses, and verifying that residents get copies of house rules and lease agreements. Owners also agree to an annual announced site visit.

The drug and alcohol commission doesn't keep records showing the houses are following the guidelines and it also doesn't keep a record of annual site visits. It does provide a "monitoring summary" report to the state, which includes cursory information that doesn't include what areas or items were inspected or reviewed.

This news organization's review of the reports made to the state over the last three fiscal years showed none of the houses had any citations or notes about corrective action. All of the reports said "No issues to be addressed" or used similar wording.

Late last year, the Bucks County Recovery House Association became affiliated with the Pennsylvania Alliance of Recovery Residences, so houses now must also pass its annual inspection.

PARR is a state-level affiliate of the National Alliance of Recovery Residences. To be part of that national network, recovery houses have to meet 133 standards set by NARR. They cover everything from fiscal management to making sure appliances work and from ensuring houses aren't overcrowded to helping residents access recovery services.

HOUSES NOT A NEW PHENOMENON

Recovery houses have existed in various forms in the United States since the mid-19th century, evolving from early "inebriate homes," community missions and retreats for members of Alcoholics Anonymous, to more recent models such as halfway houses and democratically run Oxford Houses, according to NARR. People have long sought strength and support for their recovery within a sober living environment.

But about six years after the Bucks County association was formed, owners began meeting at a national level to discuss what was called the "significant confusion" caused by

the broad spectrum of recovery residences across the country, according to NARR.

"Many recovery residences have operated with little supervision or accountability either because they are exempt from oversight or because valid laws are difficult to enforce," NARR's introduction and membership document states. "Implementing ethically and legally defensible recovery residence standards promotes recovery instead of promulgating discrimination against people in recovery."

Some people question the idea of a self-regulating organization, but Robert Fairbanks, a lecturer and fellow in urban studies at the University of Pennsylvania, said can be no question about the need for recovery houses.

"It's short-sighted to take the all-encompassing position that they're awful and should be shut down. Housing is in short supply. A need has been met through an informal market," Fairbanks said. "Like any primitive economy that is unregulated, you will have a full spectrum of operator compartment — from virtuous actors trying to help the neighborhood to predatory actors engaged in ruinous competition. The question becomes: What can be done about it, and what entity is most likely to optimize the social good through regulatory intervention?"

In 2011, the first members of NARR developed unified terms and standards and the national organization certified more than 2,500 recovery houses over the next several years. Soon, state-level affiliates such as PARR began to emerge and take over the certification processes.

Fred Way, executive director and founder of PARR and the treasurer of NARR, was supportive of the Bucks County association's mission, but he said it wasn't being run correctly.

"They needed leadership. They needed direction. They needed someone who could make decisions," Way said.

He added that the association also needed to do away with its peer inspection process. "Unless you're really committed to that model, it's really difficult looking at each others' houses," Way said.

As of the end of March, all Bucks association homes had been inspected by PARR, Way said, with the exception of two new association members whose inspections were being scheduled. Way said two other association houses didn't pass PARR inspections, so they wouldn't be certified until the deficiencies were corrected.

Houses must be certified by PARR to remain part of the Bucks association,

according to Don Colamesta, co-chairman of the county group.

The Bucks County association still meets each month to maintain a closer watch on what's going on in the area, but has adopted PARR guidelines as its minimum standard, said Colamesta, who owns and operates Acceptance House recovery houses. "But quite frankly, a lot of our guidelines are more stringent than (PARR's)," he said.

This news organization requested a copy of the association's guidelines several times. They weren't provided and no reason was given. Requests to view drug testing logs and resident complaints were denied for confidentiality reasons because they include identifying information about residents, according to the association.

REGISTERING COMPLAINTS, CONCERNS

Residents and others can file complaints or share concerns with the resident advocacy committee through the Bucks association's website or anonymously through the mail.

While the website doesn't specify a name, its contact form submissions go directly to Joshua Buchanan, deputy public defender for Bucks County and a professional member of the association. Buchanan reviews them before forwarding them to the rest of the committee, which is made up of four house owners and three other professional members.

Buchanan has been in charge of complaints for the last couple of months, and he said the procedure was set up to make sure they're handled appropriately. He's a volunteer, with no financial stake in recovery houses.

"If I was an individual filing a complaint and I knew my complaint was going to the home-owner who happened to be in charge of complaints, I may be hesitant to do that," Buchanan explained, adding that a committee member whose house was the object of a complaint would be excluded from the process.

If a complaint involves a criminal allegation, Buchanan said he would personally refer it to the district attorney's office or the local police department.

"I'm not in this to protect any one house," he said. "I'm trying to improve the recovery houses that voluntarily adhere to our standards."

Houses that aren't association members have no complaint process, Buchanan said.

Self-Regulation continued on next page

Self-Regulation continued

“There is no one for you to call.”

One complaint Buchanan handled involved a security deposit a resident wanted to have returned; the resident and owner resolved the issue on their own. Another involved a leaking roof and possible exposed electrical wires found by county probation and parole officers in a house owned by an association member. All of that owner’s houses were temporarily suspended from the association until the house with the deficiencies was corrected and the owner applied for all his homes to be reinstated, Buchanan explained.

Probation and parole finds out almost immediately if a member is suspended from the Bucks association because of Grant’s involvement, Buchanan said, but other organizations and agencies that refer to association houses must go to the Bucks group’s website.

As of mid-April, 15 association members with 47 houses were part of the county group. One organization that didn’t pass the PARR inspection remained on the association’s approved house list on its website.

Many treatment providers, authorities and other organizations look for PARR or NARR certifications when considering whether to work with or refer residents to a recovery house, according to Way, who said he hopes

people will feel better about the Bucks County association and its houses now that they’re affiliated with the “bigger brand.”

“You hear about a lot of ‘rogue houses,’ bad houses, overcrowded houses — these houses are not that,” Way said of PARR-certified houses. “These houses have a recovery program, they are operating and they are treating their residents with respect and with a recovery focus in mind.”

Using the certification as part of requirements for referrals also helps eliminate those so-called rogue houses, said Way. The theory is that it’s harder to fill beds without such referrals, and public money is only available to houses with the certification. “Over time, those (uncertified) houses will just start closing down,” he said.

Still, certifications, inspections and associations don’t change the fact that anyone in Pennsylvania can open a recovery house. And unless they want to become a member, owners don’t have to adhere to any group’s standards.

“What’s really important to remember here is that we’re a voluntary association of volunteer members,” Colamesta said. “We can only govern people who choose to be governed.”

A few years ago, the Bucks associa-

tion imposed a moratorium on members opening new houses in an attempt to slow the growth in the county. The result was an increasing number of “rogue houses” that weren’t part of the association, so the moratorium was lifted so the other houses could join the group and meet its standards, according to Colamesta and Maloney. Most of them didn’t though, Maloney added.

“We (the county association) started on a much smaller scale and ... I don’t think anyone realized it (the association) was going to get to the proportions that it eventually got to,” Maloney said. “And that’s good and bad — we needed it in the community, too.”

Colamesta and Maloney said some of the Bucks County Recovery House Association members want better monitoring and have been trying to help lawmakers and other officials figure out the best way for many years.

“We’ve been monitoring recovery houses for a long time,” Colamesta said. “So that tells you that we think it’s important.”

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Rogue houses, Relationships and Reservations

April 17, 2013

The Bucks County Recovery House Association calls them “rogue houses.” They’re the recovery houses whose owners don’t want to become part of the BCRHA, whose officials say those owners don’t want to meet the standards or go through the inspection process that membership requires. Not everyone agrees with the term — or the BCRHA’s criticism.

Mike Wallick doesn’t consider his six houses to be “rogue houses.” He doesn’t want to be part of the BCRHA for different reasons.

Wallick, a recovering alcoholic and owner of Phoenix Transitional Living, has a lot of questions about how the association is run. He’s tried to ask members, but “I really didn’t get a warm welcome,” he said.

“I really doubt that there’s any kind of internal oversight,” Wallick said. “Who’s watching who? Who’s inspecting who? A friend inspecting a friend. ... That doesn’t work.”

One of his biggest concerns is overcrowding.

“I could probably put 20-some people in this house if I wanted to; if I was greedy and wanted to make more money. But that’s really not the point,” Wallick said of his 2,800-square-foot, 10-bedroom house in the Kenwood section of Levittown. It’s home to 13 men. “The most important parts are the residents in these houses. That’s what we’re here for.”

Wallick also worries about the association’s relationships with agencies and organizations that refer residents, some of which he calls “inappropriate.” He has had to build his own relationships because he’s not a BCRHA member, he said, by proving that he has standards and is doing the right thing for his residents.

Wallick knows there are bad houses out there, but he believes a better solution is available through licensing or regulations from the state. He also believes the Pennsylvania Alliance of Recovery Residences offers more objective self-regulation and oversight than the local association. Wallick recently applied for certification under PARR

and is waiting for it to be processed.

Fred Way, founder and executive director of PARR, noted that he would inspect and work with any houses that want to meet its standards. Way said there is no stipulation that houses have to be part of the BCRHA to be PARR certified, although association members have said that it was part of the initial agreement when they became an affiliate.

But even if a house doesn’t pass a PARR inspection, Way said he still tries to help. “That’s the mission of PARR, to enhance the services of the recovery residence,” Way explained. “Not to close you, but to get you to be more effective in your delivery of services and the best practices.”

He’s come to find that a lot of operators just don’t know what they should be doing until they’re told.

“Some of them fall in line and then some don’t,” he said, “because you’re always going to have the don’ts.”

— *By Jenny Wagner, staff writer*

Not in my backyard:

Recovery houses can face resistance from neighbors

April 18, 2016

BY MARION CALLAHAN, JO CIAVAGLIA
and JENNY WAGNER

STAFF WRITERS

Charlie Mastriana stood behind the screen door of his home in the Goldenridge section of Bristol Township on a recent Saturday afternoon, motioning to one of the neighborhood's recovery houses.

The recovering drug and alcohol addicts who live there haven't caused him any problems, he said.

"Only once I heard some guy mouthing off," Mastriana said, "but then later, he came around and apologized."

His main gripe about the houses isn't his safety. It's economics.

"I guess they deserve some protection because they're recovering, but Bristol Township has enough of them (recovery homes)," Mastriana said. "I know that everyone needs a chance, but we need a chance as far as our property values go."

Longtime Goldenridge resident Rosemary Tarity hasn't had any problems either with the recovery house that opened about six years ago a few doors down the street from her home. But she does believe the houses should be farther apart. "There shouldn't be so many in one neighborhood," she said.

Property values, along with public safety, over-saturation and overall quality of life are among the main concerns of some residents of Bristol Township, which has the highest concentration of these houses in Bucks County.

The number of recovery houses has quadrupled there since 2005. Today, at least 93 recovery homes are known to be operating within the 16 square miles that make up the township, which has about 22,000 residences.

More than half of the recovery houses are within adjacent sections of Levittown bounded by the Levittown Parkway, Route 13, New Falls Road and Route 413.

Why are there so many and why are they so concentrated? The Great Recession, which ran roughly from late 2007 through mid-2009, and the escalating heroin epidemic are two reasons officials and others cite.

The recession brought layoffs. And that, coupled with high school taxes, led to

home foreclosures, said Tom McDermott, administrator for the Bristol Township Office of Community Development.

"We had a really high vacancy rate. We had more foreclosures than anyone," McDermott said. "So, who bought some of them up?"

Absentee landlords, said state Rep. Tina Davis, D-141, Bristol Township — and they purchased many of these vacant homes to turn into recovery houses.

She has been vocal locally and in the state Legislature about the need to regulate these businesses, which are drawing concerned residents to municipal meetings in Falls and Middletown as well as Bristol Township.

FEAR OR FACT

But are residents' worries accurate? Is the presence of recovery houses driving up crime and driving down home values?

A 10-year analysis of housing sales that Keller Williams Realtor Michael Cosdon performed for this news organization in 11 neighborhoods in Bristol Township, Falls and Middletown neighborhoods with and without recovery houses, found the average sale prices peaked between 2006 and 2007 — just before the mortgage crisis exploded — then bottomed out between 2011 and 2014. They now appear to be on the rise.

Local police say their records don't reflect any unusual increases in criminal activity in areas where recovery houses are located. In some cases, police and fire officials said they didn't know the houses existed until they responded to a problem there.

A 2012 study in the journal "Addiction Research and Theory" on the impacts of recovery houses found that neighbors' concerns are based more on fear than facts and suggested that well-run recovery houses blend seamlessly into their neighborhoods.

In fact, some fit in so well that neighbors don't even know they're there, said Fred Way, founder and executive director of the Pennsylvania Alliance of Recovery Residences. The trade group certifies houses that meet the standards of the National Alliance for Recovery Residences.

On a Saturday afternoon in March, some residents of the Goldenridge section of Bristol Township — where at least eight recovery homes are located — expressed mixed feelings toward recovery houses.

Lori Pinar said she knows they're a hotbutton issue locally, but she said the men who live in the house across the street from her home are considerate and thoughtful. After a snowstorm earlier this year, they shoveled her driveway and cleared ice from her cars. "They didn't even have gloves," she said.

Pinar said she sympathizes with the men's struggles and often takes leftovers to the house.

"It's got to be a rough road; they are trying, struggling to keep up," Pinar said. "I know it's a touchy subject and nobody wants to see property values go down, but it's a community, and a community is made up of all types of people."

Neighbor Dominic Ferrigno agrees that people in recovery need help and a safe place to live. And while he has only lived in Goldenridge for six months, he said the residents of the nearby recovery houses haven't caused any problems he's noticed.

"They have to go somewhere, and someone has to help them," he added. "No one's going to get clean themselves."

WORSE THINGS

In the nearby Indian Creek section of Bristol Township, John Bartholomai said he doesn't let his 10-year-old daughter run around the neighborhood like he once did — and his friends feel the same about their kids. But that's because of general safety concerns — and not because his Levittown section has at least nine recovery houses.

"Definitely, times have changed," he said.

"It freaks me out a little bit (to have the houses nearby)," his wife, Tina Bartholomai, admitted. "But we're not parents that would let our kid just roam free. You can't be, today, in this world."

Bartholomai's chief complaint with the recovery house residents who live across the street is that their additional cars make parking tough. But he said the men who live there are always respectful to him and his family.

The lifelong Indian Creek resident added that the recovery house owner improved the property by making repairs and adding a new concrete driveway and stone patio.

"What once was an eyesore is pretty nice right now," Bartholomai said.

Backyard continued on next page

Backyard continued

Neighbors' attitudes can have a profound influence on the success or failure of recovery houses, according to the 2012 study in the journal "Addiction Research and Theory" that looked at recovery houses in a Northern California neighborhood. California has one of the largest concentrations of recovery houses in the United States.

The study found the number of recovery houses in a neighborhood — and the number of residents in them — appear to influence neighbors' perceptions of them.

Houses with six or fewer residents appeared to blend into the neighborhood, as well as houses that were spread out. Recovery houses with more residents and those grouped closer together needed to "actively manage" relationships with the community, which perceived them more negatively, the study found.

It also determined that neighbors believed well-managed recovery houses had a positive impact on their neighborhood, while poorly run homes were seen as a threat to all recovery houses. Finally, the study found neighbors' concerns were largely based on fears, rather than information about the programs.

Way, the head of the Pennsylvania recovery house group, agreed that houses with owners who don't take care of them or their residents tend to overshadow the good ones. Education helps though, he said.

"All (communities) hear is the negative," he said. "They never hear the 'Hey, this is what this house can bring here.' "

PROPERTY VALUES

The Northern California study didn't examine the impact of sober living or recovery houses on property values, but Cosdon, the Realtor, said anything perceived as undesirable in a residential neighborhood reduces the pool of potential buyers, which lowers property values.

"When everything came down to it, having the group home could hurt value," Cosdon added. "It's difficult to qualify how much, or if it would, but it's definitely not a good thing, unfortunately."

David Phillips, CEO of the Pennsylvania Association of Realtors, said a single element — whether it's a nuclear power plant, a cellphone tower or a recovery house — doesn't automatically hurt property values in every neighborhood.

"It's really ... community by community, neighborhood by neighborhood, rather than an overarching policy. To draw a general con-

clusion that this one thing negatively affects property values is inappropriate," he said. "It's really a puzzle you put together. This is just one piece of that puzzle."

As for recovery houses, Phillips said: "I can think of a lot worse things to have next door."

In the Junewood section of Bristol Township — where at least three recovery houses are located — Phillips' view can be a tough sell.

A fire raced through the attic of a recovery house there on Mother's Day 2015, and nearly a year later, scraps of insulation and debris still are strewn across the property. A green dumpster sits in the driveway. County property records list the homeowner as a holding company with a Langhorne address.

"It's an eyesore," next-door neighbor Francis Mintah said. Kathleen Bowman, who lives on the other side of the vacant house, remembered how a recovery house resident pounded on her door, yelling for her to get out, on the night of the fire.

In March, she noticed work crews starting to haul away debris, but she didn't know if the property would become a recovery house again. If it's not, Bowman added, "it would not make me unhappy."

Mintah said the recovery home was an eyesore long before the fire. Cigarette butts regularly littered the overgrown lawn. Residents gathered on the front porch, smoking and "making a lot of noise" — to the point that Mintah wouldn't let his son walk to school past the home.

"They (recovery residents) don't own the property, so they don't care," he said. "I believe people deserve to recover, but they should keep the place clean."

Over the years, some residents maintained the property and kept to themselves, but others "not so much," Bowman said.

"There have been times where there have been fights. There have been the police there many times," she added. "I am very supportive of anyone trying to put their lives back together, but on the other hand, when it infringes on your safety or your security, then it's an issue."

Goldenridge resident Janis Gallagher would like to see all recovery homes move out of her neighborhood. She suggested the facilities could be moved into vacant retail space. In the meantime, she said she plans to move.

"I want them out of Bristol Township. Period," Gallagher said. "They don't need to be in the prison, but they don't need to be here. I'm not sure the homes do any good."

Recovery homes need to be good neighbors, according to the Pennsylvania and national alliances of recovery residences.

NARR documents state that all houses must be consistently maintained, blend in with the surrounding neighborhood and be responsive to neighbors' complaints. They also must have courtesy rules in place for issues such as smoking, bad language, noise and parking, among other rules. Homes that are members of the Bucks County Recovery House Association, which just joined PARR and NARR, also must obey those rules.

LEADERSHIP MATTERS

Bristol Township acting police Lt. Ralph Johnson said he understands the misconceptions people can have about recovery house residents. As the number of recovery houses there began to grow several years ago, he admitted he expected to see an increase in crime. And when the township was getting hammered with serial burglaries in 2012, he said he was convinced recovery house residents were involved.

When police eventually arrested two dozen people for the crime spree, Johnson wanted to know how many of them were recovery house residents. The answer: None.

"I was pleasantly surprised by that," he said.

When Johnson took a deeper look at police calls involving recovery houses, he found more surprises. One-third of the township's recovery houses had no calls to police between Jan. 1 and Dec. 9, 2015.

POLICE RESPONSE

On average, recovery houses had the same number of calls for service as the nearly 20,000 other township residences, Johnson told residents during a special meeting about recovery houses.

"The data doesn't support a huge crime problem coming from the recovery homes," he said. "I'm just telling you what it says."

The number of police calls actually dropped at some addresses — particularly vacant houses — after they opened as recovery houses, Johnson said in a recent interview. Of the calls that were received between January and mid-December 2015 at recovery houses, most were for assistance from emergency medical services or police. Others were for reports of thefts and harassment and civil complaints, among other issues.

Police in other communities also report

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they aren't spending a lot of time at recovery houses.

Between January 2011 and November 2015, Middletown police responded to 26 calls at the half-dozen recovery houses within the 19-square-mile township, according to police Chief Joseph Bartorilla. Those calls included domestic disturbances, drug overdoses, noise complaints, suspicious persons and well-being checks, he said. And, the chief added, one house in the 600 block of Durham Road accounted for 20 of those calls.

Until a fire seriously damaged a six-bedroom recovery house housing 14 men on Frosty Hollow Road in June 2013, Middletown Fire Marshal James McGuire said he didn't know it existed. Township records listed it as a business, which was what it was previously, he said.

Since the fire, the owner has invited fire officials to conduct an annual inspection, which isn't required for recovery houses because they're treated like any other single-family residence, McGuire said.

Bristol police Sgt. Joe Moors had a similar experience when he responded to a house in the 200 block of New Brook Street in September. There, police found a 36-year-old man hiding after he allegedly stabbed his girlfriend. Before the incident, Moors said he didn't know it was a recovery house — and he learned during the subsequent investigation that the man had been kicked out prior to the stabbing.

The small riverfront borough was home to about a dozen recovery homes as of last summer, Moors said, and most complaints about them involved noise or reports of suspicious persons. Moors said he's aware of only one overdose — a fatality — last year at a recovery house there. The most

frequent police encounters occur when residents are kicked out of the homes late at night due to a drug relapse and neighbors call police for a "suspicious person," Moors said. When police investigate, they often find the person is from out-of-town and doesn't know where to go.

"I think strong leadership is the key to a well-run house," Moors said. "If you have a good house leader that enforces the rules and the other members respect him, you are going to limit your problems. When a house is loosely run, that is where the problems arise."

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A democratic approach to recovery

April 18, 2016

BY MARION CALLAHAN
STAFF WRITER

In jail, Kristine Biermann lacked freedom. In addiction, she lacked control. In life, she lacked a voice.

That is, she said, until she moved into Oxford House, a residence for people recovering from drug and alcohol addictions. Each Oxford House is a democracy, with housemates voting on everything from who moves in to what kind of pictures they hang.

Biermann said this democratic philosophy empowers the 11 women at the Mount Holly, New Jersey, recovery house where she lives. Plus, she said, the Oxford House model's success depends on recovering addicts keeping one another in line.

"What works for me is being able to have a voice," said Biermann, who lives in one of the eight Oxford Houses in Burlington County, New Jersey. "When I was active in my addiction and even prior to my addiction, I didn't feel that I was worth anything and didn't feel that anything I said had any validity to it."

"And living here, I get a say on anything, down to what types of paper towels that we buy, and I love it."

The Oxford House recovery model was born decades ago, through the vision of

J. Paul Molloy, who was an alcoholic in recovery in 1975 when the county-funded halfway house where he

was living closed — and with it, he lost his home, plus the treatment services it offered.

He and his other 12 housemates knew they still needed a supportive and a drug- and alcohol-free place to live. So, they rented a home in Silver Spring, Maryland, drafted a set of rules to live by and divided living costs and responsibilities. The Oxford House model was born.

"It's democratically self-run," said Molloy, who structured the model so no one would have authority over any other individual.

HOW IT BEGAN

A former Republican counsel to the U.S. Senate Commerce Committee, Molloy said the philosophy that helped create the first Oxford House extends to the more than 2,000 Oxford House models across the United States. Oxford House Inc. is a non-profit umbrella organization for the national network of homes.

New Jersey has 132 houses — including eight in Burlington County — and that number is likely to grow to accommodate the increasing number of people who are coming out of treatment for alcohol and drug addiction and need recovery houses. Pennsylvania has 49 Oxford House recovery

residences. No houses are in Bucks County; Montgomery County has one.

Molloy said about 350,000 people have been through the program. Biermann, 43, is one of them, though her first stint at an Oxford House in Moorestown in 2011 wasn't successful.

"I wasn't ready," said Biermann, who relapsed and had to leave. "I thought I could use and get away with it and that wasn't my experience."

Stealing money to support her addiction to cocaine landed her in jail for three months and later back in a treatment facility, where she said many of the women talked about heading to an Oxford House to get sober. Biermann said her mother wouldn't allow her to come back home, so she sought help at the Oxford House in Mount Holly.

"When I came into Oxford, I have to be honest, I didn't really have a goal. All I knew is that I was tired of institutions and jails and didn't want to be there anymore," said Biermann, who moved into the Mount Holly Oxford House in February 2013. "Oxford has taught me how to be accountable, how to be independent and responsible."

Plus, she said, the other women help keep her honest.

"If I try to lie, if I try to do anything that's out of the norm for a normal person, if there is such thing as a normal person, I'm not

Approach continued on next page

Deaths continued

going to be able to get away with it," she said. "If I'm having a bad day, somebody is going to know."

HOUSE RULES

Molloy said people recovering from drug and alcohol addictions are allowed to move into an Oxford House only after being interviewed by the other residents and being approved by at least 80 percent of them. Typically, a resident moves into the recovery house following a rehabilitation program or at least 10 days of detoxification. A few recovering addicts come right from jail, he said.

The house rules are clear: Pay rent and contribute to the maintenance of the home, abstain from drugs and alcohol, and avoid disruptive behavior. Violation of any of those rules results in eviction. The number of residents in a house ranges from six to 15. There are homes for men, for women, and for women with children. Men and women don't live in the same recovery houses.

There are no counselors or managers. Housemates elect officers to help run the house; each officer is limited to a six-month term. "We don't want anyone to assume the role of a 'boss,'" Molloy said.

The rules are designed to equip people with the skills they need to function in daily life. Residents must get a job within two weeks of moving in. They pay weekly rent of between \$110 and \$120. They have chores and responsibilities. There are also rules about curfew, visitation and behavior.

If a majority of residents believe a housemate has relapsed, that person is expelled from the house within 20 minutes. Unlike the halfway house where Molloy first lived in recovery, there's no limit to how long a resident can stay at an Oxford House. The average stay is a little over a year at the Oxford Houses, he said.

There's a good reason limits don't exist, according to Molloy, who said the halfway house where he once lived limited stays to six months.

"... Eleven guys (in that halfway house) had to leave because their time was up, and 10 of them relapsed," he said. "Relapse does not have to be part of the process. We didn't want a time limit. You could live in an Oxford House for the rest of your life."

Because of the demand for after-treatment housing, Molloy said there is a big push to open more Oxford Houses, which aren't

owned by Oxford Houses Inc. "To open an Oxford House, addicts in recovery rent houses from landlords like any ordinary family," Molloy said.

A group finds a place to rent and applies to Oxford House Inc. for a conditional charter. If it's granted, residents have six months to prove they have earned a permanent charter. That is judged by whether they've held house meetings, paid all bills and followed the Oxford House model, Molloy explained.

He said some states offer loans to help people in recovery pay their first month's rent and security deposit. Though the loans are government money, no New Jersey agency has any oversight of Oxford House recovery homes. In 1988, Congress passed the Anti-Drug Abuse Act, which gave states the option to establish revolving loans for recovery homes. The Oxford House network took off when Congress established the loan program.

"That was the catalyst that expanded this program across the country," Molloy said. "Twenty-two states let us manage their loan fund."

Under Oxford House rules, the loan must be repaid by the group within two years. Residents of the home are fully responsible for their own expenses and debts. No rent is paid to Oxford House Inc.

THE BIGGER PICTURE

Last year, Oxford House Inc. had a \$5.5 million budget, with much of the money coming from federal block grants, state drug and alcohol funds and donations from individual recovery houses, according to IRS documents.

"In 2015, the houses voluntarily contributed about \$480,000," he said. "About 25 percent of the houses sent in money — completely on their own. It's amazing."

More than 75 percent of the non-profit's budget is used on salaries for outreach workers who promote additional homes and support them, according to the IRS documents.

"New Jersey gives us a grant of \$290,000, which enables us to hire three outreach workers who help find houses, recruit recovering folks to live in homes and teach them the system of operation," said Molloy, adding that Pennsylvania isn't one of the states that works with Oxford Homes in that way.

George Kent, the Oxford House regional manager for Pennsylvania, New Jersey and

New York, said home locations are based on an area's need.

"We are targeting counties that don't have houses," he said. "The goal is to be there for everyone who needs it, so everyone can have the opportunity to live in a safe, sober home environment."

Though the bulk of the growth in the Northeast has happened in New Jersey, it hasn't been an easy journey, Molloy said.

"The first five houses that opened up in New Jersey ended up in court because neighbors said, 'not in my back yard,'" said Molloy, adding that people the Americans with Disabilities Act and the Fair Housing Act cover people in recovery. "We were in federal court in 14 different justifications at one point. There were just bitter fights about us. We won every single case."

Plus, he said, neighbors eventually learned that Oxford Houses enforced their no-drug policies and became a "positive force" in the community.

"(Housemates) live like a family and produce miracles together," Molloy said. "People who live in these houses gain the self-confidence they need to say they can live life without booze and without drugs. The longer you are used to living without drugs, the easier it is to stay clean and sober."

During 2015, only 16.7 percent of residents in the homes were asked to leave because they relapsed, Molloy said.

Statistics aside, Burlington County's Oxford House outreach worker De Wallace knows why the program works for most residents — and it's not just because she's a product of it.

"So many addicts and alcoholics return to old people, places and things that familiarize themselves with their addiction (that) they soon return back to what they once know," she said. "Oxford House is surrounded by the same individuals that know the behaviors of addiction that family and friends may not recognize or choose to ignore."

Treatment for drug or alcohol addiction is only the "beginning of the process" of the education needed to live sober, she added.

"Oxford House," Wallace said, "provides us the time it takes to put that education to work and work on being successful, productive members of society."

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A Hard Choice

Parents, loved ones face tough decisions when choosing a recovery house

April 19, 2016

BY MARION CALLAHAN, JO CIAVAGLIA
and JENNY WAGNER
STAFF WRITERS

For five months and one day, Samantha Johnson slept like a baby.

Her son Bryan was in the Bucks County Men's Community Corrections Center, but at least she knew where he was. She knew he was being taken care of, and that he wasn't using drugs.

But the Willow Grove mom feared her sleepless nights would return after the 24-year-old was released from jail last Thanksgiving morning.

"When he gets out, the sleep stops," Johnson said a few days before Bryan's release. "It's just going to be a constant worry."

Johnson has been worrying about her son's struggles with addiction since he began smoking marijuana at age 16. She tried everything to get him to stop. The last resort was getting him into the criminal justice system.

For years, Bryan bounced in and out of juvenile detention, then adult jail. Johnson said her son started abusing Suboxone, a medication intended to treat opioid addiction, and then tried prescription painkillers, which led to heroin.

After a recent run-in with the law, Bryan was sentenced to probation and ordered to be released to a recovery house in Bucks County. But Johnson had something new to worry about: Which recovery house?

She didn't know anything about where Bryan would be living. She didn't know if he would be taken care of or if he would stay clean.

That's because no government agency or outside resource exists to provide information about recovery houses. There is no formal independent inspection process or rating system to evaluate or monitor whether the facilities or services they provide meet residents' needs. No registry or website exists where people can read reviews or complaints about house quality to help them make a decision.

"As a parent, you are just out of luck," said Lower Makefield resident David Hentosh, whose daughter Jennifer lived in more than a half-dozen recovery houses before she

died of a heroin overdose in 2010. "You are taking a potshot at this. It's terrible."

Sometimes, there is little choice about what recovery house a person ends up in.

For the last 12 years, Bucks County Adult Probation and Parole has placed individuals under court supervision or who participate in drug court almost exclusively in homes whose owners are members of the Bucks County Recovery House Association. The network consists of owner/operators of nearly 50 houses who agree to run their facilities under the group's guidelines.

Court officials enacted the informal arrangement in 2004 in an attempt to provide a safe and stable environment for those the department supervises.

"We want to have houses that have some type of oversight or some standards, some things in place that we didn't have before," said Warren Grant, deputy chief of the department and the coordinator of the Bucks County Drug Court.

In neighboring Montgomery County, the court system uses recovery houses only as a last resort.

"They're unlicensed and no one keeps track of them," said Michael Gordon, chief of Montgomery County Adult Probation and Parole. "They're the last chance, if they have absolutely nothing else. I often consider them sort of a homeless gap fill."

While Gordon said he likes the idea of recovery houses as a stable living situation for recovering addicts, he has had situations where court-supervised offenders have left recovery houses and the department never found out until a probation officer went to the house to meet with an offender a week or two later.

Gordon estimated about a dozen offenders a year are released to recovery houses. Montgomery County has seven identified recovery houses, Gordon said, adding that courts also refer individuals to houses on the Bucks County Recovery House Association list.

The Bucks County Drug and Alcohol Commission only provides referrals and state funding for short-term housing to association houses, citing the group's efforts at self-regulation using standards that include mandatory monthly drug testing and consumer protections. The county commission and the Pennsylvania Department of Drug

and Alcohol Programs also have guidelines that recovery house operators it contracts with must follow to be eligible for state grant money for housing.

Requirements include annual announced site visits conducted by the commission's clinical director. House owners also must agree to protocols for using and securing medications and verify that residents are informed in writing about house rules and lease agreements, referral agreements to handle relapses and policies ensuring the safety and protection of residents and the community.

Treatment centers, which often refer clients to recovery houses to help them transition back into the community, also require certain policies and procedures. Some refer only to houses that are association members; other treatment facilities don't have that requirement.

Voluntary certification by an affiliate of the National Alliance of Recovery Residences is a minimum requirement to receive referrals from Ambrosia Treatment Centers in Medford, New Jersey, said Dave Bontempo, Ambrosia's outreach coordinator for the Philadelphia region.

Kedie Ubiles, an aftercare specialist for the Penn Foundation's drug and alcohol treatment program, said, "If we have met with the owners and feel that the recovery house environment will support the client, then we will definitely consider it, certified or not." Ubiles said the West Rockhill center's list of providers is continually updated.

Denise Miliner, a life skills counselor at Libertae, a Bensalem halfway house and residential treatment program, also typically refers to recovery houses that are part of the Bucks County Recovery House Association. But she said she'd consider others that are not certified.

"I'm not going to let my client be homeless just because you're not in the association," Miliner said.

Libertae and the Penn Foundation invite owners who want to be considered for referrals to visit their facilities and present information about their recovery houses.

"We will meet with them and assess if it is a good fit," Ubiles explained.

Bontempo said he and his colleagues at Ambrosia have never referred a client to a

Choice continued on next page

Choice continued

recovery house they haven't visited.

"We meet the owners, we talk to them about the kind of program that they run, we see the houses," said Athena Hepler, Ambrosia's aftercare coordinator. "Sometimes, we get to meet some of the clients that live there and ask them some questions, so we know that these houses we are sending clients to are reputable houses and not just flop houses."

The Livengrin Foundation has its own "credentialing" system for the recovery houses it refers clients to, said Richard Pine, president and CEO, who testified during an April 4 House Democratic Policy Committee hearing on a proposed bill to set regulations for recovery houses. About half of Livengrin's patients go to a recovery house after rehab, and the foundation currently refers them to 26 recovery house operators in Bucks and surrounding counties.

"There are many fine recovery and sober living houses in Pennsylvania, but there are others which do not, in my opinion, meet basic standards of quality. A state board of recovery residences would go a long way toward ensuring quality of care," Pine said.

A Livengrin team does a personal inspection visit and conducts an in-depth interview with the recovery house owner, then they review all the basic safety and comfort features of the house. The foundation also investigates all complaints, which have varied from drugs in the houses to no working heat.

"We have had times patients come back with complaints regarding the home they are residing in. Sometimes valid; sometimes not, but we always follow up," said Dana Curran, patient care coordinator. The foundation has removed homes from its "preferred" list due to unresolved concerns or issues.

Treatment center officials agreed that key among their concerns and requirements is whether recovery houses will support and encourage residents to follow their clinical recommendations, such as outpatient programs and counseling.

"We need the owners (or property manager) to make sure that the individual goes to treatment, attends (support) meetings, and fills his/her time with productive activities like work, school or volunteering. We want to see the individual grow as a person, and the recovery house owners/manager should want that too," said Ubiles.

That support is something Bontempo and his colleagues take very seriously.

"We're handing you someone's life and we're trusting you, and obviously we can't penalize (recovery houses) by law, but if clinical recommendations are not (followed) first and foremost, then we're not going to use you again," Bontempo said.

But relapses do happen, even with continuing care, so how recovery houses handle them is important, said Michael Wehrl, Ambrosia's outreach coordinator for New Jersey.

"We want to work with recovery houses that if — God forbid — something like that happens, are they going to reach out ... to a treatment provider and do their best to try and get that person back into treatment," Wehrl said.

Livengrin's team specifically asks owners how much time residents are given to make other arrangements if they relapse.

"A question like this will give us a better idea on how the house runs or if something goes wrong how it is handled," said Dana Curran, patient care coordinator. "We take a lot of different things into consideration when placing a patient into a recovery house, one of them primarily being that they can continue with treatment."

Things like bed counts, chores, drug testing and meeting requirements also are important to the Ambrosia coordinators, who are all in recovery themselves.

"You need to make people feel like they're human beings, and you need to make them feel like they have a little bit of space," Bontempo said. "There is so much shame in getting clean and recovery and going through the process and you want to be able to feel like a recovery house, you might not own it, but it's your home for a little while."

Bontempo would like to see more regulations in place for recovery house owners.

"I think certain times, certain people, think that because they're sober or have been through it that they really get the whole pitch," he said of recovery house owners, many of whom are in recovery themselves. "Working in the treatment field, I personally have learned I had one way that I got clean, but there are 9 million other ways that work. And just because I went through something, doesn't mean I have any idea what someone else is going through."

David Hentosh, whose daughter died of an OD after stints at several recovery houses, agrees the best recovery house programs are run by people with professional training and education in addiction management.

"Former addicts don't necessarily know

about addiction," he said. "They know about using and maybe something about how to beat it, but they don't know about addiction. The why's of it and how it works."

The Lower Makefield resident also advises loved ones and those in recovery to look for houses that emphasize structure and supervision. "I can't stress enough (that) addicts need discipline and regimen," he said.

Hentosh said he has heard stories about recovery houses where residents who were caught using drugs or alcohol — typically grounds for automatic eviction — are allowed to stay if they keep paying their weekly fee — despite the fact that letting them stay could risk the sobriety of other residents.

"Addicts crave drugs. Period," Hentosh said. "One bad apple in a recovery house and it wrecks a recovery house."

Bristol Township resident Jerry Latimer visited local recovery homes and spoke to the managers before picking a place for his son Jay, 23, who struggled with heroin addiction for five years before he died of an overdose in March 2015.

At one point, Latimer, a recovering alcoholic, said he contacted more than 50 recovery homes along the East Coast seeking information about their programs. He peppered operators with questions: Do residents have access to computers? Is transportation provided? What about food? Is there career counseling? Do they help residents find jobs? Does the program offer counseling?

Most of the answers he got were filled with hope, but not substance, he said.

"You get the sales pitch, but when you ask hard questions, you don't get direct answers," Latimer said. "What do you do to help them get a job? How do you teach basic life skills? Doing chores around the house? So they learn to clean a toilet."

While Latimer knew the right questions to ask, not everyone does.

"I was totally blind," Johnson said of trying to find a recovery house for her son Bryan.

She started on Google, found the Bucks County Recovery House Association website, and started calling houses. She wanted Bryan to stay out of Lower Bucks — and away from his "old stomping grounds."

Johnson got a call back from a former recovery house owner who offered some insight about getting Bryan into a house that would help him succeed at recovery. Johnson identified three houses for Bryan, who ultimately picked one in Bristol Township that friends told him was less strict.

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Choice continued

"He was a kid that had been locked up for five months and he wanted less rules," Johnson said.

Johnson dropped him off and cried as she drove away. "It was disgusting," she said of the conditions at the house.

Picking a recovery house is a gamble, Johnson said. "It's kind of like a vacation resort. They're going to make it sound like it's just glorious — until you get there."

It would have been nice to have someone to help her navigate the recovery house system, Johnson added. She needed more details, and as someone who works in the health care industry, she wanted ratings and other regulations.

Bryan was placed in a bedroom with three other men, and ran into problems getting along in the house, Johnson and her son

said. Bryan knew he wanted to leave, and said he broke the rules so he would get kicked out.

Since then, Bryan has been living with Johnson's parents, and his mom said he's "doing fantastic."

"I just kind of decided to get my life together," Bryan said. "I don't know what really changed, but I've been doing good and things have been just falling into place."

At first, it was hard to fight the urge to get high, Bryan said, but he feels strong now and the thought of losing everything he has worked so hard to gain "disgusts" him.

"I definitely never thought I would get sober. I pretty much knew, in my head, that I was going to die from it someday," he said.

Bryan said he has a great job, a great girlfriend, and he plans to get his own place soon. It feels wonderful, he said, to have his

mom and other family members trust him again.

"He's a kid that I've never even met before. He pays his bills; he's responsible," Johnson said.

Johnson still encourages Bryan to continue working on his recovery and going to counseling and 12-step meetings, but she said she couldn't be more proud of him and where he is in his life now.

"I sleep at night," Johnson said.

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Court system relies on Bucks County Recovery House Association

April 19, 2016

BY JO CIAVAGLIA
STAFF WRITER

For more than 10 years, Bucks County residents on parole or probation have been allowed to live only in recovery houses that are part of a court-approved list.

Virtually all the approved houses on that list are members of the Bucks County Recovery House Association, a network of private, for-profit residences. The only exception is a recovery house in New Britain that is run by a drug treatment advocacy group.

Roughly 150 of the approximately 4,500 Bucks County residents supervised by the department live in a recovery or sober living house — or they listed one as their last known address — according to Warren Grant, deputy chief of Bucks County Adult Probation and Parole Department. At least another 17 people participating in the Bucks County Drug Court program also live in these department-approved recovery houses, according to court officials.

The arrangement was created more than a decade ago after probation and parole officers found serious problems at some recovery houses, including a house manager who provided clean urine for drug testing, Grant said. With no way to know if a house was well-run, the court relied on

the then-newly formed Bucks association to follow peer monitoring and quality standards, Grant said.

"We want to have houses that have some type of oversight or some standards some things in place that we didn't have before," said Grant, who is also coordinator of the county's drug court program.

No formal agreement between the two entities exists, though association homes have access to federal grant money to cover short-term stays and intake fees for low-income drug court participants.

A "memo of understanding" was recently drafted outlining the responsibilities of the Bucks association. They include monitoring residents' sobriety through random drug testing, posting association standards and resident bill of rights in houses, and agreeing to unannounced inspections by adult probation and parole.

The memo was drafted after Calkins Media requested access to a copy of the original 2004 agreement, which court officials later said they were unsure existed.

Two lawyers for advocacy groups questioned the directive about living in Bucks association houses.

That directive was issued by former Bucks County President Judge Kenneth Biehn, who's now retired, and adult probation and parole has followed it ever since, Grant said.

Current President Judge Jeffrey Finley said he supports the policy and the court's authority to implement it because where a person on parole or probation lives is something the court could include in an individual's supervision plan.

Neither the court nor adult probation and parole provides any oversight of the Bucks association houses, though Grant said he attends monthly association meetings.

He said the department doesn't keep any records about the homes, but he personally conducts unannounced inspections of approved homes four times a year — typically accompanied by another association member. He said he inspects about 28 homes for items including running water, heat, pest-free environments, working smoke detectors and fire extinguishers. Concerns arising from those inspections are forwarded to an association committee for investigation, Grant said.

Fewer than a dozen complaints involving association homes have been lodged with the Bristol Township Department of Licenses and Inspections since 2011, according to this news organization's review of more than 100 property records. Most association-run homes are in Bristol Township. Most complaints involved allegations of poor property maintenance.

The deputy legal director of the Phila-

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delphia chapter of the ACLU said it's not unusual for probation and parole departments to use an approved list of service or housing providers. But if the recovery houses on the approved list follow only offer a religious-based program, it could violate the civil rights of an individual who doesn't want a religious-based program, the ACLU's Mary Catherine Roper said.

Angus Love, executive director of the Pennsylvania Institutional Law Project, agreed that probation and parole can restrict where court-ordered individuals live including recovery houses, but doubted the same restriction could apply to parolees or probationers who voluntarily live in a recovery house — and certainly shouldn't be able to hit them with parole or probation violations if they refused to move into the RHA house.

"That is troubling," Love added. "I don't see how they can possibly mandate they go to one of their programs."

Grant said his office wouldn't file a probation or parole violation against someone only for refusing to move out of an unapproved recovery house alone. He also said he wasn't aware of any court supervised

offense seeking a court order to stay in an unapproved home.

"Honestly, to my knowledge there has never been anybody (given a violation) because they didn't want to go to an approved house," Grant added. "I can't think there are that many (individuals) that have been told they have to leave."

Court records tell a different story.

Since last year, at least two people under court supervision obtained court orders allowing them to continue living in unapproved homes. This news organization is withholding the identities of those people because they were concerned about retaliation by the county.

One of the men who obtained a court order, a 29-year-old recovering heroin addict, claimed he received a parole violation after he refused to move from the recovery home he had been living in for two months. The man moved into the home after he was discharged from a drug treatment center that he entered voluntarily. A Bucks County judge dismissed the violation and granted the man a court order in May 2015 to remain in the recovery home, according to court records.

In an interview, the man claimed he had previously lived in five BCRHA-run homes and relapsed in all of them. As of early April, he said he had been sober 11 months and was still living at the "unapproved" recovery house, working full time and he recently bought his first car.

"This place (recovery house) is a huge part of that," the man added. "I made the mistake. I put myself in the situation. You can monitor me, but how can you tell me where I can live when I am doing what I'm supposed to do?"

The other man, a 34-year-old recovering heroin addict, said his probation officer told him he had to move two weeks after he was admitted to a non-RHA recovery house. The man called his lawyer, who obtained a court order on Feb. 19 allowing him to stay put, according to records.

"I chose to do the right thing and continue down the path of sobriety," the man said. "What I didn't expect was them to have a problem with me moving into a house that wasn't on a stupid list."

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A day in the life: 'They know how I feel'

Life beyond addiction is the goal for these recovery house residents.

April 20, 2016

BY MARION CALLAHAN
STAFF WRITER

The bus was late.

"That's typical," warned Kato Szabo, who scooted over on a yellow slab of concrete in a parking lot so Liza Fabbri could take a seat.

They both sat shivering, their long, blond hair buried in hats and scarves. As cars zipped by the bus stop along New Falls Road, both women lit cigarettes, exchanged words on their plans for the future and shed light on some days from their past. They swapped stories about living at private universities and spending their parents money on drugs instead of school supplies.

"I can't believe I was so spoiled, such a brat," said 24-year-old Szabo, who said she became addicted to opiates during a semester at Catholic University in Washington, D.C. "My parents gave me everything I needed ... and I took it all for granted."

Szabo, who has been sober since October, told Fabbri she's thankful to ride a bus. A car would make her life easier, she said, but not more rewarding.

"I'm grateful to have to do this," Szabo said. "Taking the bus, having all these humbling experiences ... It's opening my eyes to so much. I value the little things so much more."

On a cold January day, Szabo was showing 20-year-old Fabbri the routine and the requirements that come with living in an Emilie Recovery House that is home to 14 young women who are in various stages of recovery from addiction.

Fabbri was only a few days out of a treatment center for heroin addiction and was thrilled to get a bed at the Bristol Township recovery house, a place she was told is known for its rules — and also for its reputation in helping people succeed in long-term recovery.

The main problem for her and many others with addictions is that there's little support

for substance abusers after they leave treatment. As a result, they often go back into the environment where their addiction took hold, which can be a recipe for falling back into their old drug habits with former friends.

Bucks County is far from her hometown of Hartford, Connecticut, but Fabbri said returning to a home without firm rules was too risky for her recovery.

Chores, cooking, curfews, random drug testing, mandatory Narcotics Anonymous meetings and recovery house group meetings are all part of the Emilie House requirements. Time away from the recovery house is restricted, too, during a resident's first 30 days. A resident cannot go out at night without a resident who has been at the house for at least three months and must attend 30 support group meetings during that time.

"I need someone to keep me accountable," said Fabbri, who urged the other

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residents at a house meeting to help her abide by the rules. "It's always scary coming somewhere new, not knowing anyone. But they've all been where I've been. They know how I feel."

Less than 20 hours into her recovery house experience, Fabbri said she felt lucky to have someone to show her the ropes. And she was fixed on her first priority — getting a job to help pay for the \$175 weekly rent after her parents helped her get a jump start on that financial obligation.

Szabo, who was seeking a new job, hashed out a plan for the two of them. They would catch a ride to Pro-Act, a Bucks County organization that assists people in recovery to find work by helping them draft resumes and offering advice and classes on entering or re-entering the workforce. Then, they would head to the Oxford Valley Mall to job hunt.

The bus approached the stop and both women stood up, but the driver never slowed down.

"This has never happened to me before," said Szabo. She and Fabbri then darted across the busy street to catch a bus heading to the mall instead of Pro-Act. That bus stopped, and the women boarded, settling into their seats and giggling as they texted each other on their smartphones. They talked and laughed like old friends, though they'd known each other for less than a day.

"There's a connection, and an urge to make people welcome," Szabo said about the recovery house where she has lived since October. "The girls (from the recovery house) did this for me when I came in; I'd do it for anyone else."

As the bus approached the mall, Fabbri and Szabo talked about where they'd apply for jobs.

The "We're hiring" sign on Banana Republic's glass window was encouraging, so they spoke with a manager and were thrilled to hear the store was looking for sales help. Both pledged to fill out online applications.

"Now they see a face to the name, so we are not just applicants," Szabo said to Fabbri. "We'll experience some rejection, but that's part of it."

Fabbri's experience in the Rubee clothing store lifted her spirits. The store manager asked her to return in a few days for a trial

shift.

"We did it!" said Fabbri, hugging Szabo. "I feel like I've known her forever," Szabo said.

The job-hunting spree, which involved stopping at about a dozen stores, was a necessity because getting a job is one of the first requirements to stay in the recovery house. Szabo said she credits part of her success in staying clean to the relationships she has formed at Emilie House.

"I'm living with people who understand my struggle and want the same thing I want," she said. "They want to be better; they want to free themselves of the bondage of those substances. ... there's not that judgment there. And all living together, it's easier to bond, easier to vent, to talk to about (our) problems because there's that commonality."

Still, Fabbri admitted she was nervous on her first day at the recovery house.

"I feel like I wanted to hate it just because I wanted an excuse to go home, but it's hard because they're so welcoming and just genuinely care," she said.

Less than a week after that first day together, Fabbri got the job at Rubee, but decided to take a job as a hostess at a Bristol Township restaurant. Szabo took a job packaging beauty products at a nearby warehouse.

"I'm off to a great start and I'm settling into the routine," said Fabbri, adding that adjusting to life without drugs — and her car — wasn't easy.

"But it's not as bad as I thought it was going to be," Fabbri said. "I did throw a fit a while ago, saying I'm not taking the bus; I need my car. I need whatever. But it is really freeing and I feel more independent and more in control and taking charge. So it's actually a good thing."

After an eight-hour work shift, Fabbri sat in the recovery house kitchen while two housemates prepared barbecued chicken and rice for dinner. Each resident is required to cook for everyone at least twice monthly. Meals made Monday through Thursday are included with the rent. While cooking, the women laughed and giggled while video chatting with friends in another Emilie House.

Following dinner, the residents gathered for a house meeting under a sprawling picture of a blooming water lily hung on the

powder blue wall.

Much of the meeting that night was routine, with the house manager asking the women to update the group on their progress and weekly goals. Housekeeping items were addressed. Chores weren't an issue that week; the residents seemed to take pride in their assigned tasks.

Emily MacAdam, who came to the house in November 2015, said responsibilities like making a bed help teach her to "live all over again. I need someone to tell me to 'do this' or 'go here.' "

Beyond the routine, emotions ran high as the women shared good news and bad.

The house had just lost a member, who had been asked to leave after relapsing. Another woman talked about custody issues with her son and her struggle to stay clean.

"Stay strong," one woman offered the struggling housemate. "Hang in there," another one said.

That night, Fabbri delivered good news about getting a job and celebrating more than 20 days of being drug-free. She said she did it by setting personal goals: get to work, do chores, go to meetings, complete outpatient therapy and "make it through another day."

At one point, she looked at the flurry of activity around her — women chatting on cellphones, washing dishes and darting in and out of the house as they went to and from support meetings.

"I try not to project too far into the future," said Fabbri. "First, I'd like to reach 90 days (drug-free), then six months, then a year. Right now, I just need to take it one day at a time."

■

POSTSCRIPT: Liza Fabbri lived at Emilie House for about two months and then moved back to her home in Connecticut to be with her family. She relapsed two weeks later. She returned to Emilie House in early March, saying, "This is the place I know that would help me the most." She continues to work on her recovery. She said she credits the recovery house for teaching her "how to live life. Here, I learn how to organize my day, take care of myself and put recovery before anything."

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Adjusting to life in a recovery house, following a stint in prison

April 20, 2016

BY MARION CALLAHAN
STAFF WRITER

Bryan Gibson considers himself one of the lucky ones.

Though he's been in Bucks County prison six times because of alcohol- or drug-related crimes, the 28-year-old Doylestown resident said he came to terms with one fact during his most recent stint: "Whatever I was doing up until now was not working."

The end of his last 12-month sentence meant something more to him than just "getting out" this time, Gibson said.

"I had goals written down, plans for myself, and I wanted nothing more than to stay clean; and I didn't want to go back," he said. "Nothing else had worked for me. I tried everything, so I tried the one thing I've seen working for others. I submerged myself in recovery."

Mentor Plus came to his rescue, entering his life three months before he was released from prison. The 15-member volunteer group gave him a safe place to go, a ride to get there and a supportive group of people to greet him when he arrived — all things he said he'd never experienced after prior prison stints.

In 2002, Bucks County recovery organization PRO-ACT recognized this need and founded Mentor Plus to help former prisoners in early recovery with their transition back into the community. The program came at a time when recidivism rates for drug crimes were at 60 percent or higher. Mentor Plus has helped 200 Bucks County residents so far. Since the program's launch, the average relapse/re-incarceration rate for those who were mentored is 25 percent; the national average for recidivism or relapse is 60 percent.

Some of the group's mentors have served time in prison, so they can relate firsthand to the hurdles inmates face upon release — namely, lacking a job, a driver's license and credibility.

"Most people think, 'Oh, jail will be good for you,' but it's there for punitive reasons; jail is no deterrent when you're addicted," said Gibson's mentor, Brett Sulzer, who has also served time for drug-related crimes. "The power of addiction is so strong. It's a huge problem, and the question is: 'What

do we do to prevent people from continuing to use drugs and alcohol?' You need a bridge to society, a support network of understanding people to help you assimilate into society."

Now that Gibson's out, Sulzer works with him to build the strength he needs to live an alcohol- and drug-free life. In the past, Gibson said he was so eager to get out of prison that he settled for recovery homes that lacked structure, oversight and, most importantly, a drug- and alcohol-free environment.

"One place was so horrible; it was like a revolving door of people who would come in and leave," Gibson said. "People would come in and get high or go to the nearest bar. And as long as you paid rent, they (home managers and owners) don't care."

This time, Sulzer made sure that on the day Gibson left the Bucks County prison, his destination was a support group meeting, not a bar or a poorly run recovery home. Sulzer suggested he head to a recovery home with a supervisor, a nearby treatment center and staff that enforces rules that aim to keep residents sober. Gibson went to Aldie Recovery House in Doylestown.

One of the guiding lights behind Mentor Plus was co-founder Bill McDonald, who died earlier this year — though the program continues.

McDonald, in an interview prior to his death, said people with addictions who are released from prison face an uphill climb, struggling with multiple challenges, socially and functionally. Unfortunately, some recovery homes only add to the problem, he said.

"It's a shame really," said McDonald. "Some people have no other choice but to go to these recovery houses, and they're doomed to failure if it's the wrong one. They are coming out without the benefit of the intensive treatment they need. They have the probability of going back to their old neighborhood, old friends and old habits. Many go to recovery homes. But most are not prepared very well for what they are going to face when they come out."

In addition to no job, no car and no place to live, many ex-prisoners face fines related to their crimes, a job market that's often not receptive to people with prison records and child support responsibilities, McDonald said.

"The purpose of this program is to address all of those items before they get

released so they know exactly what they're going to do and where they're going to do it," McDonald said.

Mentors discuss life skills, such as how to interview for a job — and even how to answer the inevitable application question: "Have you ever been convicted of a felony?"

"You don't answer it," McDonald said about that question. "Or the job application will end up in the trash. You write down that you'll discuss it. That gives them the opportunity to explain what happened."

Within the first few months after his release, Gibson — with the help of Sulzer — got a driver's license and a job. One of Gibson's proudest feats was rebuilding his relationship with his mother. "I love her," said Gibson, who talks with his mom daily after they were estranged for several years.

He goes to seven support group meetings a week and Sulzer has become his support group sponsor. In addition to assisting Gibson, Sulzer will soon volunteer with another inmate in the months before the prisoner is released and as he makes the transition back into the community.

"This program is all about giving you support, providing a template that you can follow, and surrounding yourself with people and friends who have a genuine interest in keeping you sober," Sulzer said. "We do not seek to shirk responsibility for legal entanglements or other difficulties, but rather we begin to recognize them as the inevitable result of active addiction."

"We, as a group, provide a firm foundation of love and support for these individuals who feel unlovable, many of whom society has abandoned to punitive institutions because their addictions have created a seemingly incorrigible person, someone who is incapable of being rehabilitated," he explained. "That is simply not the case."

"The end result and transformation is nothing short of a miracle," Sulzer added. "We help those that were unemployable become employable, those who could not love to love to be good moms, dads and sons, and those who had no care or concern for the world around them to now embrace that world and to seek to do good things."

As for Gibson, he lives on his own and is proud to say he can pay his rent and his other bills. And he has been clean for nearly 18 months.

Cheryl Finley recalls her late son's experience with recovery houses

April 20, 2016

BY JO CIAVAGLIA
STAFF WRITER

During his struggle with heroin addiction, Cheryl Finley believes her son was happiest when he was living among other men who were also struggling to overcome their drug demons.

Benjamin Finley first stayed at a Pottstown recovery house following 30 days of inpatient rehabilitation in January 2012, Finley said. The house was recommended by the drug treatment center, she said.

He liked the house, but after a month there, he couldn't find a job and had no transportation, so he returned to his mom's Bristol Township home.

He eventually relapsed, and after another 30 days of inpatient rehab, Benjamin entered a Bensalem recovery house that included dinners and weekly group therapy

sessions with a counselor. He shared a bedroom with two men for \$155 a week.

One day, the house manager told her son he had to move into a basement bedroom to make room for a new person. Finley described the room as roughly the size of a large closet with a set of bunk beds and a dresser with a narrow path in between. After her son spoke to the home's owner, he agreed to fix up a larger basement room.

Benjamin was OK with that, she said, and he found a full-time job at a Bensalem manufacturing plant within biking distance.

"He loved it. It was the best time of this whole ordeal," Finley said. "The group of guys he was living with became very close and supportive. I think it was the happiest time for him in recent years."

That was until a bitter December night, when she said he was offered heroin at the recovery house — and shot up.

Benjamin immediately regretted it and

confessed to the owner, Finley said. They were all kicked out, but Benjamin was told he could return in three days if he passed a drug test. He did and the owner moved him into a different recovery house he owned.

His second chance lasted about a month.

On Jan. 11, 2013, Bensalem police found Benjamin dead of a heroin overdose in a motel not far from the recovery house. He was a few weeks shy of his 26th birthday.

Finley said she doesn't blame the recovery house operator for what happened to her son. But she does wonder why no one oversees the condition of these houses and what goes on there.

"Are they there to pay the rent or are they really interested in these people's well-being?" she said. "These are people's lives at stake. You want to try to make it as successful as possible."

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Setting Standards

Can government intervention protect neighbors, residents, owners of recovery houses?

April 21, 2016

BY MARION CALLAHAN, JO CIAVAGLIA
and JENNY WAGNER
STAFF WRITERS

The only oversight of houses catering to newly sober substance abusers in Pennsylvania rests with the people who run them.

State and local efforts are underway to change that, but the question remains how to bring more supervision and consistent standards to the lucrative and fast-growing recovery house industry without violating federal disability and housing laws and limiting access to what research shows can be an important step toward long-term sobriety for many people.

Parents like David and Barbara Hentosh believe regulation is long overdue. The Lower Makefield couple's daughter Jennifer stayed in at least eight recovery houses during her 12-year struggle with heroin addiction. The week before she died in

2010, she was evicted from two recovery homes for using drugs, David Hentosh said. Within a day after she was kicked out of one house, she found another with an open bed.

"I guess by just lying," David Hentosh said about the second house she found. "I don't think there was a drug test."

Her second stay lasted roughly another day before she relapsed again, he added.

But when Jennifer's parents arrived at the second house to pick her up, no one knew where she had gone. The couple called and texted her, but the messages went unanswered. The police found Jennifer in a motel room dead of a heroin overdose. She was 34.

"I understand the houses have to do that, but how do you just dump someone like that on the street?" Hentosh said. "They don't know who is picking them up or if anyone is picking them up."

Until recently, most attempts to regulate recovery houses locally and nationally have

focused on changes in local zoning and land use laws, but those attempts often face legal challenges. Now, some states are looking to government control over drug and alcohol program funding as a way to weed out poorly run recovery houses by rewarding owners who agree to follow quality and safety standards.

During the past two years, Ohio, Florida and Massachusetts have enacted measures encouraging recovery houses to become certified for meeting standards set by organizations that are affiliated with a national network of recovery residences. The certification isn't mandatory, but behavioral health, substance abuse treatment centers and courts in those states can only refer clients to recovery houses that obtain it. Those who refer people elsewhere risk penalties. Plus, certified houses also are eligible for state housing funds.

The Florida Legislature took its voluntary

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certification process further by creating a new professional credential — Certified Recovery Residence Administrator — that will be required for anyone running a recovery house there. Florida, like the other two states, also has created a state board to oversee recovery residences and a state registry for certified homes.

Pennsylvania soon could take steps toward a voluntary certification process as well. The Certification of Drug and Alcohol Recovery Houses Task Force has spent the last 18 months examining the issue and forwarding its recommendations for creating such a process to the state's Department of Drug and Alcohol Programs. The task force's work should be completed by June, officials said. The state department licenses and oversees only drug and alcohol treatment centers and programs that provide medical care.

The task force is an outgrowth of a 2014 Pennsylvania House bill introduced by state Rep. Frank Farry, R-142, Langhorne. The bill sought to statutorily require DDAP to define recovery-based housing and create statewide standards for it. Farry later withdrew the bill from Senate consideration after DDAP suggested a task force could recommend administrative, rather than legislative, changes, which could be implemented faster.

So far, DDAP has reviewed task force recommendations for the state's first formal definition of a recovery house, as well as draft physical plant standards that outline minimum requirements for certified houses, agency spokesman Jason Snyder said. The agency also is reviewing recommendations for an ethics code for house operators.

After it reviews the full set of voluntary certification recommendations, DDAP will determine what regulatory body should oversee, implement and manage the process, Snyder explained.

Currently, the state's only reference to recovery houses is a single page in the DDAP operations manual, which explains how counties can use state grants to plan, implement and manage the delivery of drug and alcohol services at the county level, Snyder said. Bucks is one of 12 counties in the state that devoted DDAP money toward recovery housing in the most recent fiscal year, he added.

Among the task force's biggest concerns about recovery houses: they operate as cash-only business, making them ripe for abuse; and they could be improperly used

in combination with outpatient treatment as a cheaper, less effective substitute for inpatient drug and alcohol treatment, said taskforce Chairman Bill Stauffer.

Task force members also want to ensure that home operators aren't taking advantage of residents by making them work for less than minimum wage around the house or in businesses they own, said Stauffer, who's also executive director of the Pennsylvania Recovery Organizations Alliance, known as Pro-A.

The task force believes enacting a voluntary certification process would allow market forces to eliminate poorly run homes because of a lack of referrals and state funding. At this point, there's no talk of licensing or other regulatory changes, Snyder said. Service providers, such as the Bucks County Drug and Alcohol Commission, can use state block grant funding for recovery housing.

Apart from the task force, state Rep. Tina Davis, D-141, Bristol Township, has drafted — but not yet introduced — a recovery house bill (HB 1884) that is modeled after the one Florida adopted last year. It calls for creating a state Board of Recovery Residences that would enact and oversee the certification process and maintain a registry of the state-certified houses.

Davis' bill includes requirements such as annual inspections, creates a recovery residence administrator credential for individuals managing a recovery house, and mandates criminal background checks for house employees. The bill also would require any state agency and Pennsylvania-licensed service providers to refer individuals to certified recovery house. Those that fail to do so would be ineligible for state money and face fines.

While she said she Davis appreciates self-regulating organizations such as the Bucks County Recovery House Association, she believes third-party oversight is necessary.

"I have a major problem with (self-regulating). It's that old adage: You want your friends close and your enemies closer," Davis said. "There are a lot of really good owners, and then the bad players are really making it bad for everybody."

The "bad players" cause concerns for local officials, who hear about houses from community members and feel pressured to take action when they open in their neighborhoods.

People in recovery from drug and alcohol addiction are recognized as having a disability under the federal Fair Housing Act

and the Americans with Disabilities Act, so they're protected against discrimination. In some cases, authorities must grant reasonable accommodations to laws, regulations and even physical obstacles to ensure all people with disabilities have equal housing opportunities.

Municipal governments may find themselves in legal trouble if they fail to provide such accommodations, or if they deny an accommodation under pressure from residents who have discriminatory concerns, according to the U.S. Department of Justice and the U.S. Department of Housing and Urban Development. Municipalities also may violate the laws if they adopt zoning and land use ordinances or other policies that intentionally or unintentionally discriminate against recovery houses or treat them differently than other housing.

Federal courts have consistently come down on the side of recovery house operators in costly and protracted lawsuits against municipalities over such issues.

A 1995 U.S. Supreme Court ruling affirmed the protections for people in recovery and ruled that local governments must make reasonable accommodations to local zoning restrictions to allow the houses, including in residential areas. The lawsuit was initiated by the Oxford House Inc., a nonprofit organization that represents democratically run, unsupervised recovery houses across the country. The high court ruling also allowed Oxford Houses and other recovery house operators to proceed directly to federal court for temporary and permanent injunctive relief and, in some cases, damages against local governments.

Last year, Newport Beach in Southern California ended its seven-year court battle with three recovery house owners with a \$5.2 million settlement on top of \$4 million in legal fees, according to published reports. The suit was the result of the community's 2008 group home ordinance, which required city approval of new recovery homes in some communities, created rules about "quiet hours" and imposed restrictions on parking, outdoor smoking and van routes.

Also last year, a federal appellate court put on hold the enforcement of a 2014 law limiting the number of sober living homes that can operate in single-family neighborhoods in Costa Mesa, California, until the 9th Circuit Court of Appeals hears the case. A federal judge previously dismissed a lawsuit challenging the ordinance for failing to show it was discriminatory.

Washington, D.C., attorney Steve Polin,

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who has represented recovery house owners in fair housing and discrimination cases for years, said it becomes a “slippery slope” when municipalities look for ways to address community concerns about recovery houses.

It may begin with wanting to know the identity of residents, registering them with government departments or requiring an assessment of recovery house operations, Polin said. “But they don’t do that with anybody else. They don’t do it to other protected classes,” Polin said.

In some cases, he added, municipalities try to zone out housing for people in recovery. “It’s sort of like this, if we were talking about people of color moving into an all white neighborhood, would there be the same reaction?” Polin asked.

Municipalities can try to offer incentives for owners to open recovery houses in specific areas, but they can’t limit them even if they feel there are too many in one area, according to the DOJ and HUD.

There’s no legitimate way for local governments to stop houses from opening, said Fred Way, executive director and founder of the Pennsylvania Alliance of Recovery Residences, which is a state-level affiliate of the National Alliance of Recovery Residences.

“There is no official entity that can come out and close you down, unless, of course, your house is run down and uninhabitable and it’s a danger to others,” according to Way. “I think if that particular house does not want to work with the existing system to enhance their overall operating system, that we (PARR) should be able to close them down.”

Polin explained that the federal laws apply to recovery house owners as well as local governments.

“The Fair Housing Act isn’t going to give a slumlord a pass because he fails to meet his obligations, if he fails to make repairs or turn the heat on or fix damaged floors or something like that,” he said.

But the laws and court battles have left many local officials scratching their heads about how to deal with what they believe are genuine concerns for safety and other issues, without opening themselves up to litigation.

Municipalities are rendered “all but powerless, both in theory and in fact, in regard to even the most basic enforcement of its zoning, its building, and its safety codes and ordinances when the property at issue houses a recovery program,” Joseph Pizzo,

solicitor for Bensalem and Middletown, told members of the Pennsylvania House Human Services Committee during a 2013 hearing on the houses.

So far this year, several Lower Bucks communities — including three Pizzo’s law firm represents — have taken action to address recovery houses in their ordinances. Pizzo said the new ordinances in Bensalem and Falls and a proposed ordinance in Middletown aren’t intended to be discriminatory or result in discrimination. But if the ordinances are challenged, officials believe they’ll withstand court scrutiny, Pizzo said.

“I don’t know that Bensalem has been faced with the same concerns to the same degree that Middletown has, but in both cases, the communities are vested with the responsibility for the maintenance and protection of the health, safety and welfare of (their) citizens. Both communities, and I would venture to say all local communities, take that responsibility very seriously,” Pizzo said.

In 2012, an owner who was rehabilitating a recovery house in Middletown filed a complaint with the Pennsylvania Human Relations Commission against the township for discrimination. While the investigation found there was no evidence of it, the township had — and still has — concerns about its inability to identify and inspect recovery houses for fire safety, among other things, according to Pizzo, who added that a number of recovery houses routinely welcome township code and fire inspectors.

“When a first responder is called to respond to an event at a recovery home or a similar facility, often times the township is ... unaware of the existence of that particular house as a recovery home or a group home. The township is unaware of the potentially increased number of occupants of that structure and sometimes even an unsafe number of occupants of that structure,” the solicitor said.

At least three fires have occurred at recovery houses in Middletown and Bristol Township since 2006 — including two in basements where individuals were sleeping, according to officials and inspection records.

While Falls hasn’t had a problem with its two existing recovery houses, supervisors Chairman Robert Harvie said it’s something board members worry about if more houses move in. The township became the first community to pass an ordinance about the facilities earlier this year.

“I think mostly it’s because there’s no enforcement,” he said. “What do you do if

there’s a bad recovery house? What’s the agency that’s going to come in and inspect it? What’s the state department that’s going to come in and enforce things and close it down? There aren’t any.”

Last year, a Bristol Township code enforcement investigation found a recovery house in the Indian Creek section of Levittown in “poor condition,” with a nonfunctioning sewer system, exposed wires and excessive junk on the property, according to inspection records.

“My fear is it’s only a matter of time before somebody is going to get hurt,” Bristol Township council President Craig Bowen said, noting that safety is his biggest concern. “You’ve got 15 people living in a house; it’s almost like a boarding house, but they’re not designed for that.”

Bristol Township has been grappling with the issue for several years because it has more recovery houses than any other municipality in Bucks County. Some Bristol Township residents — like the more than 100 that showed up at a town meeting in the day before Thanksgiving last year — are fed up with what they call an oversaturation of the houses in certain neighborhoods.

“They’re overwhelming us,” then-council vice president Troy Brennan said during that meeting.

A man in the audience complained aloud about alleged overcrowding at a nearby, three-bedroom recovery house, where he claimed 10 adults were living. “That’s a hotel, not a house,” he said.

Bristol Township Councilwoman Amber Longhitano has pushed for a moratorium on new recovery houses, saying it’s necessary to allow time to study the impact they’re having on the municipality and the recovery community.

“Sometimes, you have to look at what you have at risk and what you are losing in the big picture,” Longhitano said at the town meeting last November. “In the big picture ... we are losing Bristol Township. It’s institutionalized, as we speak.”

In February, the township approved a resolution stating that its current zoning ordinances are deficient because they don’t address group homes, giving township solicitor Randall Flager’s office 180 days to come up with a new one, which is awaiting consideration by the township’s planning commission. In the meantime, state law gives the township the right to refuse any applications for such use.

“We wanted our solicitor (to have) time to

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really get into it and draft some new ordinance to make sure it is legal," Bowen said.

Bowen agreed that Bristol Township has its fair share of recovery houses, but Brennan, whose term ended in January, added that the township doesn't have the money for a lawsuit. "We've done our homework. And there's nothing we can do without putting the township in jeopardy, without being subjected to millions in fines," Brennan said.

The stakes also are higher in Bristol Township because it receives community development block grant funding as an entitlement township under HUD officials said.

As a requirement of the funding, McDermott's office has to compile a fair housing analysis that looks at impediments to fair housing and choice. Each year, he has to sign a document stating the township has a fair housing plan and is following HUD's recommendations.

The amount of funding has declined over

recent years, said Tom McDermott, administrator for the Bristol Township Office of Community Development, but HUD could withhold the grants entirely if the township received a fair housing complaint or was sued for housing discrimination. That would mean cuts to the township's housing renovation program, which provides funding to a local nonprofit to buy and renovate homes for low-income and first-time home buyers, McDermott said. The money also is used to construct ADA-compliant curbing and helps cover emergency housing work for low-income residents.

Bowen and Brennan called for state and federal officials to step in to help define recovery houses and set standards for them.

"Our goals are to have the legislators who made these rules change them," Brennan said. "It's not up to the local municipality. They keep saying you can create zoning ... (but) if there's any kind of zoning change, we're in violation. We didn't make the law; we have to abide by it and we can't break

it."

But state governments are basically handcuffed, too, Farry said last year during the Bristol Township town meeting. In November, the state House passed a resolution drafted by Farry urging Congress to examine the federal laws addressing recovery houses.

"We need the change in Washington to be able to put some teeth in this," Farry said. "We are frustrated at the state level as well. If we could have a state system that had controls over this or empowered your local government to have controls, we would have already gotten that (law addressing recovery houses) passed."

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Highlights of Pennsylvania efforts to regulate recovery residences

Certification of Drug and Alcohol Recovery Houses Task Force recommendations

Establish a voluntary state certification process for recovery residences. Establish a definition of certified alcohol and drug free housing. The Department of Drug and Alcohol Program licensed treatment center could only refer to recovery houses that obtain voluntary certification. Create physical plant standards for housing, including sleeping accommodations, building and grounds, bathrooms and food service and fire safety. Create policies to address safety and the protection of residents and the community. Require residents to participate in treatment, self-help groups, or other recovery supports. Create procedures to ensure that new house residents are informed of all rules, residency requirements and lease agreements. Create procedures for referral to treatment and for handling relapses. Develop procedures regarding the appropriate use and security of medications in recovery houses. Create a code of ethics for certified recovery houses, including mechanisms

to identify and address real or perceived conflicts of interest.

Key points of state Rep. Tina Davis' Recovery House Bill 1884

Defines a recovery residence as a residential dwelling unit or other group housing that provides a peer-supported, alcohol-free and drug-free living environment. The term shall include a residence described as a sober house or a house where residents are recovering from alcohol or other drug addiction. Create a state board of recovery residences that will enact voluntary certification for recovery and sober living houses and oversee regulations. The board would be responsible for establishing processes for certification, re-certification, inspection and disciplinary proceedings. The board would monitor and inspect recovery houses and staff and develop a code of ethics for recovery house administrators. Create a professional certification for recovery residence administrator that will be required for individuals managing certified recovery houses.

Require recovery homes to develop policies and procedures, including staff job descriptions, mandatory drug testing requirements, a fee schedule, a refund policy, a relapse policy, proof of insurance and employee background screening and fire, safety and health policies and inspections. House owners also must develop policies to support resident recovery efforts and address neighbor concerns and complaints. Require licensed service provider to refer people in recovery to certified recovery residences with a valid certificate of compliance and managed by a certified recovery residence administrator. Agencies or providers who fail to do so would be ineligible for state money and fined. Establishes minimum annual inspections of certified recovery residences. Requires recovery house owners, chief financial officers, and administrators to pass a criminal background check and bars individuals convicted of certain felonies and misdemeanors from running a certified recovery house.

NJ's recovery house law named after Bucks man

April 21, 2016

BY JO CIAVAGLIA
STAFF WRITER

In the shower that horrible morning, Alba Herrera recited a quiet prayer for her oldest son.

"Please God, help my son make the right decision. Please keep him on the right path."

Nick Rohdes had gotten sober five times in four years. He had hit bottom so many times that Herrera had wondered if the 24-year-old would ever find his way back for good.

But this time, the Middletown woman was feeling more hopeful than she had in the past. Rohdes liked his new recovery house, where he was offered a position as manager. He also was doing well in his new job as a membership consultant at a gym.

The night before, he asked to spend the night at her apartment. The forecast called for snow, her place was closer to his work, and there was an early 12-step group meeting he could attend before he went to the gym. Herrera remembered thinking her little

boy was behaving like a responsible adult.

As she prepared to leave for work the next day, Herrera noticed Nick wasn't sleeping on the couch as usual. Then she saw a light near her work area across the living room.

She found her son seated behind her desk. His lips were blue, his skin was cold, his toes were stiff and curled. Later, she found a clear plastic bag nearby. It was stamped "Game Over."

Finding Rohdes dead of a heroin overdose wasn't the only shock Herrera experienced on that February day two years ago. She soon learned that the day before, her son had been kicked out of the Lambertville recovery house where he was living. No one told her he had been evicted for using drugs.

Later, she learned the recovery house program that had sounded so promising on its website — with amenities like a gym, computers and assigned mentors for \$650 a month — was an unlicensed boarding home, according to the state of New Jersey.

Two years later, Herrera has more ques-

tions than answers about the weeks before her son's death.

Why did her son's name stop appearing on the house's mandatory sign-in log two months before his death? Why was the wrong date listed on the house's incident report detailing his eviction? Why did the house manager let her son drive when he knew he was high?

"He could have killed someone on the way (home). He could have killed himself," she said.

If she had been notified of the eviction, maybe she could have convinced her son to go back into rehab like she did before, Herrera said. She'll never know. And that's what bothers her the most.

"They're taking advantage of the parents who are desperate," Herrera said. "Maybe my son would have died of heroin, but not that night."

After Rohdes' death, Herrera campaigned for a law that would require recovery houses to alert the next of kin when someone evicted for relapsing. New Jersey Gov. Chris Christie recently signed the legislation creating "Nick Rohdes' Law" after Herrera's son.

Some ways municipalities can deal with recovery houses

April 21, 2016

BY JO CIAVAGLIA
STAFF WRITER

Municipalities aren't paralyzed when it comes to enacting and enforcing laws and land use regulations involving group homes, including those for people in recovery from drugs and alcohol.

But it is in how local authorities interpret and apply federal disability and housing laws where they can run into trouble, according to housing advocates.

"It's not surprising that you're getting conflicting information about what constitutes discriminatory zoning," said Dave Sheridan, president of the National Alliance of Recovery Residences, which has 18 state affiliates including in New Jersey and Pennsylvania. Despite numerous federal fair housing decisions, and agency guidance

clarifying the laws, he said, some local governments continue to push attempts to have them mean something else in an effort to stop recovery houses from operating.

Earlier this year, Congressman Mike Fitzpatrick, R-8, Middletown, wrote to Housing and Urban Development Secretary Julian Castro looking to clarify how the Fair Housing Act of 1968 works with local land use and zoning regulations on behalf of Bristol Township and other communities that are dealing with a proliferation of recovery houses.

"At this time, it is the perception of many municipal officials that they are prohibited by FHA from enforcing zoning codes that would apply to other residential dwellings," Fitzpatrick wrote in the Jan. 8 letter.

The reality is that the FHA prohibits state and municipal authorities from imposing mandatory licensing, regulation, registration or certification on housing for protected

classes — such as people in recovery — or treating them less favorably than other groups of unrelated people who live together but don't have disabilities.

If a proposed group home for people with disabilities complies with a municipality's definition of a family, it must be allowed as a permitted use in all residential districts, said Daniel Lauber, an attorney and past president of the American Planning Association. The recovery house owner must seek a "reasonable accommodation" if he wants to exceed the occupancy the zoning definition allows.

Lauber added that municipalities aren't barred from limiting unrelated people from living in a home or adopting spacing limits for group homes. He said legal problems can occur when zoning is changed without studies that justify such changes.

Municipalities continued on next page

Municipalities continued

But often municipal zoning codes lack a standard land use definition of recovery residences, according to a 2010 article in the Public Law Journal. Without a definition of a recovery residence, local authorities have no way to regulate the land use, according to Congressman Fitzpatrick’s office, whose staff has researched the Fair Housing Act in relation to group homes.

Municipalities can correct those deficiencies by amending zoning and land use codes to update or include definitions for “family” and group homes housing unrelated people, according to Fitzpatrick.

Municipalities can also require nonowner occupied homes with six or more rooms for rent be compliant with Americans with Disabilities Act regulations that include upgrades to a home, according to Fitzpatrick’s

office, which confirmed the information with HUD. However, Sheridan suggested municipalities may run into legal trouble if they impose unreasonable ADA standards because, for example, apartment buildings aren’t required to make all rental units wheelchair accessible.

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Key provisions of local ordinances

Bensalem *(approved ordinance)*

Defines a sober living environment as “residential facilities where six or more individuals reside together either voluntarily or by court order in order to recover from drug, alcohol and/or substance abuse, which serve as an interim environment between rehabilitation facilities and reintegration into their future lives.” Permits sober/recovery houses in R-A Rural and R-A-1 Residential zoning districts with additional parking space requirements.

Falls *(approved ordinance)*

Defines group homes as residential facilities for people with mental or physical disabilities and their attendants. Defines

sober-living environments as “residential facilities where six or more individuals reside together either voluntarily or by court order in order to recover from drug, alcohol and/ or substance abuse, which serve as an interim environment between rehabilitation facilities and reintegration into their future lives.”

Bristol Township *(proposed ordinance)*

Defines group homes as dwellings used by “six or more unrelated persons specifically designed to create a residential setting for the mentally and physically handicapped.” Permits group homes in the R-1 Residential, C-Commercial and CN-Neigh-

borhood Commercial zoning districts. Requires home owners to provide proof of membership in and compliance with rules of county or state recovery home associations. A group home must be a minimum of 300 feet from any other group home.

Middletown *(proposed ordinance)*

Defines transient dwellings as those where “between six and 16 persons who are not considered a family live together and maintain a common household with single cooking facilities.” Requires property owners of “transient dwellings” to inform township each year of lessees’ names or names of people who reside in the dwelling. Fire inspections are required.

DNC
Sanders supporters cited after storming barricade, 5A



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CENTRE DAILY TIMES

Sanders, first lady, Warren thrill DNC

BY JULIE PAGE AND KEN THOMAS
The Associated Press

PHILADELPHIA

Ending months of animosity, Bernie Sanders robustly embraced his former rival Hillary Clinton Monday night as a champion for the same economic causes that enlivened his supporters, signaling it was time for them, too, to rally behind the Democratic nominee in the campaign against Republican Donald Trump.

"Any objective observer will conclude that — based on her ideas and her leadership — Hillary Clinton must become the

next president of the United States," he declared in a headlining address on the opening night of the Democratic convention.

President Bill Clinton, watching from the audience, leapt to his feet and applauded, as did most of the delegates filling the convention arena.

Sanders joined a high-wattage line-up of speakers, including first lady Michelle Obama who delivered a forceful, impassioned defense of the Democratic nominee. Mrs. Obama's address all but wiped away earlier tumult in the convention hall that had exposed lingering tensions between Clinton and Sanders supporters.



JOHN LOCHER/The Associated Press
 Former Democratic presidential candidate Sen. Bernie Sanders, I-Vt., takes the stage during the first day of the Democratic National Convention on Monday in Philadelphia.

"I want someone with the proven strength to persevere, someone who knows this job and takes it seriously, someone who

understands the issues a president faces are not black and

SEE DNC, 5A

OLV librarian a delegate at DNC

BY LOUIS WILLIAM FINLEY
For the CDT

PHILADELPHIA

In a county where the amount of registered Democrats and Republicans are nearly equal, Susan DeMetrick is looking to tip the district to a progressive blue, starting at the Democratic National Convention in Philadelphia.

DeMetrick is one of five elected delegates who will descend on the city this week from Pennsylvania's 5th Congressional District.

SEE OLV, 5A

STATE HIGH PROJECT

Change orders approved

BY FRANK READY
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On Monday night, the State College Area school board voted to approve four change orders to the State High project.

Three of those change orders total a combined cost of \$8,600, while the fourth is a credit of \$4,500.

Those first three change orders all address project needs — the replacement of unsuitable soil, the addition of floor diffusers in the North Building and the installation of a hat channel to support drywall in the South Auditorium/large group instruction room.

The credit of \$4,500 is in regard to a reduction in excavation by the site contractor and is associated with another credit the district received in relation to a rainwater harvesting system that was previously removed from the plans.

During a status update on the State High construction, Ed Poprick, director of physical plant, noted that the project was proceeding on time and on budget, with a contingency of \$4.4 million.

Poprick and the administration also recommended an update to the Districtwide Facilities Master Plan.

The revision would address potential elementary school renovation and construction projects at Houseville and Radco Park.

Project options are still under review, including the possible closure and repurposing of Corl Street Elementary. Under the pre-existing schedule, the board

SEE STATE HIGH, 3A

OPIOIDS IN CENTRE COUNTY



HEROIN EPIDEMIC HITTING CLOSE TO HOME

BY LORI FALCE
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Editor's note: This is the first in a five-day series about heroin and its effect on Centre County. On Wednesday, in addition to coverage of the town hall, we will look closer at the federal and state response. Additional installments will look at the effect on law enforcement, medical and counseling services, and families and addicts.

Deadly illegal fentanyl-laced heroin coming into U.S. from China. Philadelphia man arrested with 577 bags of heroin. Thirty-five arrested in Blair County drug bust.

Man dies in bus bathroom with needle in his arm.

If you don't think central Pennsylvania, or Centre County in particular, has a drug problem, the headlines should convince you otherwise.

In recent years, heroin began to pop up like dandelions after years of being underground in Happy Valley.

Every week, if not every day, someone is arrested for possession or distribution or conspiracy. Someone announces a new reaction to the opioid problem. Someone dies.

In August 2013, Emily Rossman died. In January 2014, it was Elizabeth Smeltzer. And more and more and more.

"On April 7th, (my son) was found dead in his bedroom with a needle in his arm," said one heartbroken mother. "Yet another victim to the vicious heroin epidemic sweeping our community. He was only 30 years old. I've often referred to him as 'the best part of me.' He was my everything."

The problem is obvious. Between hardcore heroin and the seemingly softer path of prescription drugs, opioids have climbed to the top of the drug food chain.

If the hole the drugs are digging is deep and wide, the reactions and responses are just as broad.

There are the federal responses. Last week President

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Rep. Kerry Benninghoff, R-Bellefonte

Barack Obama signed legislation that he called "modest steps" to

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Officers to begin carrying 'lifeline'

January 30, 2016

BY JALELAH AHMED

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Narcan is giving many opioid users a lifeline in a near-death moment.

The tiny plastic bottle, with a needle connected to a small plastic tube filled with medication, can mean the difference between life and death in two to six minutes.

In two weeks, Narcan will be stored in every State College police cruiser. This comes after members of the department completed the training Wednesday, giving officers the green light to administer the lifesaving drug that comes neatly packaged in a small, bright orange bag.

Two years ago, police had to deliver tragic news to a Boalsburg family — that their 21-year-old daughter was dead.

Elizabeth "Lizzie" Kline Smeltzer died from a combination of opioids, heroin and clonazepam.

"Lizzie made a bad choice, she used again. She fell asleep, and she died. No one knew she had an overdose," said Bonnie Kline Smeltzer, Lizzie's mom.

Lizzie had used opioids before. Her death on the morning of Jan. 25, 2014, hurt her family to the core, especially because she had been working on turning a new page in her life.

"She went through rehab and was doing well. She was trying to deal with her addiction," Kline Smeltzer said Thursday.

That overdose wasn't Lizzie's first.

"Lizzie overdosed once before, and her life was saved by Narcan," Kline Smeltzer said.

Narcan, also called naloxone, is the Food and Drug Administration's first approved nasal spray medication. It was approved by the FDA in November.

It's described by the FDA as a "lifesaving drug that can stop or reverse the effects of an opioid overdose."

In August, Pennsylvania Gov. Tom Wolf announced 289 drug overdoses were reversed statewide since state police and local police departments started carrying Narcan.

"We are the first department in State College to get it," said State College police Officer Adam Salyards.

But Salyard said, Narcan can only be administered and save lives with the public's help.

"You can't be afraid to call 911. You can't afford to be afraid to ask for help. You can't allow the fear that you'll be charged with a crime prevent you from saving a life," Salyards said.

"David's Law provides some individuals who seek help when a companion overdoses with good Samaritan immunity from prosecution, as well as access to lifesaving Narcan to reverse the effects of opioids like heroin," said former Pennsylvania Gov. Tom Corbett in a statement when he signed the legislation into effect in 2014.

"Narcan only works when the individual is still breathing. They still have to have a heartbeat. They have to have circulation to get the medication through their body. Slow, raspy breaths will allow the Narcan

to work," Salyards said to a group of State College police officers at the Centre LifeLink building during Narcan training.

"I think it's a good idea for police to carry Narcan because they will save lives," said Kline Smeltzer.

Police are working with emergency medical professionals, who already carry Narcan. It's about time, essentially — trying to figure out ways to keep people alive when the 911 calls come in.

And they come in often.

According to the Centers for Disease Control and Prevention, opioid use is an "epidemic." In 2014, the CDC attributed 28,647 deaths to opioid use.

Some critics of Narcan believe the drug enables opioid users.

Lizzie's mom disagrees.

"I don't think it will encourage drug use. Most opioid users are already in active addiction. They are going to use heroin or cocaine whether Narcan is available or not. They are dealing with addiction — it doesn't matter to them," Kline Smeltzer said.

Pennsylvania leads 14 states that have experienced a statistically significant increase in the rate of drug overdose-related deaths, according to the CDC.

"Narcan saved my daughter's life once before. It allowed her to go to rehab and recognize that she had a problem with drugs and then she was able to live several years afterwards," Kline Smeltzer said.

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Officials, deceased man's sister talk about heroin addiction

April 5, 2016

BY JALELAH AHMED

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Noah Thomas Jones, 33, died on a Megabus, alone in a bathroom, during a trip back to Pittsburgh. He had plans to go to the Salvation Army, where he had been working and receiving help for his heroin addiction.

But he never made it.

On Thursday, after what his sister calls a

long fight with heroin, Jones died.

While Patton Township police say that toxicology results are still pending, Jones' family is heartbroken.

"It was very shocking for us. We didn't expect that," Lacey Malinowski, Jones' sister, said.

"Right now I'm confused. Yesterday he left here waving goodbye. He was happy. What changed that? What urged him to stop and get something. We will never have the

answers to that and that's the hardest part for me right now," said Malinowski.

In Pennsylvania, heroin deaths have been occurring at an alarming rate over the past few years.

"About seven Pennsylvanians die each day from drug overdose deaths. In fact, it's the worst overdose death epidemic ever," said Jason Snyder, policy and communications director for the Pennsylvania Department of

Addiction continued on next page

Addiction continued

Drug and Alcohol Programs. "It's the worst public health crisis in the last 100 years."

In 2014, roughly 2,500 people died in Pennsylvania from heroin. An increase in deaths is anticipated between 2015 and 2016, Dr. Rachel Levine, Pennsylvania physician general, said at a meeting last month, according to WNEP.

"In Philadelphia, in 2014, more than 650 people died. That equals 42 people dying from overdoses, per every 100,000 in Philadelphia," said Snyder.

"The Centre County Coroner's Office confirmed that 34 fatal heroin overdoses occurred in 2014 and 2015," said State College police Officer Kelly Aston.

"This is just a lesson for all families that it's not easy. A lot of people are going through it. My brother just left the Scranton area. He came up for Easter. He just left yesterday. He was fine, he was clean, he was happy. He's been clean, so this was really hard to take in," said Malinowski.

In February, State College police began carrying Narcan, a prescription medication that reverses opioid overdose symptoms. While some critics say the drug enables drug users, others say that's simply not true.

"Anyone who believes naloxone enables drug users, or those with the disease of addiction, don't really understand addiction. It's a weak argument people who are ignorant about the disease make. I'd ask them, what then is the alternative?" said Snyder.

"The fact of the matter is anyone can become addicted. If you talk to police they will tell you they have reversed opioid overdoses for both the elderly and children using naloxone. The disease of addiction is a chronic disease, often lapped by relapse," said Snyder.

And no one knows that more than Bonnie Kline Smeltzer, the mother of a young woman who suffered with addiction and lost her fight in 2014.

"Narcan saved my daughter's life once before. It allowed her to go to rehab and recognize that she had a problem with drugs and then she was able to live several years afterwards," said Smeltzer, the mother of Elizabeth Kline Smeltzer, who died from a heroin overdose in 2014.

In Centre County, law enforcement has also seen an increase in heroin distribution. In March, State College police arrested a Philadelphia man after they found him carrying a brown suitcase containing 577 bags of heroin and 22.9 grams of cocaine.

"There were 30 non-fatal overdoses that occurred in 2014 and 2015 where the user survived. It is estimated that 234 additional police incidents occurred where heroin and/or opiates were involved. Incidents involving heroin and/or opiates have increased from 2014 to 2015," Aston said.

Centre County District Attorney Stacy Parks Miller's office sees the effect regularly.

"Heroin is a brutal drug, and it can be quickly fatal. It can ruin lives, but it doesn't have to. This is so very sad, and we need to do better to help people to break the cycle of addiction," she said.

"We cannot treat someone who is dead. We do not discriminate against those who medically suffer the consequences of making bad decisions. As a compassionate society, we should provide the same type of care and service that we would to anyone else whose lifestyle put them at risk," Snyder said.

Malinowski says she is saddened that her brother died in the bus bathroom alone.

"Addiction is a disease. It's a disease people chose, maybe, but that doesn't

change the fact that they need help. They're just doing what their bodies are telling them to do. They don't think. The urge to do it is much greater than the urge to stop," she said. "You're watching them slowly kill themselves. That's a sad, real hard fact to watch."

And for Malinowski, that starts with listening.

"I'm not saying we have to cater to the addict but we have to be open to them. ... They just need to know they have that support. They need to hear 'I'm not here to judge you, I want you to get better,'" she said.

Malinowski said she will never know why her brother decided to use one more time, but she does want people to stop with their judgments.

"It just takes that one time. People tend to judge others, and they tend to forget that it's not our place to judge them. My brother was a very spiritual person. He knew a lot about a lot of different religions," she said. "This man had a life, a family that cared about him."

"Just imagine his parents' grief. This is something a parent will grieve for the rest of their life. To the person that says 'let them die, this is what they deserve,' they have a very narrow mind and closed perspective. There are a lot of people out there struggling with addiction. Some small percentage are committing crimes, we know that, but there's a life and story behind every one of these," Snyder said.

"I would strongly encourage anyone that needs to get help, who wants to live a different type of life, free of addiction, to seek treatment, because treatment does work and recovery is possible," Snyder said.

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Pa. set to provide Narcan to schools

April 16, 2016

BY BRITNEY MILAZZO

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Fighting drugs with drugs might sound like an oxymoron, but it could be how local schools handle a potential problem.

Gov. Tom Wolf's administration has teamed up with Adapt Pharma to create an initiative that would make naloxone, otherwise known as Narcan, available free

of charge to public high schools.

It's a nasal spray-delivered drug that could offset effects from drug overdoses, such as from heroin, when administered appropriately by a trained professional.

But some area school district health administrators said they're weighing whether to apply for the drug.

Penns Valley and State College area school districts have access to the drug in other ways that could free up doses for

other districts if they pass on obtaining it.

"It has its benefits, but after that the district would pick up the cost," Penns Valley Area High School nurse Polly Nicosia said.

The departments of Health, Drug and Alcohol Programs, State and Education opened the application process for 642 public high schools in the commonwealth to receive a free two-dose carton of the antidote.

Narcan continued on next page

Narcan continued

Nicosia said the doses have a shelf life of two years.

The company that provides the Narcan normally charges \$75 per dose, she added.

"We're trying to make a decision that's in our best interest," Nicosia said. "It's probably a good idea, but (I'm) not sure Penns Valley would necessarily need it. We're talking with administration and the district physician (Craig Collison)."

She said emergency medical services that have naloxone on hand are less than five minutes away from the school. It is easily and readily available in times of emergency.

It also might not be necessary at State College Area High School, said Jeanne Knouse, director of student services.

"We had meetings with the nurses and understand the benefits," Knouse said. "We never had a heroin problem, and because we feel confident in the SROs, we declined the doses."

Knouse said the district has three student resource officers who are supplied with naloxone and trained to use it.

District administrators can, however,

change their minds, Knouse said.

According to a statement released by the state: To be eligible, a public high school must submit a completed application to the Department of Health that includes a standing order from the school physician allowing the school nurse to receive and administer Narcan; a specific policy adopted by the board of school directors with specific reference to Narcan administration or such language included as an addendum to the district's current medication administration policy; and a statement that the school nurse has completed the Pennsylvania Department of Health's approved training.

Once approved, schools will receive a single carton of Narcan, which will be distributed through state health centers beginning in early May, a report from the state said.

"That means I would need training, but if I'm not here, then we would need other people to be trained," Nicosia said. "This is a preventative measure, but we're erring on the side of caution."

Knouse said training would include ways to administer the drug and how to handle a student who is given Narcan, as a side effect could be violent behavior.

According to a statement from the commonwealth, Pennsylvania is the first state to implement this kind of program.

"The opioid addiction and overdose epidemic affects people in every walk of life in every corner of our state, and this includes our young children in our schools," Wolf said in a statement. "By expanding access to this overdose reversal drug, we are doing our best to ensure that the first responders to the scene of an overdose can save lives. In addition, schools can play a crucial role in changing the course of addiction by working closely with their students and families. It is our responsibility to ensure that struggling Pennsylvanians can receive our help when they need it."

Nicosia said that in her three years as Penns Valley Area High School nurse, she's never been in the position to need such a drug.

"So I'm confident there are other professionals (who) could carry that out," she said. "That doesn't mean we're not going to look at all options. It's a preventative and safe drug that can reverse the (overdose) symptoms and does not harm the unresponsive person."

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Benninghoff, Wolf talk heroin epidemic in Pa.

June 4, 2016

BY LORI FALCE

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Pennsylvania politicians continue to debate what to do about the state's drug problem, and both parties are tackling the issue.

On Thursday, state Rep. Kerry Benninghoff, R-Bellefonte, hosted a hearing in Kingston, looking into what measures are being used to address addiction and what tools are still needed.

"The fastest growing group of opiates addicts are in their 40s and 50s," Benninghoff said. "These are not inner city. These are suburbanites. This is a unilateral, non-socio-economic, non-gender issue."

There are the problems of addiction, he said. With many users starting their journey toward illegal drugs with perfectly legal prescription meds acquired with legitimate reasons, it is a problem that can affect anyone.

"I think we need better monitoring of how we are prescribing medications and finding better alternatives than just opioid based pain meds," Benninghoff said.

But that's only half the problem. The other is treatment, and testimony from people like prosecutors, police, treatment professionals and addicts, said that could be hard to come by.

"We'd like to look at the preventive part. One of the things I was still very frustrated to hear is that we just lack facilities, bed space, to send people to for help. That's something that's a problem all across Pennsylvania," Benninghoff said.

Gov. Tom Wolf agreed with that in a different address Thursday. He deplored the lack of facilities and pointed to more than \$34 million in funding requested in his budget to help. A federal match would mean \$50 million in new opportunities.

"We're actually going to create an environment where you can get treatment and we

can address the issues that affect you on a continuing basis," he said. "Its time is long overdue."

Benninghoff wants to see more information gathered and more action.

"We've got to strike a balance," he said. "This won't be the last one of these hearings. It's got to be a comprehensive effort. ... I don't think this is an issue just the legislature is going to fix. There is a lot of communication that needs to go on."

Benninghoff was Centre County coroner before entering the General Assembly. He says there are more tools at law enforcement and medical disposal now than then, but more is needed.

"Last year alone, there were 3,200 overdose deaths in Pennsylvania, and that's not even a complete listing yet. We're averaging nine people a day. That's up from seven a year ago. The increase is just alarming," he said.

17 charged in Centre County after drug trade investigation

July 22, 2016

BY SHAWN ANNARELLI

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A yearlong investigation culminated Thursday when 17 people were accused of dealing drugs on the streets of Centre County, according to a release.

The Centre County Drug Task Force filed charges for the accused, who allegedly sold drugs such as prescription narcotics, cocaine, LSD, synthetic marijuana and marijuana, according to a release. Some were also charged with firearms violations and theft. The investigation was carried out by the CCDTF, a collaborative effort between the Office of Attorney General's Bureau of Narcotics, the Centre County District Attorney Stacy Parks Miller's office and

local authorities.

Agents began making arrests at 9 a.m.

"We've seen the drug problem in this county increase, and we're seeing deaths from harder drugs," Parks Miller said. "We want to take a proactive approach, which includes treating addicts of course, but also rooting out the drug dealers."

Parks Miller said investigators use basic techniques like undercover surveillance to try to shut down the drug trade in Centre County.

She said authorities will aggressively continue to target local drug dealers.

"We're not done," Parks Miller said. "This is certainly not the only thing happening right now, and we intend to do more aggressive tactics to stop the influx and sale

of drugs in this community. It's a poison. It's literally killing people."

The district attorney added that treating addicts has to be a part of the solution. She said there would be a heroin opioid session run by the county from 7 to 9 p.m. Tuesday in Mount Nittany Medical Center's Dreibelbis Auditorium.

Mount Nittany Health spokeswoman Anissa Ilie said attendees should RSVP by calling 234-6727.

Of the 17 accused, five are from State College and four are from Bellefonte.

one count each of possession of a controlled substance and criminal use of a communication facility," according to a release.

Heroin Epidemic Hitting Close to Home

July 26, 2016

BY LORI FALCE

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Editor's note: This is the first in a five-day series about heroin and its effect on Centre County. On Wednesday, in addition to coverage of the town hall, we will look closer at the federal and state response. Additional installments will look at the effect on law enforcement; medical and counseling services; and families and addicts.

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or conspiracy. Someone announces a new reaction to the opioid problem. Someone dies.

In August 2013, Emily Rossman died. In January 2014, it was Elizabeth Smeltzer. And more and more and more.

"On April 7th, (my son) was found dead in his bedroom with a needle in his arm," said one heartbroken mother. "Yet another victim to the vicious heroin epidemic sweeping our community. He was only 30 years old. I've often referred to him as 'the best part of me.' He was my everything."

The problem is obvious. Between hardcore heroin and the seemingly softer path of prescription drugs, opioids have climbed to the top of the drug food chain.

If the hole the drugs are digging is deep and wide, the reactions and responses are just as broad.

There are the federal responses. Last week President Barack Obama signed legislation that he called "modest steps" to address the crisis.

It isn't an executive versus legislature thing. It isn't Democrat and Republican. U.S. Rep. Glenn Thompson, R-Howard Township, has pushed for action, too.

"There is not a community across our nation where lives and families have not

been affected by this epidemic," Thompson said this month.

"This is not a partisan problem and one we must all work to solve. As such, I have met with Pennsylvania Department of Human Services Secretary Ted Dallas to discuss the most appropriate path forward and I am happy this bill has received the support of Pennsylvania's governor, Tom Wolf. I now urge the U.S. Senate to take action to make sure we can fight this epidemic and help our communities address the plight of addiction."

Because yes, there is a state response. Gov. Tom Wolf has made it a priority. So has Centre County Rep. Kerry Benninghoff, R-Bellefonte.

"The epidemic we face is not a Republican issue or a Democrat issue," Benninghoff said. "It is a crisis impacting Pennsylvanians from every region, background and walk of life. Opioid addiction does not discriminate — it is killing our young people, our veterans, our friends, our family members and our neighbors. Working together is critical so we can get our arms around this growing crisis before it takes more precious lives."

Centre County will be facing the heroin issue head on at 7 p.m. Tuesday in a town hall meeting at Mount Nittany Medical Cen-

Heroin continued on next page

Heroin continued

ter. Sponsored by the Centre County HOPE Initiative, the event is billed as the first of a series, aimed at identifying the problem.

The panelists and speakers are as diverse as the ideas on the issue. There will be state voices like Benninghoff and state Senate Majority Leader Jake Corman, R-Benner Township, and the state Secretary of Drug and Alcohol Gary Tennis. There will be a county presence with Commissioner Steve

Dershem, Judge Pamela Ruest and Centre County Drug and Alcohol's Cathy Arbogast. State College police Sgt. Kelly Aston will represent law enforcement. There will be medical and counseling people and Penn State.

But one of the most important items on the agenda is not the prepared remarks from officials. It is the question-and-answer period, a time for concerned parents and community members to talk about what is

happening and what can be done.

"Please come and learn the signs of drug use. Be educated," said that mother who lost her child in April. "You may not think you need it. I felt the same way. Addiction is an illness. Please. I beg of you, don't ignore the signs. No parent should ever have to go to a funeral home to choose an urn for their child."

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Panel focuses on heroin awareness

July 27, 2016

BY JEREMY HARTLEY

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COLLEGE TOWNSHIP

The Centre County community has all the pieces to solve the heroin epidemic puzzle, it just needs to put those pieces together.

In the first of three planned panel discussions, members of the state legislature, county medical community, recovery community and local law enforcement spoke about the burgeoning opioid problem facing the county to a standing-room only crowd Tuesday at Mount Nittany Medical Center.

The discussion highlighted the work of the Centre County HOPE Initiative — Heroin Opiate Prevention Education — a group made up of local organizations and community members working to eliminate substance abuse, drug overdoses and drug overdose deaths in the county.

As County Commissioner Steve Dershem pointed out at the discussion opening, the first panel would focus on building awareness, saying that many of the people in the room had been touched by addiction in some way.

"We have to get the word out to parents and friends that we have an issue that needs addressed," Dershem said.

Centre County Judge Pamela A. Ruest said the courts are all too familiar with the devastation heroin can cause. The county is in the process of creating a drug court, similar to the DUI court that has proven successful in reducing recidivism, in order to better address the issue and "come up with some answers."

Taking questions from the crowd, the panel of six, moderated by Penn State Evidence-Based Prevention and Intervention Support Center Managing Director Stepha-

nie Bradley, spoke on subjects ranging from the definition of addiction to the stigma of addiction to mental health.

MNMC Emergency Medical Services Director Dr. Cassandra Botti said addiction to heroin or opiates has been proven to be an addiction and not a lifestyle choice — a belief that continues to circulate. This lifestyle belief helps fuel the stigma of addiction, preventing many from seeking help for fear of judgment.

County Drug and Alcohol Services Assistant Director Cathy Arbogast echoed this, saying that when a person abuses a substance, it works in the same areas of the brain where base activities like breathing and eating are. The addiction takes over so much of the brain that it becomes difficult to make other choices.

Pennsylvania Department of Drug and Alcohol Programs communications Director Jason Snyder, himself a recovering addict who lost both his brothers to their own addictions, said peer-to-peer testimonial is the best way to overcome the stigma of addiction. Addiction affects everyone, he said, and the mission is to step forward.

"Most people think addiction is all about other people," he said. "We've been given a great platform to tell our story."

Addressing myths surrounding heroin, Crossroads Counseling recovery specialist Katie Hugo — herself a recovered addict — said people have to stop thinking that addiction or an addict looks a certain way. She said she's helped treat everyone from teens to professional-aged adults.

"They say, 'People can't believe I do heroin,'" she said. "Just because someone looks a certain way doesn't mean they don't struggle with addiction."

State College police Officer Adam Salyards dispelled the notion that if the police receive a tip about someone dealing or taking hero-

in, that the person will be arrested immediately. Police must establish evidence before an arrest, and will work with detectives or the county drug task force before approaching someone with charges, he said.

Rep. Kerry Benninghoff, R-Bellefonte, said the issue must be looked at as a health issue and not just a crime issue.

"In society, if you have heart pains, you go to the hospital and they don't send you home," he said. "But when it comes to addiction problems, they treat you and send you out."

"We have to look at the underlying issue — why do people keep doing this?" he said.

The panel also touched on the use of naloxone — also called Narcan — and its use in battling overdoses. It counters the opioid, Botti said, stopping the effects of the drugs, and is carried by police, EMS and is readily available to residents who seek it through most drug stores.

Salyards said he personally administered a dose of naloxone to an individual about two weeks ago, saving the person's life.

"It's a good collaboration between law enforcement and health care," he said.

County Commissioners provided closing comments, noting that the panel discussion is a great first step but the epidemic will only slow if everyone participates. A second panel discussion focusing on treatment and recovery is slated for September.

"We as a community have all the pieces to make extraordinary progress on this issue," Commissioner Michael Pipe said. "This is a huge first step in the right direction to talking about it in an open way and ultimately have a real change occur."

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Pa., U.S. highlight opioids crisis

July 27, 2016

BY LORI FALCE

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Editor's note: This is the second in a five-day series about heroin and its impact on Centre County. Next we will look at the impact on law enforcement and the courts. Additional installments will focus on medical and counseling services and families and addicts.

Everyone knows what an epidemic is.

According to the Centers for Disease Control and Prevention, it's a little bit more than your typical illness. In fact, it is "an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area."

It's something that makes sense when you are talking about chicken pox or the flu, but drug use?

Let's look at the numbers.

Back to the CDC, and we look at the flu. You know, the flu, the "nothing to worry about" sickness that lays people up for a couple days, makes for headaches at work when it sweeps through the office and sells a lot of over-the-counter medication every year. A disease that has its own season.

In 2009, one particular strain, the H1N1 swine flu, killed 12,469 people in the United States. A simple everyday illness took a giant leap and killed roughly twice the population of Bellefonte.

So what about opioids?

The National Institute on Drug Abuse defines opioids as "medications that relieve pain." But we're not talking about aspirin.

Opioids are the hard stuff, the ones that quash pain by talking to the brain and interrupting the conversation with pain receptors. They are things like morphine, Vicodin, oxycodone, codeine, etc.

And heroin.

The CDC said deaths related to those drugs — whether legally prescribed, illegally acquired or straight-up street versions — have been escalating since 1999. From that year to 2014, there were 165,000 deaths attributed to overdoses from prescribed opioids alone.

In 2014, the federal Department of Health and Human Services said that 28,000 people died from opioid use. That's enough people to fill the Bryce Jordan Center, Rec Hall and Eisenhower Auditorium, and still have the population of Philipsburg left over.

"This crisis costs all of us dearly," said U.S. Secretary of Agriculture Tom Vilsack in a statement this month. "The crisis is everywhere and impacts everyone regardless of ZIP code, gender, race, ethnicity or income."

It definitely affects Pennsylvania.

Pennsylvania is one of the top states where people are dying from the addictive drugs. About 19 to 35 people out of every 100,000 Pennsylvanians died from opioid overdose in 2014, according to the Department of Health and Human Services.

"This really is an epidemic," said U.S. Rep. Glenn Thompson, R-Howard Township.

A former professional in the mental health industry, Thompson said the solution is to treat it the same way you would treat any infectious disease.

"The best way to beat an epidemic is to surround it," he said.

For Thompson, that means with legislation. He was one of those who worked on the Comprehensive Addiction and Recovery Act passed in Congress and signed into law by President Barack Obama this month.

The legislation is multipronged for that surrounding effect Thompson mentioned. It addresses awareness and education, puts lifesaving naloxone in the hands of more law enforcement and first responders, puts resources in prisons and jails, takes more

unused prescription medication off the streets, as well as putting out treatment and prevention programming for both prescription drugs and heroin.

The one thing that isn't mentioned? Hard lines for locking up offenders.

Thompson said he believes that is a lesson legislators learned from aggressive stances on crack and cocaine in the 1980s and 1990s.

"This is really about help," he said. "It's about reclaiming lives."

In Pennsylvania, Gov. Tom Wolf is also putting opioids in the forefront. This month he has put a target on the way opioids are prescribed.

"By reducing the pattern of over-prescribing painkillers that have such a high risk for abuse, we are fighting back against opioid abuse and heroin use before those habits even begin," he said.

At the same time, the legislature in Harrisburg is also addressing it. State Rep. Kerry Benninghoff, R-Bellefonte, is conducting hearings around the state on the issue.

For him, a recurring theme has been the lack of enough treatment for people who need help.

"We'd like to look at the preventive part. One of the things I was still very frustrated to hear is that we just lack facilities, bed space, to send people to for help," Benninghoff said last month. "That's something that's a problem all across Pennsylvania."

There are lots of people asking questions, lots of possible answers and lots of discussion.

But it can't stop there.

"You can't just write good laws to address it," said Thompson. "You have to monitor it. You need to do oversight. It's incredibly important."

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Police, courts see uptick in opioids use

July 28, 2016

BY LORI FALCE

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Editor's note: This is the third in a five-day series about heroin and its impact on Centre County. Next we will look at the effect on medical and counseling services and then how the drugs hit families, communities and addicts themselves.

Central Pennsylvania has gotten used to a certain kind of news: sweeping arrests for selling heroin.

Sometimes, they come from the Office of Attorney General. Sometimes they come from drug task forces. Sometimes they are prosecuted in federal court by the U.S. attorney. No matter, press releases come out and mug shots are releases of people, old and young, throughout the area for trafficking in deadly drugs.

In 2005, it was Taji "Verbal" Lee, a New Jersey man brought down in a ring worth more than a million dollars in products brought in from the East Coast. He is now at Mahanoy state prison with at least 20 years to go on his sentence.

His arrest was announced in a splashy press conference with then-Attorney General Tom Corbett.

But 11 years later, the arrests keep coming, just like the drugs.

In 2014, there was a roundup in February with drugs coming in from Williamsport to Lock Haven to Bellefonte to State College.

A few months later, it was a bust in Philipsburg, where heroin was being sold through a towing company.

The OAG releases pictures and numbers. Fifteen arrested in Clearfield County, another 27 in Clearfield County, 17 arrested in Centre County, 35 in Blair. On and on and on.

Part of it is addiction. The number of people using opioids and heroin is increasing. According to the federal Drug Enforcement Agency's heroin threat assessment summary for 2016, it is the "greatest drug threat" in the Mid-Atlantic, up to 48 from 8 percent in 2007.

Part of it is economics.

According to the OAG's Anthony Sassano,

the heroin that is sold on a Philadelphia street corner for \$5 can go for four times that in State College.

And now, it isn't just the local dealers in Philly noticing how lucrative Pennsylvania's drug trade could be.

The DEA's report identifies a new threat from Mexican traffickers looking to move from the West Coast.

"... Some Mexican trafficking organizations are moving their operations into suburban and rural (areas) where they believe they can more easily conceal their activities," the threat assessment summary states.

In Centre County, the effect is seen on Wednesday mornings, when preliminary hearings fill up the main courtroom at the Centre County Courthouse in Bellefonte.

A few years ago, a central court session would be a list of about 40 people, but District Attorney Stacy Parks Miller says she has watched it climb to 60, 70, sometimes 80 or more people waiting for disposition. But not all of those people are there for possession or distribution charges.

"I would say that people don't always realize that the drug addiction and drug distribution affects our community in a lot of ways that do not have the word drug in the title," she said.

"When addictions rise and the dealers are increasing their activity because of demand, we have more burglaries, car burglaries, rip offs, but what they really are are drug crimes, drug-motivated crimes," said Parks Miller. "We've had a stabbing motivated by drugs, robberies with guns motivated by drugs. The docket doesn't always reveal, but we see big increases."

Ferguson Township police Chief Diane Conrad agrees.

"People just need more money to feed their addiction," she said. "They need cash fast."

Conrad also pointed to other kinds of theft, such as theft of prescription drugs. While an opioid addiction can start with a prescription addiction that escalates, she said sometimes people who need drugs look for another means to satisfy their addiction by stealing someone else's legal medication.

Both see the newest responses to the

opioid crisis rooted not in penalizing addicts but in providing help on different levels.

There are the prescription drug drop-off boxes that many departments offer to take unused medication off the street. Conrad says her department's were installed last month and have already been emptied twice as people willingly take advantage of the program.

Then there is the move toward creating a drug court to deal with addiction-related crimes — similar to the DUI court Centre County has already established — so that people get help rather than just handcuffs.

"There's just no substitute for looking for long-term treatment," Parks Miller said. "This community needs it."

There is the life-saving medication, Narcan, that officers are carrying to help stop an overdose in its tracks.

And there is the way officers look at those in need.

"We want to help people. We're not necessarily looking to make an arrest," said Conrad, although she acknowledged sometimes that has to happen, and it might be the best thing at the time.

"Sometimes and in some situations, an arrest helps. It can be the only way to get them in custody and away from their drugs," she said. "But if a person walked into the station today and said 'I'm an addict and I need help,' we're not going to look for a reason to arrest them. We're here for crime prevention and keeping people safe."

Parks Miller said she sees a big difference between the people who use drugs and the people using people who use drugs.

"We have to consider all prongs. One is cutting off the supply," she said. "Dealers are cutting their product with deadly substances, like fentanyl."

Since 2014, fentanyl-laced heroin overdoses have killed a number of people in Pennsylvania.

"They're putting people's lives at risks. Dealers move into an area and poison people," said Parks Miller. "But we also have to support the rehabilitative efforts of people who make mistakes."

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Leaders have options for opioid, heroin addiction

July 29, 2016

BY LORI FALCE

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Editor's note: This is the fourth in a five-day series about opioids and heroin and the effect on Centre County. On Saturday, we conclude by looking at how the drugs hit families, communities and addicts themselves.

It's easy to talk about the problem of opioids and heroin. It isn't easy to understand it.

If you don't have an addiction, you probably process the idea of drugs equaling bad because of a hundred public service announcements and after-school specials. You know drugs are illegal, so they are synonymous with danger.

But not all opioids are illegal. People can have an addiction to something they are legally allowed to have, something their doctors write them a prescription for like clockwork every 30 days. Yes, it might eventually end up illegal and ugly, but for many, that's not how it starts.

So why does it start? What makes taking a pill become a life-changing addiction?

"Basically, opioids change your brain," said Scott Camazine, a doctor at MedCARE Family Health Services, a clinic specializing in addiction.

"Once you have taken opioids for a while, the neurophysiology is different," he said. "There are receptors on the neurons for narcotics, and once you start taking them and stop taking them, your body reacts very badly to that. Essentially, you must do something about it, and to simply stop the narcotics usually is not an option."

That's withdrawal. It's a physical process, painful and difficult. It's the kind of thing that can scare an addict away from getting clean, even if he knows it's what is best for him.

"Whether someone is addicted to nicotine or alcohol or opioids, addictions are just incredibly powerful," Camazine said.

It's the kind of thing that drives people to seek help, whether for themselves or someone they love. That is when people

reach out to Cathy Arbogast's office.

Arbogast is the assistant administrator for drug and alcohol in Centre County.

"Our office is finding that our role is becoming broader and broader with unique needs specific to addiction," she said.

So what does Centre County have to do with addiction? Arbogast says her people are there to do whatever people need. Some call to get help for a friend or a family member, to see if the signs they are seeing point to addiction. Some want to get help themselves but don't know where to start.

"It could be as basic as outreach and information," she said. "We're finding that more and more people are finding it difficult to navigate."

Some people want to find a detox bed. Some want to get into rehab. Both of those can be hard to find as both state Rep. Kerry Benninghoff, R-Bellefonte, and Gov. Tom Wolf have noted the shortage of beds for treatment facilities in Pennsylvania. Then there is the challenge of puzzle-piecing the available beds together with the available insurance, or the financial resources, or if none of those are available, the county can still try to find a way to get someone the help they need.

"We want to be part of process before during and after," Arbogast said.

That means helping with recovery, but it also means staying in touch during treatment, and helping with long-term goals.

"What's going on? What's your game plan? They need support when they return," she said. "Again, it's a very broad mission that they find themselves in. We don't have all the answers. We're willing to help them find the process."

Camazine has a different way to tackle the disease. He doesn't go with detox. The other school of treatment with heroin and opioids is about medication.

"The most practical way to deal with this epidemic is to simply stay on," he said. "People don't want to hear this. But it's basically a fact."

That doesn't mean using heroin. It means substituting a lethal drug for a management one. In this case, he is talking about suboxone.

Camazine compares it to insulin for a diabetic. It's a drug that satisfies those neuroreceptors in the brain without the side effects of addiction.

His experience isn't just with patients in his clinic who got hooked on Vicodin when a dentist prescribed it for the pain of teeth they couldn't afford to have pulled. His own brother, a surgeon, faced opioid addiction. It really is a disease that can hit anyone.

"It's a matter of treating the problem. It's a disease. It's that simple," he said.

There are other drug treatments, too. Naloxone is an injectable drug that lasts for a month and costs about \$1,000 per shot, but for 30 days, it negates the effect of any opiates. There is no point in taking heroin if you don't feel the effects. It's the same drug used in another format, Narcan, as an emergency overdose treatment.

Probuphine was also just approved. Instead of being a shot, it is an implant that is put in place by a doctor and gives six months of coverage.

Camazine says suboxone is a more affordable option. Treatment costs about \$200, and the prescription costs about \$2 per pill. Suboxone can be purchased on the street, but the markup is about \$1,000 per month more than obtaining it through a legal clinic.

There is also a legal cost.

"Some people still consider it being on drugs," he said. "(Illegally acquired) suboxone is the third most confiscated drug. It's infuriating."

So there are different options and different schools of thought when it comes to treating them. There are decisions to be made, and all of that needs direction and support. That's where Arbogast's office comes back with education and counseling.

"Addiction is not a casserole disease. When it hits your family, no one shows up with a casserole to help. We need to bring it out of the darkness," she said. "We need this community to step up and be the community that we know them to be. Embrace individuals in recovery and give them the chance to be the people they can be."

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WILKES-BARRE FIRE CAPT. DAMIAN LENDACKY CHECKS SUPPLIES, INCLUDING NALOXONE, BEFORE THE START OF HIS SHIFT.

Club owner speaks out after W-B shooting

By Jacob Seibel

WILKES-BARRE — Gilberto Santana wondered if he slipped, if he could have done more as head of security for the Passion Lounge to prevent Friday's shooting.

After hours of reviewing surveillance with police and interviewing his security staff, he said he learned the shooter was never in the club that night, and finally concluded that no, he did everything he could have done.

"Was there something else I could have done to prevent this? Those are people. That's a person. We thought that all day," he said Saturday. "But I really think we did everything we could to prevent something like that from happening. I don't see another step we could have taken."

The next question that he and club owner Eyhab Matari asked themselves but couldn't answer was why is the city investigating if the establishment should be shuttered under the state nuisance bar program?

They invited The Citizens' Voice to their establishment to review the footage that captured the shooter firing multiple rounds into the back and chest of a 22-year-old Ashley man as the club let out at 2 a.m. The victim was rushed to Geisinger Wyoming Valley Medical Center, but police have not released his identity or condition.

Mayor Tony George on Friday said the city is going to work with the district attorney's office to do a serious review of complaints and violations on the Passion Lounge night club to see if shuttering it under the program is appropriate.

Both Santana and Matari said the club has strict security standards, including pat-downs of all patrons, a dress code, up to nine security staff on duty and 16 high definition cameras with night vision for the ones outside.

"We got nothing to hide. We got nothing to hide," Matari said. "Let me tell you something. Nobody is going to shut us down easy. We didn't do nothing wrong. We do everything by the books."

The news release from city police said officers were called to disperse the crowd outside the club when they heard gunshots. Matari said no one is allowed to loiter outside the club, so because the crowd of about 200 patrons was larger than normal, he made that call to 911 to ask that they send units to make sure all left orderly.

Numerous camera angles captured all that led up to the shooting. The suspect, who remains at large, walked from the thoroughway by the Citizens Bank and crossed Scott Street. Matari paused the video as the man passed the club's front door, then turned the corner of the building. He appeared to target his victim.

CONTINUED ON PAGE A6

BACK FROM THE BRINK

Overdose drug helping local first responders save more lives

By Bob Kalinowski // STAFF WRITER

The 15-year-old boy wasn't breathing when Wilkes-Barre firefighters arrived on the call last spring. He was turning blue, but still had a faint pulse when fire crews found him collapsed along railroad tracks that cut through the heart of the city. Heroin was on the verge of claiming another local life.

Firefighters heard the siren of the responding ambulance in the distance, but weren't sure the boy could survive until the paramedics got there. They administered the opioid reversal drug naloxone, reviving the boy almost immediately.

"That's kind of a wonder drug. He wakes up and is mad the fire crews ruined his high. That young man was advised he was three minutes away from leaving this earth," Wilkes-Barre Fire Chief Jay Delaney recalled. "Some of the people don't realize how close to death they really are. I'm hoping an addict reads this and understands truly you can die. These opioids are killers."

If the heroin overdose occurred weeks earlier, the outcome might have been different. The city's firefighters and police officers had just finishing training on the use of naloxone, which city paramedics had about ambulances for decades.

A 2014 state law change aimed at reducing drug overdose

fatalities allowed police and firefighters to also carry and administer naloxone, commonly referred to as the popular brand name, Narcan. The drug's sole purpose is to reverse the effects that opioids have on the brain and respiratory system — from the street drug heroin to legal pharmaceuticals like OxyContin. And it usually does the job fast.

Now, just about anybody could obtain this antidote, which Delaney said costs about \$60 per dose.

CONTINUED ON PAGE A5

US, EU lift sanctions against Iran amid landmark nuke deal

By George Jahn and Bradley Klapper

VIENNA — The U.N. nuclear agency certified Saturday that Iran has met all of its commitments under last summer's landmark nuclear deal, crowning years of U.S.-led efforts to crimp Iran's ability to make atomic weapons. For Iran, the move lifts Western economic sanctions that have been in place for years, unlocking access to \$100 billion in frozen assets and unleashing new opportu-



U.S. Secretary of State John Kerry delivers a statement Saturday in Vienna that sanctions will be lifted on Iran.

John Kerry and the top diplomats of Iran and the European Union hailed the

accord, reached after years of setbacks and a full decade after the start of international diplomacy aimed at reducing the possibility that Tehran could turn its nuclear programs to weapons making.

"Today marks the first day of a safer world," Kerry declared in Vienna. "This evening, we are really reminded once again of diplomacy's power to tackle significant challenges."

CONTINUED ON PAGE A7

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BACK FROM THE BRINK

Overdose drug helping local first responders save more lives

January 17, 2016

By Bob Kalinowski

staff writer

The 15-year-old boy wasn't breathing when Wilkes-Barre firefighters arrived on the call last spring. He was turning blue, but still had a faint pulse when fire crews found him collapsed along railroad tracks that cut through the heart of the city.

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If the heroin overdose occurred weeks earlier, the outcome might have been different.

The city's firefighters and police officers had just finishing training on the use of naloxone, which city paramedics had aboard ambulances for decades.

A 2014 state law change aimed at reducing drug overdose fatalities allowed police and firefighters to also carry and administer naloxone, commonly referred to as the popular brand name, Narcan. The drug's sole purpose is to reverse the effects that opioids have on the brain and respiratory system— from the street drug heroin to legal pharmaceuticals like OxyContin. And it usually does the job fast.

Now, just about anybody could obtain this antidote, which Delaney said costs about \$60 per dose.

Pennsylvania's Physician General Dr. Rachel Levine issued a "standing order" on October 28 that serves as a prescription for any Pennsylvania resident — addicts, their family or friends — to obtain the drug from a pharmacy. Insurance companies vary on coverage of naloxone, while the state's Medical Assistance program covers the

drug, according to a state Department of Health fact sheet on naloxone.

"The standing order is a prescription written for the general public, rather than specifically for an individual ..." said Wes Culp, deputy press secretary for the state Department of Health. "Family members and friends can access this medication by obtaining a prescription from their family doctor or by using the standing order."

Luzerne County officials say there isn't an easy way to determine how many lives have been saved since naloxone has become more available over the past year. But county coroner Bill Lisman said one thing is clear — fatal drug overdoses haven't declined.

There were 68 fatal drug overdoses in the county in 2014 and 2015, though some suspected overdoses from last year are still pending an official ruling, his secretary said.

"The definitive answer is we did not see a decline in the rate of drug overdoses. We have not seen it at all," Lisman said. "There was a period around Christmas time when we were sending out a coroner every day for drug overdoses."

Doctor: Families of addicts must get naloxone

Anyone close to someone with an opioid addiction should have access to naloxone, said Dr. Robert Friedman, associate medical director of Marworth Alcohol and Chemical Dependency Treatment Center, a 91-bed facility in Waverly operated by Geisinger Health System.

"It should be in the household. Loved ones should know how to use it," Friedman said.

The state Department of Health advises people to complete training — like police and fire crews must — before administering naloxone by visiting www.getnaloxonenow.org, but it's not required.

Most people think only of the illegal drug heroin when they hear about opioid overdoses, but people also overdose and die from abusing legal opioids prescribed by doctors, which include Fentanyl, Methadone, Morphine, OxyContin, Percocet and Vicodin, Friedman said.

An overdose on any of those drugs leads to respiratory depression and potentially death if the person stops breathing, Friedman explained.

"You literally have minutes to save a life," Friedman said.

Once ingested, naloxone quickly attacks those drugs.

"All those receptors are getting flooded with the pain medication. Naloxone is an antagonist. It's a competitive antagonist. It reverses the effects immediately. It knocks all the pain killers off and dislodges them," Friedman explained. "It's a highly effective antidote to a poison. It's a wonderful tool, but it doesn't treat the disease of addiction. It only treats the symptom. The overdose is an underlying symptom of addiction."

Naloxone has long been available in ambulances and emergency rooms, but it's slowly been added to the front lines of the battle against overdoses, he said. The average beat cop or the mother of a heroin addict now can carry the antidote, which comes in two varieties — the traditional injector or a newer nasal spray version.

Everyone being discharged from Marworth is given a prescription for naloxone, Friedman said.

"The prescription is not only for their usage, but their family. Patients may relapse after treatment and start using. It's not an uncommon occurrence for parents to walk in on their son or daughter in the bathroom, using and unresponsive," Friedman said.

Herion addict: Naloxone saved me three times

A Northeastern Pennsylvania man, who spoke under the condition of anonymity, credited naloxone — and his friends — for saving his life three times. But, he said, the revival process of naloxone is one of the most unpleasant physiological experiences imaginable.

Like being trapped in a recurring nightmare, the Carbon County man was revived each time at a hospital where his friends rushed him. The naloxone dose instantly threw him into intense withdrawal symptoms that normally take a couple days to peak.

"It's insane," he said. "Your thought instantly is, 'I gotta get out of here and go get high—right now.'"

Now 30 years old, the man has been doing heroin for almost half his life. But, he said,

Drug continued on next page

Drug continued

even veteran users can't gauge whether a shot of the same heroin and same amount will send them past the fine line separating euphoria from a possible fatal overdose.

His experiences with naloxone all happened before the state law change. If naloxone had been on hand, he said he could have saved himself the expensive emergency room trips, and his friends could have avoided the arduous task of getting their 365-plus-pound friend to the hospital before he died.

"(Naloxone) has to be everywhere," he said. "Pharmacies need to carry it, cops need to carry it, ambulances need to carry it. That's how it has to be because, you know what, the opiate epidemic is so bad and could get a lot worse."

Saving lives

Wilkes-Barre firefighters have used naloxone on 24 people since the department started carrying it on March 2, 2015, Delaney said.

The most recent use was January 11 when crews were called to Kirby Park for an unresponsive female in a car. She was revived and taken to the hospital, the fire chief said.

"We're in the life-saving business and we're confident we've saved lives with this program," Delaney said.

Often times, the people are combative and unappreciative because they are not aware of what just happened, he said. Frequently, he said, they want to leave the scene to avoid any contact with police.

Firefighters and paramedics are trained to recommend they seek medical attention, but can't force them if they appear alert and not a danger to themselves, the chief noted.

"We just saved your life with this. You need additional care and you need to speak to someone about your addiction," Delaney said, reiterating the message they deliver to the drug users. "There's no doubt we're saving lives. The bigger picture is for them to get some type of counseling so it doesn't happen again. In my opinion, that is as big a part of the equation as administering the naloxone. That combats the problems further."

Delaney, who also is a certified paramedic, said the city's firefighters — who often get to emergency scenes before paramedics — have embraced the added mission.

"If you know people who have addictions, you can appreciate what we are trying to do here," Delaney said. "Our firefighters already do a lot, but I will say this, they have

taken this program and treated it just the same as if they were going to save someone from a fire. They recognize the life-saving value that this drug has on people. And they really have used it to the best of their ability to save lives."

The city started out with 60 doses donated by one of the naloxone manufacturers and split the supply between the police and fire departments. Later in the year, as the supply dwindled, Wilkes-Barre General Hospital donated 30 more doses to the city and committed to helping replenish the supply when it runs low, city officials said.

"We're glad we are able to provide this because we, as a community, are aware of the severity of the drug problem," Cornelio Catena, CEO of Commonwealth Health and General Hospital, said. "We are saving lives and indirectly, we are cutting back on the cost to the community of EMS expenses and hospital ER expenses."

At the time of the donation in October, officials said 423 opioid overdose patients had been treated at Wilkes-Barre General Hospital up until that point in the year. Updated numbers for all of 2015 were not available last week.

Geisinger Wyoming Valley Medical Center in Plains Township treated 135 patients for opioid overdoses, six of whom were given naloxone upon arrival, hospital officials said.

The hospital's parent company, Geisinger Health System, donated naloxone to the state police, which planned to have two doses available in each cruiser.

Geisinger's Marworth treatment center donated \$15,000 to supply police departments in Lackawanna County with the drug.

Trooper Tom Kelly, spokesman for state police at Wyoming, which covers northern Luzerne County and the counties of Bradford, Sullivan and Wyoming, said troopers are ready to use it on calls.

"We have it in each patrol car. Everybody is trained with it, but we haven't used it yet," Kelly said.

Counselor: Naloxone give addicts second chance

Michael Donahue, director of the drug and alcohol program jointly run by Luzerne and Wyoming counties, said naloxone is a life-saver for many who otherwise would have died, like the teenager revived in Wilkes-Barre last year.

"These are human beings who have a drug and alcohol problem. As a result, they accidentally overdosed. This gives them a

second chance at life," Donahue said.

Donahue, in the drug and alcohol counseling field since 1981, said there is a stigma attached to people addicted to drugs. But it's lessening because addiction affects so many families — or one in four, he said.

Many of those people get addicted to prescription drugs, which are often stronger and more accessible than illegal drugs, Donahue pointed out.

"That's what a lot of people don't realize," Donahue said.

Donahue recently organized a training session at King's College where 30 law enforcement officers became certified in the use of naloxone.

In the discussions about increasing the availability of naloxone outside the traditional medical-only settings, some wondered whether it could actually encourage addicts and lessen their fears of death.

"There isn't a debate to me. This gets people a chance to get cleaned up and get sober," Donahue said.

Cops, bystanders granted immunity

A "Good Samaritan" provision of the Act 139 law regarding naloxone granted immunity against criminal charges to those present at overdoses who notify authorities. The shield from charges is aimed at encouraging people to call 911 and remain at the scene if someone overdoses.

Additionally, the law granted immunity against civil lawsuits to emergency responders who use naloxone on someone suspected of an overdose.

In the fall, Luzerne County First Assistant District Attorney Sam Sanguedolce visited police departments around the county to advise them about the law and gather input.

"We keep asking our police to do more and more. They're put in the most dangerous of situations, asked to make judgment calls under extreme stress, and then often times get sued for it," Sanguedolce said. "This was piling on more responsibilities."

It was good to hear officers can't be sued for using naloxone and that administering naloxone to someone who doesn't need it is not harmful to them, Sanguedolce said.

Additionally, officers like the fact that the newer nasal spray version of naloxone doesn't involve jabbing someone with a needle, he said.

"It's now a lot easier to administer with less risk," Sanguedolce said. Jacob Seibel, staff writer, contributed to this report.

DEADLY DOSE

Report: Luzerne County leads NEPA in drug overdose deaths last year.

May 11, 2015

By Robert Swift

Harrisburg Bureau Chief

HARRISBURG — Luzerne County led the northeast region in drug overdose deaths last year, according to a new report by the Pennsylvania State Coroners Association.

Luzerne had 67 deaths followed by Monroe County with 39 and Lackawanna with 30, according to case statistics compiled by county coroners.

State government doesn't keep statistics of drug overdose deaths. This led the coroners association to compile its own report, said Susan Shanaman, the association solicitor, at a Capitol press conference last week.

Statewide, nearly 2,500 individuals died of drug-related causes last year, but that number may be under counted because coroners in 13 counties, including Schuylkill County, didn't participate with the association's voluntary effort to collect data for the report, Shanaman added.

Coroners and medical examiners used autopsy and toxicology results to determine that drugs were present at the time of

death of an individual and played a contributing role in a death.

The job requires a lot of work because a coroner's office has to list all drugs present at the time of death, said York County Coroner Pam Gay.

Half of the drug overdose deaths are tied to use of heroin and opioids, but such commonly prescribed drugs as anti-depressants, barbiturates and muscle relaxants are a factor, too, Shanaman said.

The report is "devastating and eye-opening," said acting state Health Secretary Karen Murphy, Ph.D., a former president and CEO of Moses Taylor Health Care System in Scranton. She said state agencies are working to develop a comprehensive plan to prevent and treat prescription drug and heroin abuse and mitigate overdoses.

Key lawmakers said the report shows the importance of curbing a heroin epidemic that often has its roots in the abuse of addictive prescription drugs.

"The laws in place in Pennsylvania to punish and deter dealing heroin and other illegal drugs are already among the toughest in the nation, and I call upon our law enforcement to use those laws to their greatest extent,"

said Rep. Ron Marsico, R-Harrisburg, chairman of the House Judiciary Committee.

Pennsylvania enacted laws last year to create a state prescription drug monitoring program, provide some legal immunity to someone who reports a drug overdose and make naloxone, an overdose reversal drug, available to law enforcement, emergency services personnel and friends and family of someone who is at risk of an opioid overdose.

The report shows the need for more comprehensive reporting about drug use and overdoses, said Rep. Matt Baker, R-Wellsboro, chairman of the House Health Committee.

"We really do not know how many people are overdosing," he added.

The Pennsylvania Health Care Cost Containment Council has established a method for tracking individuals who are hospitalized because of drugs, said Mr. Baker.

Similar tracking is needed for health-related facilities such as clinics, poison control centers and 911 call centers, he added.

rswift@timeshamrock.com

State law prohibits needle exchanges that can save lives

May 10, 2015

By Jeffrey Benzing

Public Source

Tens of thousands of Pennsylvanians crave daily injections of heroin. Beyond the threat of overdose is the threat of being exposed to HIV and hepatitis C, both deadly and expensive illnesses that are easily spread through contaminated needles.

But in Pennsylvania, distributing sterile syringes is a criminal act.

For years, Dianna Pagan feared that giving out clean syringes in Reading would land her in jail. Officials there recently agreed to let her needle exchange operate, though she's faced numerous setbacks for more than a decade, including being shut down

following the threat of prosecution.

"There's no protection," said Pagan, who contracted HIV while using drugs at age 19. In an effort to help others, she started distributing clean needles more than 15 years ago through Reading Risk Reduction.

Only in Allegheny County and Philadelphia have local leaders publicly supported needle exchanges, essentially ignoring state law out of concern for public health.

Elsewhere, identical efforts expose volunteers to legal hassles and, in the worst case, jail, if police and prosecutors decide they're violating the state's drug paraphernalia law.

"We have laws on the books that are causing needless illness and death," said Caroline

Acker, who helped start Prevention Point Pittsburgh in 1995, back before local officials gave it protection.

Most of Pennsylvania's neighboring states have explicitly authorized at least some needle exchanges, as have other states hit with an injection drug crisis.

Most notably, Indiana lawmakers passed a needle exchange bill after Gov. Mike Pence—previously an opponent to needle exchanges—authorized a short-term exchange following a sudden and troubling spike in HIV cases.

Meanwhile, Pennsylvania has seen an increase in heroin use and in acute hepatitis C, though the state's health and drug treatment agencies say they lack the authority to fund or implement exchanges.

OFF TO A GOOD START

Pirates start year with win against their nemesis, the Cardinals. More in sports

Daily American

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The battle for local court control

Partisan struggles underway for state court seats

By CHRISTINA A. CASSIDY
Associated Press

ATLANTA (AP) — Much attention is being paid to the U.S. Supreme Court vacancy, but equally partisan battles are being waged for control of state courts around the nation.

In states where voters elect Supreme Court judges, millions of dollars are being spent to reshape the courts for years to come. Judicial watchdogs say spending by national groups overwhelmingly favors judges on the right of the political spectrum, and is mostly aimed at maintaining or improving the courts' responses to corporate interests while countering state-level spending by labor unions and other interest groups.

Lawmakers are busy too, debating proposals to tip the balance of power by expanding or reducing their court's size, or making it easier to impeach judges whose rulings upset the legislative majority.

"State courts are the final word on a host of state law issues that have high stakes for businesses' bottom lines, legislatures' agendas and the rights of individuals," said Alicia Bannon with the Brennan Center for Justice at New York University.

"Who sits on state courts can have a profound impact on the legal landscape in a state, and special interest groups and politicians are increasingly paying attention."

State supreme court elections have begun to resemble the rough-and-tumble, high-dollar campaigns associated with races for governor or Congress. Voters in about two dozen states are casting ballots for state supreme court justices this year.

Spending for two Arkansas Supreme Court seats alone topped \$1.6 million, setting a state record for TV ad buys in a judicial election.

(See COURT, A8)

DOUBLE, DOUBLE TOIL AND — SWEETNESS



Staff photo by Cody McDevitt

CLICK More photos are online.

Chuck Dively, co-director of the 69th Annual Pennsylvania Maple Festival in Meyersdale, demonstrates how producers used to preserve maple syrup before refrigeration was developed. The process includes boiling the liquid in a vat. Dively said attendance was good all weekend, despite the weather. "We appreciate all the people coming out," he said. The festival, a celebration of the region's maple heritage, continues Wednesday through Sunday. See more photos at www.dailyamerican.com.

A pill problem in the city?

Report finds that 4 of state's top 20 Oxycodone prescribers are in Johnstown

By CODY McDEVITT
codym@dailyamerican.com

In late February Glenn Davis sat in the federal courthouse in Johnstown waiting for the plea deal he made with prosecutors to be accepted by District Judge Kim Gibson.

He had been charged with 136 counts that were related to him overprescribing medications to people in the greater

Johnstown area. He looked somber and remorseful as the judge gave him six years in prison along with three years of supervised release.

It was the culmination of years of a multi-agency investigation and prosecution. Davis had introduced thousands of pills to Johnstown and surrounding areas because of the prescriptions he gave. Local pharmacies refused to fill his orders. Four people that he gave prescriptions to

were convicted of illegally selling pills on the street.

Opioids are prevalent in the greater Johnstown area. For some, they're a legitimate way to deal with pain. But for others, it's the start to an addiction that leads them down the path to heroin. Local law enforcement has targeted the sources of illicit and irresponsible sale of these drugs.

(See PILL, A8)

Windber student developing her medical mind



Hope Livengood

By BETH ANN MILLER
bethm@outlook.com

Hope Livengood is taking the first step this summer toward a future career in medicine.

The 15-year-old freshman at Windber Area High School has been selected to attend the Congress of Future Medical

Leaders, to be held June 25-27 in Lowell, Massachusetts.

She will join hundreds of high school students from across the country at the three-day conference, all of whom were selected for their academic achievement and a career interest in the medical field.

(See MEDICAL, A8)

High spring winds leave lingering power outages

By CODY McDEVITT
codym@dailyamerican.com

After a harsh storm left around 1,500 people in the Somerset area without power on Saturday night, Penelec crews went to work to restore electricity throughout the night and into the morning. As of Sunday evening about 85 people were still without

power. The Penelec online outage map listed the outages in Somerset, Friedens and Gahagen. "We saw tree limbs falling on lines," Scott Takac, spokesman for Penelec, said Sunday.

"That's what caused most of the outages." The storm didn't trouble emergency responders that much. Trees much were strewn across

roads. Many traffic signals were out. At least one person called 911 for emergency medical assistance related to the outage. Most of it was attributed to the high wind that came at the end of the storm.

(See MPH, A2)

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AREA DEATHS

Sandra Lee Friedline, 70, Simon's Lakeview Manor, Somerset, formerly of Jennerstown
Donald W. Fogle, 60, Garrett

TODAY'S TEMPS

48°
15°

Complete Forecast A8

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INSPIRATION

Your kingdom come, your will be done, on earth as it is in heaven.
- Matthew 6:10

Complete Eye Care!

A pill problem in the city?

Report finds that 4 of state's top 20 Oxycodone prescribers are in Johnstown

April 4, 2016

By **CODY MCDEVITT**

codym@dailyamerican.com

In late February Glenn Davis sat in the federal courthouse in Johnstown waiting for the plea deal he made with prosecutors to be accepted by District Judge Kim Gibson.

He had been charged with 136 counts that were related to him overprescribing medications to people in the greater Johnstown area. He looked somber and remorseful as the judge gave him six years in prison along with three years of supervised release.

It was the culmination of years of a multi-agency investigation and prosecution. Davis had introduced thousands of pills to Johnstown and surrounding areas because of the prescriptions he gave. Local pharmacies refused to fill his orders. Four people that he gave prescriptions to were convicted of illegally selling pills on the street.

Opioids are prevalent in the greater Johnstown area. For some, they're a legitimate way to deal with pain. But for others, it's the start to an addiction that leads them down the path to heroin. Local law enforcement has targeted the sources of illicit and irresponsible sale of these drugs.

"I think the prosecutions are enormously important," U.S. Attorney David Hickton said. "It's been made pretty clear that prescription abuse is a significant on-ramp for heroin use.

"And the overprescribing of pills, especially in a criminal way, where there is no medical need, is fueling the problem we have with opioid addiction and those who go to straight heroin. This is a major part of our work."

The prescription medication crisis is one of the main reasons Johnstown is struggling with drug addiction. Durean Coleman, spokesman for Peniel Residential Drug/Alcohol Treatment Center in Johnstown, said 1 out of every 4 heroin addicts they admit began drug abuse with prescriptions.

"There is a portion of the population who

come in who are getting their start with prescription medication," Coleman said. "Sometimes they feel it is less expensive to get heroin. I think it's a tremendous part of the drug problem." The White House reports that prescription drug abuse is the fastest-growing drug problem in the nation. More than 52 million people older than 12 have used prescription drugs non-medically in the United States as of 2011, according to the National Institute on Drug Abuse.

And in Pennsylvania, more people die from drug overdoses than from any other type of injury, as reported by the Pennsylvania Medical Society, an advocacy group for physicians and doctors that also pushes for ethical practices among its members. There were 43 drug-related overdoses in Cambria County in 2014, according to the Drug Enforcement Agency.

The Pennsylvania Medical Society has lobbied the state government to address the overprescribing of medication. They have also partnered with the state Department of Health to start initiatives regarding the problems. Some of the projects they've started include medical education, prescribing guidelines, prescription drop-off locations and naloxone use. "It impacts every community, from our largest cities to our smallest villages," said Charles Moran, spokesman for the organization. "Many people across the state can say that they know someone or a family that has been directly impacted by this epidemic."

And that crisis in medicine has extended to the crisis among local law enforcement battling addiction. Davis, of Johnstown, had his home and office raided in 2013. He was ranked third in Pennsylvania with Medicare claims regarding those type of drugs, as reported by Public Source, an investigative journalism entity that looked into the matter.

One of Davis' patients received 31,000 Oxycodone pills in 2012. Another was given 27,000, according to Public Source.

Davis' lawyer could not be reached for comment before the publishing of this story.

ProPublica, another investigative journalism entity, tracks the top prescribers of Oxycodone in the state. In 2014, 4 of the top 20 prescribers of Oxycodone were based out of Johnstown. Though that doesn't mean the doctors were criminals, it does indicate the extent to which the drugs are introduced to the local public.

Richland Township Police Detective Kevin Lehman said Davis had a large role in the prescription medication problem and the extending problems from it.

"People went in with pain and they got opiates. Sometime along the line, the insurance refused to pay for it," Lehman said. "And he did not bring them off it. Then you need opiates."

Davis is not alone in overprescribing medications.

"He wasn't the only one," Lehman said. "There were many doctors who did that. They didn't try to correct it instead of covering it up."

Lehman said that the heroin epidemic can't be entirely traced back to prescription use. Some people just want to stick a needle in their arm, he said.

"There are people who can't get off pills and begin ingesting heroin," he said. "But there are also large percentages of people who just stick a needle in their arm. You can't blame it entirely on doctors."

Hickton said the prosecutions have been effective in curtailing overprescribing of drugs.

"I believe they're very successful," Hickton said. "If you take a doctor like Davis off the street, because of the increased cost of drugs on the street, we have reduced the demand. If you get a large supplier like that off the street, you've changed the whole equation."

"Beyond that, if you send a deterrent message that a doctor like that is just a drug dealer in a white coat, that shows a message that deters people from doing it."

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The Sunday Item

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SUNDAY

GOOD MORNING TO RITA BRUNSON OF MIDDLEBURG

April 3, 2016

Selinsgrove woman murdered

Police say they have a 'person of interest' in case

By Justin Strawser
The Daily Item

SELINGSGROVE — A 75-year-old borough woman is dead in what officials are calling a homicide, and po-

lice said late Saturday night that they have a "person of interest" in the case. Details were scant about what occurred at the home between Friday and Saturday, and police did not re-

lease the names of the victim or anyone else involved in the case pending notification of next of kin.

Police said the woman was found lying dead on the living room floor and her husband was found unconscious on a chair in the living room.

Officers were called to the home at 10:19 a.m. Saturday by someone who had stopped

at the residence to visit the couple. The visitor entered the home when there was no response and found the victim and her husband.

After police reached the scene, they summoned emergency services personnel to treat the man. He was taken

Please see **WOMAN**, A5



A woman was found dead in this home on Ninth Street in Selinsgrove.

Justin Engler/
The Daily Item

'I LOOK BACK AND THINK WE WERE FOOLING OURSELVES'

How heroin kills



Teresa Stoker, Mark Stoker's mother, left, and Matt Stoker and Desiree Tarr, Mark's siblings, hold pictures of their late loved one, who died of a heroin overdose in February in a New Columbia motel.

Family struggles with overdose death

By Eric Seiochitano
The Daily Item

SELINGSGROVE — Teresa Stoker gently pulls a sterling silver necklace from beneath the neck of her gray sweatshirt and holds it out beyond her chin.

Ashes of 27-year-old Mark Stoker are piled inside a tiny cylinder, strung next to an imprint of her youngest son's

INSIDE
State officials discuss funding, providing services for heroin addiction/A2

right thumbprint. His two siblings keep their brother's ashes in keepsake keychains. Their mother has one of those, too. Mark died Feb. 4 of a heroin

overdose inside a New Columbia motel — one of 13 tri-county residents dead or suspected to have died of a drug overdose in 2016, according to coroners from Northumberland, Snyder and Union counties. The Montour County coroner did not provide information on overdose deaths this year.

Please see **FAMILY**, A2

SU picks River Hawks

Logo to be unveiled at homecoming weekend in Sept.

By Justin Strawser
The Daily Item

SELINGSGROVE — For the first time in 90 years, the Susquehanna University mascot will no longer be known as the Crusaders, but rather the River Hawks.

University President L. Jay Lemons and John Williams, a Nickname-Mascot Special Committee student member and event host, ripped off their shirts moments after the new

name was announced on the DeGensstein lawn on Saturday to reveal T-shirts underneath with the new moniker.

"It was a very strong expression of alumni, faculty and staff who expressed they wish to be known as the River Hawks moving forward," Lemons said. "We look forward to learning to love the River Hawks."

The selection was made via a vote of 4,861 — or 35 percent — of the university's alumni, students, faculty, staff and friends for whom the university has email addresses and who had not opted out of the vote. River Hawks was chosen from among three options, receiving 67.4 percent of the vote. Of the 1,828



Watch video at dailyitem.com

Please see **SU**, A5



Susquehanna University President L. Jay Lemons uncovers his River Hawks T-shirt at the mascot announcement ceremony on Saturday.



OVERDOSE DEATHS IN SUSQUEHANNA VALLEY

- ▶ Jan. 6: Female, 39, Shamokin, MDT/prescriptions
- ▶ Jan. 10: Female, 45, Zerbe, MDT/prescriptions
- ▶ Feb. 4: Male, 27, New Columbia, heroin
- ▶ Feb. 5: Male, 63, Mt. Carmel, MDT/prescriptions
- ▶ Feb. 6: Male, 56, Sunbury, MDT/heroin
- ▶ Feb. 7: Female, 48, Mifflinburg, MDT/prescriptions
- ▶ Feb. 17: Female, 40, Shamokin, MDT/prescriptions
- ▶ Feb. 26: Male, 35, McClure, MDT, heroin
- ▶ March 10: Male, 60, Mt. Carmel, meth*
- ▶ March 11: Female, 27, Shamokin, heroin*
- ▶ March 13: Female, 33, Allenwood, heroin
- ▶ March 15: Male, 21, Shamokin, heroin*
- ▶ March 21: Male, 37, W. Chillisquisaque, heroin*

MDT: Mixed-Drug Toxicity
* Pending investigation
— SOURCE: COUNTY CORONERS

DEATHS B5

CLEMENTS, Deane E., 82, Lewisburg
HAMPTON, Robin J., 59, Danville
PETERS, Earl D., 88, Mifflinburg
PHILLIPS, Mildred L., 84, Sunbury

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Windy and colder 43/33



\$2.00

Mom mourns as OD deaths rise in county

March 20, 2016

By Eric Scicchitano

The Daily Item

SHAMOKIN — Heather Nolter shakes her hips while dancing back and forth in front of a bathroom sink, cell phone in hand recording a video in the wall-mounted mirror.

She smiles as she sings the refrain of “I Got You (I Feel Good),” a song James Brown made famous decades ago.

“I feel good. Da-da-da-da-da-da. I knew that I would now.”

Donna McCarthy, her mother, watches the video from her own cell phone the morning after her eldest daughter’s funeral. Two makeshift picture boards rest on the floor just feet away, selfies of the photogenic 27-year-old attached in memoriam.

Nolter croons: “So good, so good, I got you!”

March 11 was the last day Nolter lived out. She died of a heroin overdose, technically “suspected” because toxicology testing isn’t complete. She left behind two sons, ages 10 and 5.

“She tried to stay clean. She was even happy putting on 20 pounds,” McCarthy said Friday morning, one week after her daughter’s death, about Nolter’s attempt at recovery.

Nolter was one of five Northumberland County residents to die of a drug overdose in 2016, suspected or confirmed, and one of two to die in Shamokin within four days.

Police Chief Darwin Tobias III says investi-

gations into both deaths continue.

Northumberland County Coroner James F. Kelley estimates more than 25 people were killed by drug overdoses in 2015. According to McCarthy, Nolter didn’t have a long history with heroin, but it was long enough. She believed her daughter used heroin over the course of two years. McCarthy says addiction began for Nolter with the loss of her job, and spurred on after the loss of a boyfriend in February 2014 who himself died of a heroin overdose.

“Everyone should read this,” Nolter posted on Facebook on Feb. 14, 2014, accompanied by a poem widely shared on the Internet about the dangers of drug abuse — “Hello, my name is drugs.”

The irony isn’t lost on McCarthy. She wonders how Nolter could have fallen to addiction herself when she knew intimately the dangers heroin presents.

On drugs or off, McCarthy says her daughter loved her sons madly.

She pulls up a video of Nolter and her sons traipsing through the woods in Coal Township. She points to the photographs on the poster boards, many of which show Nolter and the boys together.

There was a six-month period that began in 2015 when Nolter got clean and considered joining the military to make a better life for herself and her sons.

Nolter used again, though, for whatever reason. McCarthy says she was keeping the wrong company.

Mother and daughter were living together

for a time. However, when McCarthy found Nolter shooting up one day in McCarthy’s bathroom, she asked her to move out.

McCarthy is on bail supervision for pending drug cases in Northumberland County, and could not risk having drugs and paraphernalia in her home.

McCarthy was working in Shenandoah on March 11, her 27th wedding anniversary to Nolter’s stepfather, when she learned of her daughter’s death after overdosing inside a downtown Independence Street apartment. She rushed to Geisinger-Shamokin Area Community Hospital in Coal Township.

“I didn’t want to go in. I didn’t want to face it,” McCarthy said. Teardrops fall from her eyes. “I love you. Don’t go,” she said she told Nolter as she clutched her late daughter’s hand. “But she was already gone.” McCarthy says she hasn’t slept more than a few hours since Nolter died, her eyes still puffy from tears shed at the funeral.

She supports the idea brought forth by Coroner Kelley to host a public forum on substance abuse. She urges parents of current or former addicts as well as parents of children who don’t abuse drugs to attend should the forum come to fruition.

Online, debate can be found about the fatal overdoses that have occurred in Northumberland County, Shamokin in particular, and the actions of a drug addict. McCarthy hopes people can be more understanding and less judgmental.

“They’re not meaning to kill themselves,” McCarthy said. “The negativity only makes grieving worse.”

How Heroin Kills

Family struggles with overdose death

April 3, 2016

By Eric Scicchitano

The Daily Item

SELINGROVE — Teresa Stoker gently pulls a sterling silver necklace from beneath the neck of her gray sweatshirt and holds it out beyond her chin.

Ashes of 27-year-old Mark Stoker are piled inside a tiny cylinder, strung next to an imprint of her youngest son’s right thumbprint. His two siblings keep their brother’s ashes in keepsake keychains. Their mother has one of those, too.

Mark died Feb. 4 of a heroin overdose inside a New Columbia motel — one of 13 tri-county residents dead or suspected to have died of a drug overdose in 2016, according to coroners from Northumberland, Snyder and Union counties. The Montour County coroner did not provide information on overdose deaths this year.

Mark was alone when motel staff found him after he failed to check out. He was alone the day before, overdosed again on heroin and dumped by an acquaintance in the parking lot of a Burger King in Williamsport,

rain pouring onto his unconscious body, until passersby came to his aid and dialed 9-1-1, Teresa says.

He was supposed to be at his mother’s home in Shamokin Dam that day. They were supposed to have dinner and watch TV together. That’d been the routine for days. He kept clean the previous six months, but he was growing irritable. His Suboxone prescription was running short. Cost and travel — he didn’t have consistent rides to counseling — became a barrier to recovery. He tried to make it work. He sliced the

Heroin continued on next page

Heroin continued

medicated film in half. As his supply dwindled he sliced it in fours, Matt says.

When Teresa, 49, pulled into her driveway on Feb. 3 she could see through the blinds hung in the front window.

"I knew he wasn't in there," she says.

Two months after his death, Mark's family is left to reconcile love and pain, guilt and forgiveness — within themselves and within their own relationships fractured by a loved one's fatal drug addiction.

"He was the link that brought us together, and he was the one that pulled us apart," says his sister and eldest sibling, Desiree Tarr, 33, of Selinsgrove.

"He wasn't long for this world," adds Teresa, a letter carrier with the Harrisburg Post Office.

"He fought this to the very end," says his brother Matt Stoker, 29, of Milton. "Mark didn't really have a choice."

Help wanted

The Stoker kids' father died early in their lives. Mark was only 2 years old. Matt wonders if it was the impetus for mental health issues Mark would develop in life, particularly depression.

Anxiety and depression are often evident in the psyche of a drug addict, according to the National Institute on Drug Awareness.

"Addiction is a mental health issue," says Dr. Rachel Levine, Pennsylvania's physician general, who is among the officials at the forefront in addressing the Keystone State's heroin and opioid addiction crisis. "It is not a moral failing."

Mark sought help, and sometimes he sought it himself. He was no stranger to rehab. He'd been in and out several times, both in Pennsylvania and beyond. His family stood by his side the best they could, the only way they knew how. They encouraged him to lead a cleaner life, showed pride when he landed new jobs, sat bedside when he was hospitalized for an overdose."

Sometimes I look back and think we were fooling ourselves," Matt says.

Mechanically inclined

Matt and Desiree were the academics in the family. The former is enrolled in the physician assistant program at Pennsylvania College of Technology, the latter a registered nurse at Geisinger Medical Center, Danville.

Mark was no fool, either. His mind was for mechanics. He once rebuilt his own motorcycle after he wrecked it, sold it and traded up

for a better ride, his mother says. His career path was in electrical work. One job saw him hanging by a harness from a helicopter 200 feet above ground to repair high-voltage lines.

His family describes him as witty and charming, kind and sensitive, resilient and rebellious. A quick learner fearless in life's pursuit, Mark hit dirt bike jumps taller than himself before he was a teen, took quickly to Black Diamond slopes when he began to ski and bagged an eight-point buck on his first hunt. He was just 10 when he picked up on how to drive a stick shift.

Accidents and illness along the way brought forth a need for pain relief.

The American Society of Addiction Medicine found four in five new heroin users started by abusing prescription medicine. Count Mark among the 80 percent. According to his mother, he was given pain meds at 14 when a wisdom tooth was pulled; at 16 for gallbladder removal; at 18 when he wrecked the motorcycle.

Family sees OD

In 2012, Mark was 23 when he developed painful kidney stones. His behavior changed. He was withdrawn, choosing to spend more time than normal alone in his bedroom. He was in legitimate need of relief, but looking back, this is when his family says they first recognized signs of addiction. He'd been abusing the oxycodone he received from three separate prescriptions from as many doctors.

Maybe he needed relief, too, the next summer when he stole two bottles of Vicodin from his mother's medicine cabinet. She had them after a pair of surgeries and didn't touch them.

It was September that same year when his family first saw Mark experience a heroin overdose. He had borrowed Desiree's car. She found him slumped over in the driver's seat as the engine idled — eyes glazed, sweat pooled in a cup holder."

He might be doing heroin," someone on the other end of Mark's cell phone told Desiree after she dialed some of his recent calls. "I flipped out."

The pocks on the back of Mark's hands, they weren't bug bites as Desiree thought on first glance. They were injection sites.

There would be more overdoses for Mark between September 2013 and the night he died in February. Once his mother got a call from a Virginia state trooper. Mark overdosed in a hotel room while he was out of state on a job. Another time he was dumped at the doors of Evangelical Com-

munity Hospital in Lewisburg, "dead on arrival," as Teresa says.

Attempts at recovery followed. Twenty-eight days at a Virginia facility didn't take. The Stokers were more hopeful after a 28-day stint at Father Martin's Ashley in Maryland, but again it didn't work. He walked out of a White Deer facility one week after he checked himself in, his family says.

Jobs, friendships, girlfriends — all lost by Mark to addiction, an addiction that strained an already complicated relationship and ultimately led to his loss of parental rights to his daughter. He spoke often about the little girl, wrote about her in his journal. Teresa holds dear the few photographs she has of the two together.

Rehab left Mark's family jaded. Too many chances for relapse, too much freedom, not enough time, his brother says.

'I knew'

A study on addiction by the Center for Rural Pennsylvania found just 1 in 8 Pennsylvanians can afford treatment services. Geisinger Health System's latest needs assessment says lack of insurance, cost of care and transportation all are treatment barriers, and found there simply aren't enough providers to meet demand.

Mark had health insurance through the Health Insurance Marketplace. Teresa says it didn't cover the \$150 monthly cash cost for the prescription or the \$100 cash cost per session for counseling. His mother was in counseling herself and with Mark out of work — an on-the-job injury to his eye put him out — she was covering all the bills.

"We all knew he should be on it," Matt says of the Suboxone strips his brother was slicing up to stretch out an expiring prescription.

"Yeah, but we couldn't afford it," Teresa says.

And so the afternoon of Feb. 4, one day after Mark's life was saved after he was found in the parking lot of the fast-food restaurant, came a familiar phone call to Teresa, one the whole family expected and equally feared. It was the state police. They didn't tell her, but she knew: This time, Mark was dead.

"I know my son's a heroin addict," Teresa told the troopers on the phone.

When they met in person at her job in Harrisburg, the troopers' hats were pulled low across their brows, papers in hand. She didn't have to hear the news to interpret the moment.

"I knew what that meant."

Big crowd for drug battle

Officials, parents, addicts look to stem addiction

April 9, 2016

By Eric Scicchitano

The Daily Item

SUNBURY — Dozens of different voices, dozens of different ideas, one shared concern: heroin.

A late-morning town hall meeting Friday in the Northumberland County Courthouse drew nearly 200 people, largely filling Courtroom 1, evidence of the prevalence of drug addiction in the Susquehanna Valley.

Call it a brainstorming session, at times clinical and at times emotional. Law enforcement officials and medical professionals, recovering drug addicts and their loved ones all took to a single microphone and, one by one, shared worry and strategy alike toward a solution.

Addiction has no single solution, said county Coroner James F. Kelley. He likened it to multiple choice.

"E," he said. "All of the above."

Among the suggestions: Relax requirements for admission into treatment court. Allow ex-addicts into schools to tell their stories. Fund a weekly educational program beginning in elementary school. Promote resources publicly available through the Northumberland County Drug & Alcohol Program.

Lose the taboo of drug abuse: Talk to family and loved ones struggling with addiction. Treat addiction as an illness, not primarily as criminal behavior. Segregate addicts from the general population in prison settings. Offer more treatment services in the county jail.

Enhance access to long-term drug rehabilitation. Make detox mandatory for anyone who survives an overdose. Invest in sober housing. Don't allow insurance coverage to become a barrier to recovery.

Pagana: Prevention best

"The best treatment for drug addiction is prevention," said Dr. John Pagana, a Sunbury physician and addiction treatment specialist.

Addiction is a genetic disease, Pagana said. If it's in one's family, early intervention is best. He cautioned not only about heroin but also prescription medication. Be vigilant

if a doctor prescribes oxycodone, he said, especially on behalf of a juvenile.

Four in five new heroin users began by abusing pain-killers, the American Society of Addiction Medicine found.

John Gembic, district judge in Shamokin, said the legal system is failing addicts. Get rid of the users, he said a state inmate serving a lifetime sentence once told him, and the dealers will go away. That means early education.

He suggested weekly classes beginning in the third grade, adding that the anti-drug program DARE is long gone from local schools. Don't simply tell kids drugs are bad, he said, show them. Allow addicts to tell their stories. Have parents of addicts who've died speak.

"We need to show them pictures of that kid dead. We need to show them parents bawling," Gembic said.

2,500 deaths in Pa. in 2014

An estimated 2,500 Pennsylvanians died of a drug overdose in 2014. Fifteen suspected or confirmed fatal overdoses have occurred this year in Northumberland, Snyder and Union counties, according to county coroners.

Medication-assisted treatment was often referred to, and its effect disputed, by many of the recovering addicts and family members in attendance.

Dr. Greg Famiglio, of Williamsport, said sobriety is fleeting when treatment is sought in low-level rehab programs. Suboxone can be successful, he said, but not enough physicians offer the program.

Documented success

Peter Kay, a Northumberland County public defender, said Suboxone's successful results are documented, and coupled with supervision and counseling through drug treatment court like that offered in the county, it can work.

A special license is needed to prescribe the drug, meant to curb withdrawal and intended to be coupled with intensive counseling. If abused, it can give a user a high on its own, or hold them over until they're able to buy heroin or pain meds.

"All it was was a way to get high on proba-

tion," said Silas Farrow, a recovering addict 30 months' clean. His comment was met with rousing applause from the crowd.

Recovery begins at home, Farrow said. Families must communicate, and so must addicts themselves. He urged anyone struggling to reach out and seek rehabilitation.

Short-term rehab stays are not enough

One year of inpatient rehab was suggested by Police Chief Todd Owens of Mount Carmel, a longtime drug investigator. He said short-term stays like 28 days aren't enough.

"It is too hard to get into rehab," said Teresa Klouser, mother of an addict three years' clean. Timing is critical, she said, and more options are necessary.

A study on addiction by the Center for Rural Pennsylvania found just 1 in 8 Pennsylvanians can afford treatment services. Geisinger Health System's latest needs assessment says lack of insurance, cost of care and transportation all are treatment barriers and found there simply aren't enough providers to meet demand.

Sandy Wayne held the hand of her adult son, Kegan Polastre, as they shared their story. She suggested detox be mandatory for anyone who turns up at a hospital for an overdose.

Polastre said options are needed. There's a methadone clinic in the Watsonstown area, but clinics are needed in Sunbury, Shamokin and Mount Carmel. Methadone requires daily dosing in person at a clinic and regular counseling.

Help is available

Kerry Davis, prevention program specialist with the county's Drug & Alcohol Program, was met with audience questions simply about the program's existence. Its specialists work to get addicts, including those under-insured or without insurance, into programs by calling rehabs in search of open slots. The phone number is (570) 495-2040 and service is available 24/7.

Awareness of the program from here on out is a must, said county President Judge Charles Saylor.

"You cannot be the best-kept secret in the county," Saylor told Davis.

Crowd continued on next page

Crowd continued

Paula Weikel urged law enforcement to change tactics. Using addicts as police informants is a danger to their health, she said. It puts them in touch with dealers, puts them in the same room as drugs.

“Law enforcement must stop using active addicts to set up drug dealers,” she said.

Rep. Masser urges compassion, education

State Rep. Kurt Masser, R-107, of Elysburg, urged everyone to attend drug seminars with Chris Herren, an ex-NBA basketball player and noted addiction speaker, to be held May 4 in Shikellamy High School and

Oct. 11 in the Shamokin Area Middle/High School.

He also urged compassion and education.

“You hear people (say) ‘these are scumbags, these are out-of-towners.’ They’re not. These are our kids who are dying,” Masser said.

DRUG ADDICTION AND RECOVERY

Pain meds took her down; son brought her back

May 2, 2016

By Eric Scicchitano

The Daily Item

SELINGROVE — The bottoms of Liam Williams’ bare feet patter against the wooden living room floor as he dives onto a couch and into his mother’s lap.

His chubby cheeks swell as a smile stretches across his face, the dark curls sprouting from the toddler’s head waving as if wind-blown.

Shuntil Snyder smiles down at her 19-month-old son. She never thought she’d be a mother. She never thought she’d live to see the day. “This little guy helped me take the final step into medical maintenance, which helps me keep sobriety,” says Shuntil, 27, of Selinsgrove. “I love being a mom. I never thought I would say that.”

Shuntil is a recovering addict — heroin and oxycodone. She visits a methadone clinic, takes one pill there and undergoes counseling and group therapy. Another six pills leave the clinic with her. The ritual renews each week. It took one year of clean urine tests to enroll in the take-home method, she says. At the start it was daily visits.

Sports injury

Shuntil was a gifted, tenacious athlete at Selinsgrove Area. Soccer was her passion. She started at 5 years old, played varsity all four years of high school, and competed with club teams and indoor leagues in the off-season.

She began grappling with the boys in the seventh grade, one of two girls on the team, she says. In high school, she competed in the 103-pound weight class for the varsity team.

Her coaches turned her on to the idea of wrestling in college on scholarship.

A 2007 Selinsgrove Area graduate, she earned partial scholarships for wrestling and

soccer at the University of the Cumberlands in Kentucky, a member of the National Association of Intercollegiate Athletics for small schools.

“The things I could do in wrestling, I never thought I could do,” Shuntil says of self-discipline and mental strength synonymous with the sport. “When my addiction came along, I thought to myself, ‘Why is it so hard to stay clean?’”

Shuntil says she excelled in academics and hoped to earn a degree in fitness and sports management. She hoped to excel on the mat, too, with an eye one day to make it to the U.S. Olympic Trials.

Sophomore year, Shuntil tore ligaments in her shoulder. She was prescribed Percocet to dull the pain. She rushed physical therapy, she says, and the meds help keep the pain at bay. That became a theme, whether the pain was physical or mental.

“After that I went into a deep depression and moved back home,” she says.

On to rehab

Shuntil married young, straight out of high school. She divorced young, too, after she returned from college. It’s a chapter of her life she’s not willing to share. Not yet. What she does make clear is that addiction played a role in ending her marriage.

Back in Selinsgrove, collegiate athletics and classroom studies were far from her mind. She put off her career goals, lost motivation. She became secretive, she says. She also became angry, prone to outbursts.

Shuntil’s adopted mother, Betsy Snyder, recalls the rage inside her daughter. Shuntil once came home from a wedding. She was drunk and high and in the midst of a mental breakdown, Betsy says. When mom arrived at daughter’s home to console her, there was little she could do. Shuntil was shouting, throwing things, crying, Betsy says.

“She was just flipping out, so out of control. ... We couldn’t talk to her,” Betsy says. “It was one of the darkest moments of my life because I didn’t know where she was headed. I always had such high hopes for her,” she says.

Where she was headed was rehab. Seven times in all. The first trip was met with inner reluctance. She didn’t think she was an addict. At that point, she wasn’t buying pills illegally. She wasn’t abusing her prescription. But she knew something was wrong. A counselor convinced her to go for 30-day treatment. Betsy says the family had no idea, says Shuntil lied about going to counseling and instead said she was going away with friends.

“She didn’t want us all to know she was doing drugs,” Betsy says.

‘That’s dope’

None of the seven trips spurred sustained abstinence. Shuntil’s addiction grew worse. All those things she wasn’t doing prior to that first trip to rehab took hold. She had a dealer to supplement her habit. She began crushing and snorting pills. That’s how she ended up doing heroin for the first time at age 23. It was 2012, and months before, her father’s sudden death lent her an “excuse” to use more.

A dealer had a line cut and told her she could snort it up. This line tasted, felt differently from the ones before.

“‘That’s dope,’ he told me,” Shuntil recalls. “‘You mean heroin?’ ‘Yeah, did you like it?’ I did.” “Within a month all I was using was heroin,” she says.

Shuntil had a job. It wasn’t enough to fund her habit. She took to stealing money from her mother, something she admits with shame. Betsy is a mother of eight adopted children, two at home with serious health

Addiction continued on next page

Addiction continued

issues. Shuntil stares off and slowly shakes her head at the thought of her misdeeds.

Betsy says she used to leave money around the house. Eventually, it began to disappear. So did the coins in change banks. Some rare old coins went missing, too. She took to putting her cash and credit cards in a specific place for a while — tucked beneath her pillow when she slept at night.

Getting clean

It kept building up in 2012. Shuntil was out of college, divorced, stealing from family, had lost her dad. Enough was enough. Rehab didn't work. She'd learned about methadone. On Oct. 16, 2012, she says she used heroin the last time. The next day she went to a clinic.

The start.

"On my 24th birthday was the first day I dosed there," Shuntil says.

It hasn't been easy. Despite stopping heroin, she continued to self-medicate with marijuana and drugs like Valium and Xanax. Then, she learned she was pregnant. She risked her life for years. She didn't want to

risk another's. So she quit the drugs she was using, all except the prescribed methadone. She quit cigarettes, too.

Labor was complicated, and Liam came early - two months - but when he came, Shuntil may never have felt more happy. She couldn't hold him right away because of his premature birth, she says, but hearing his cry was enough.

Shuntil works two retail jobs at the moment. When she isn't at work, she's with Liam. They take walks to the Isle of Que boat launch, or to see some ponies near their home. Some days they make drawings on their patio with sidewalk chalk. When she takes a bike ride, Liam rides along in a baby seat. They play with toys; Thomas the Tank Engine is Liam's favorite. Shuntil is present, and she is sober. Her boyfriend, Liam's father, is working on sobriety, too, and will soon leave rehab for a sober living facility.

Shuntil is winding off the methadone treatment. When she does, she says she'll continue counseling and group therapy. She's looking to restart college and towards becoming an addiction counselor herself. She's considering putting her wrestling skills to use again, too, this time training in

mixed-martial arts.

"For the past two years, it hasn't been easy, but it hasn't been as hard as it ever was," she says.

Structure, commitment

Betsy is proud of her daughter's continued recovery. She's fearful, too, as the potential for relapse is never gone from an addict's life.

"She has come so far. She'll always have a ways to go to improve herself and she tries everyday," Betsy says. "She's a great mother. Her son is her life."

"It's a trust issue that takes a longtime to build back," Betsy says. "It was worth all the struggle. We stuck together."

Shuntil says she wants to share her story of addiction and recovery not only as inspiration, but also to show there are options when it comes to treatment - 12-step programs, inpatient rehabilitation, medication-assisted treatment like Suboxone. Rehab didn't work for her. Methadone, did. Find what works, she says.

"I needed structure everyday. I needed commitment everyday, to wake up and say, today, I'm not going to use," Shuntil says.

Doctor: Use of overdose drug must rise

GHS researcher to present study findings in Boston

June 5, 2016

By Eric Scicchitano

The Daily Item

Geisinger researchers are using patient data to predict those at risk of abusing and overdosing on heroin and prescription painkillers.

The objective is to improve patient monitoring and boost access to opioid antidotes like naloxone.

Patients with chronic and mental illnesses, who are unemployed and who aren't married were found to be at higher risk of overdose.

Electronic health records for 1.17 million patients were analyzed, confirming 2,039 overdosed on opioids between April 2005 and February 2015 throughout the hospital health system, though study leader Dr. Joseph Boscarino says the total is likely higher.

The study found 80 percent were treated for an overdose on prescription narcotics compared to 20 percent for heroin, says Boscarino, addiction researcher and senior epidemiologist at Geisinger.

Nine percent of patients treated for an overdose were discharged with a prescription order for naloxone, a medication proven to negate the effects of drugs like heroin and oxycodone and reverse an overdose. Boscarino says post-overdose treatment orders for the medication must rise.

"We thought it would show up on discharge. It did not," says Boscarino, who will present the study's findings today at the International Conference on Opioids in Boston. "We have to do a better job."

The average age of the overdose patients was 52, higher than Boscarino expected, and many had chronic diseases — cardiovascular disease, 22 percent; diabetes, 14 percent; cancer, 13 percent.

A mix of opioids and psychoactive drugs was identified as a risk factor, as 35 percent of the patients were found to have one or more mental health disorders. Many patients already had a documented history of addiction.

Stability is a preventative factor for avoid-

ing a recurrence, as people in a marriage or with private health insurance, indicating employment, were less likely to return for overdose treatment.

The study found 68 percent of overdose patients weren't married, and 78 percent were unemployed. As to gender, 54 percent of the patients were female. Nine percent of patients returned within one year, another figure Boscarino thought would be higher.

Opioid overdoses killed 2,500 Pennsylvanians and more than 28,000 people across the country in 2014, according to state and federal agencies.

The next plan with the data is to develop a focus on intervention. It will have to be split into at least two age groups, Boscarino says. "We think of (substance abuse) as a young person problem but apparently it's not. It's split," he says.

The study was funded by Indivior Inc., a boutique pharmaceutical company that manufactures Suboxone, used in medication-assisted opioid abuse treatment.

Drug deaths rise by 23% in state

July 14, 2016

By Eric Scicchitano

The Daily Item

Eight of 10 fatal drug overdoses last year in Pennsylvania involved heroin or prescription opioids in a year that saw a 23 percent rise in drug-related deaths, according to a new report. The Philadelphia division of the Drug Enforcement Agency says 3,383 people died of an overdose in 2015 — topping the 2,742 tallied in 2014, according to updated figures. Sixteen of the deaths occurred in Northumberland County, followed by six in Montour County, three in Union County and one in Snyder County, the report states.

Information on fatal overdoses was sought from coroners and medical examiners in all 67 counties. Just two counties reported no drug overdose deaths: Cameron and Warren.

It's the first year-to-year comparison compiled by the federal agency, which worked with state law enforcement agencies and the Department of Drug and Alcohol Programs.

The spike was no surprise to many eyeing Pennsylvania's substance abuse problem, including Dr. Joseph Boscarino, senior scientist with Geisinger's Center for Health Research. Until supply and demand are curbed — the former through law enforcement and the latter through treatment and prevention — he says the death toll will continue to rise.

"You have availability. The marketplace is increasing," Boscarino said. "I expect it to continue to go up unless something's done about availability and treatment of these individuals."

That appears to be the trend in the Valley.

There are 17 cases in Northumberland County so far this year, according to Coroner James F. Kelley. Eleven fatal overdoses are confirmed, with all but one involving heroin or prescription medication. The remaining six are pending toxicology testing, all suspected of involving heroin or prescription drugs, Kelley says.

In Union County, three fatal drug overdoses are confirmed this year and another two are under investigation, Coroner Dominick

Adamo says. Snyder County Coroner Bill Pheasant says one fatal overdose is confirmed this year.

"I wouldn't say with 100 percent certainty, but it certainly looks that way right now," Kelley said of the prospects of 2016 surpassing the overdose death toll from the year before.

Philadelphia had the highest county death total at 720. Its three surrounding counties of Delaware, Montgomery and Bucks had 455 combined.

Allegheny had the second-highest county total of 422. Western Pennsylvania experienced the sharpest increase of per-capita fatal drug overdoses, the report states.

Dauphin County had 82 deaths, York County, 99, and 80 in Lancaster County.

White males ages 30 to 39 are the largest demographic represented in the overdose study, with heroin and prescription opioids as the leading factors. Deaths among males overall is up, while fatal overdoses for females dipped.

Forty-four counties, including Northumberland, cited heroin as the most frequently identified drug. Heroin saw a modest 5 percent spike in drugs identified in toxicology testing. Cocaine rose 41 percent, the top drug identified in overdose deaths of African-Americans.

Fentanyl climbed even higher — a 93 percent spike from 2014. In deaths attributed to the powerful painkiller, a mix of heroin was found in about 36 percent of the cases and cocaine in 26 percent.

"We know that much of the heroin available is cut with fentanyl and that this compounding is associated with lots of overdoses," said Dr. Margaret Jarvis, medical director of Geisinger's Marworth Treatment Center. "The cocaine is especially interesting — in the last two months we at Marworth have been seeing increasing numbers of patients using cocaine compared to the last many years."

The death totals in Union County are comparatively low to other areas of the state. Make no mistake, says District Attorney D. Peter Johnson, the rural county also has a drug problem.

Johnson says up to 40 percent of criminal

cases in his office directly involve substance abuse or have drugs as a contributing factor. Retail thefts, burglaries, robberies, assaults — there's often a link to drugs, he says.

"With what we have the ability to do from a criminal law standpoint, we're doing all that we can. You can't prosecute your way out of this," Johnson said.

The study cites naloxone, the opioid-reversal medication, as a way to intervene on a continued increase of drug overdoses. First responders including police officers and firefighters are eligible to administer the drug, with more than 1,000 reversals attributed to police since 2014. The Milton Police Department has reversed two overdoses, according to Evangelical Community Hospital, which oversees the naloxone program for police in the Valley.

Pennsylvania will begin tracking drug prescriptions this year to cut off the prevalence of opioid abuse, though state officials expect an uptick of heroin abuse as a result. Gov. Tom Wolf proposed a \$34 million investment in expanding access to medication-assisted treatment like Suboxone therapy. The proposal was trimmed by the state Legislature.

Sen. Gene Yaw, chairman of The Center for Rural Pennsylvania, has been actively proposing and co-sponsoring legislation aimed at drug abuse. The center has sponsored annual reports on heroin and prescription drug abuse since 2014, along with town hall meetings.

Yaw's sponsored legislation includes limiting opioid prescriptions to seven days for emergency room patients, mandating licensed prescribers undergo periodic education on pain management and opioid prescribing guidelines, and mandating that coroners report drug overdose data — a hurdle cited in the DEA report.

"The center's work has laid the foundation for greater awareness by the Legislature in coordinating a statewide response," Yaw said. "We have looked extensively at every facet of this growing crisis, and my colleagues and I are working to address many of the issues brought to our attention legislatively."

Rural access to opioid care expected in mid-August

Yaw skeptical of state plan

July 24, 2016

By Eric Scicchitano

The Daily Item

A rural expansion of Pennsylvania's Centers of Excellence project to treat heroin and prescription opioid addiction is expected in mid-August, according to Ted Dallas, secretary of the state Department of Human Services.

State Sen. Gene Yaw, R-23, of Williamsport, wonders why the northcentral part of the state was excluded in the first place.

The Centers of Excellence are existing treatment facilities designed to blend primary care and behavioral health. The \$20 million program opens access to an estimated 4,500 Medicaid patients, including outpatient counseling coupled with medication-assisted treatment like Suboxone and Vivitrol. The centers either offer services directly or directly assist patients in enrolling in treatment at operating facilities.

Twenty centers were unveiled this month by the Wolf administration. Four are north of Interstate 80. "That leaves an area in the northcentral part of the state bigger than New England, excluding Maine," Yaw said. "I don't understand how you can say we're serving the rural population when you have that large of an area and it has nothing."

Most of the centers are in the state's more populated areas, including the Pitts-

burgh and Philadelphia regions. The closest locations to Montour, Northumberland, Snyder and Union counties are Crossroads Counseling in Williamsport and Pennsylvania Counseling Services in Harrisburg.

Dallas said population figures and overdose deaths by county — 3,383 in all across the state last year — were among the factors considered in choosing center locations. Also weighed were the quality of proposals and services offered by the 116 applicants, he said.

A recent study by the Drug Enforcement Agency found rural counties rank highly in both the per capita death rate and the year-to-year increase in fatal overdoses. Dallas acknowledged as much. He said an expansion of the project coupled with a \$3 million program through the U.S. Department of Health and Human Services will help "fill out some of the rural areas in the state."

"We think those two things will help get our focus where it needs to be in the rural areas," Dallas said. The federal program, \$3 million spread over three years, would "double the number of prescribing doctors in rural areas," Dallas said.

DHS hasn't finalized the location or number of additional Centers of Excellence, the projected cost or potential patient reach, according to agency spokeswoman Kait Gillis.

The Williamsport facility is the lone center in Yaw's district, which covers all of Bradford, Lycoming, Sullivan and Union counties

and parts of Susquehanna County. It's tabbed by DHS to serve Lycoming, Tioga, Clinton and Centre counties. There are no centers yet established in the neighboring 27th Senatorial District represented by Sen. John Gordner — all of Columbia, Montour, Northumberland and Snyder counties and parts of Luzerne County.

A prior study by the Geisinger Health System identified transportation as a major barrier to patient care. Yaw shared similar thoughts about the distance between centers. He said he isn't certain the Wolf administration will find the funding to expand the project. Wolf originally sought \$34 million in state money coupled with \$18 million from the feds. The end result was part of a budget compromise — \$15 million state, \$5.4 million federal.

Yaw deemed the Centers of Excellence as a burgeoning bureaucracy. As chairman of the Center for Rural Pennsylvania, which has scrutinized opioid addiction across the state, he said funding is better left to local agencies to allocate toward treatment.

Dallas cited the expansion of Medicaid as a "huge improvement" in boosting access to treatment. Of the 650,000 additional enrollees in the expansion, he said 62,000 received drug and alcohol services in the first year.

"More people than ever have access to care," he said.



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COATESVILLE

Wolf leads talk on opioid crisis

Governor is seeking more state funding to treat victims of addiction

By **Ginger Rae Dunbar**
gdunbar@21st-centurymedia.com
@GingerDunbar on Twitter

COATESVILLE » Gov. Tom Wolf heard from the community and elected officials Friday to help with the "medical epidemic" of heroin and opioid overdoses. The Democratic governor is conducting roundtable meetings statewide to discuss his administration initiatives, the state Legislature, county agencies, treatment centers, hospitals and more. He said he was "stunned" to

learn of an issue in every community; drug overdoses. "We have an epidemic that is not focused in certain areas, it's all over the state," Wolf said. "Everyone is facing it." According to statistics, nearly 2,500 people died of an overdose in Pennsylvania in 2014, Wolf noted, more than those killed in car crashes. "It destroys lives," Wolf said. "It destroys the families." The individuals present at the roundtable at the Coatesville School District's Benner Build-

ing discussed how naloxone has saved lives. Naloxone, also known as Narcan, is a drug that temporarily reverses the symptoms of an opioid overdose. They said the "Good Samaritan" law, to not prosecute the 911 caller for help for someone who overdosed, is beneficial. Chester County resident Jacki Smiro said Pennsylvania has passed two bills since her son died. RJ Zwann, 17, overdosed in 2008. She said it takes too long and "we're losing kids."



Gov. Tom Wolf, left, visited Coatesville on Friday to discuss with community members and elected officials how to help battle heroin and opioid overdoses. The roundtable meeting was held at the Coatesville Area School District's Benner Building.
GINGER RAE DUNBAR — DIGITAL FIRST MEDIA

WEST CHESTER

REDWOODS PLANTED FOR ARBOR DAY

Trees also planted in memory of five residents and in honor of veterans

By **Candice Monhollan**
cmonhollan@21st-centurymedia.com
@CMonhollanDLN on Twitter

WEST CHESTER » In 1872, J. Sterling Morton started an annual nationwide tradition celebrating trees and the environment. On April 10 of that year, more than a million trees were planted in Nebraska, creating Arbor Day.

In Hoopes Park in West Chester, the community didn't plant a million trees, but they did add four metasequoia dawn redwood trees in memory of deceased members of the GFWC New Century Club, a community activist and in honor of the veterans on Friday morning.

"We have, in western society, been celebrating trees for at least five centuries — I did a little bit of internet research," said Chester County Commissioner Terence Farrell. "We are all here because we understand the importance of the environment and we all understand the importance of conservation. Here in West Chester ... we appreciate our trees and all they give to us."

Joining Farrell were fellow commissioners Michelle Kichline and Kathi Cozzone, state Sen. Andy Dinniman, state Rep. Dan

REDWOODS » PAGE 2

"Here in West Chester ... we appreciate our trees and all they give to us."

— Chester County Commissioner Terence Farrell



Jed Burns, a retired Marine and commander of the Disabled American Veterans of West Chester, stands by one of the metasequoia dawn redwood trees planted in honor of the veterans by West Chester Borough on Friday.



In recognition of 27 years as a member of Tree City USA, West Chester was honored with a new flag and updated years for signs in the borough as part of the Arbor Day celebration in Hoopes Park on Friday morning. From left, West Chester Mayor Carolyn Comitta, borough Urban Forester Denise Dunn-Kesterson and Urban Forest Specialist Kendra McMillin.

COURT NEWS

Defense rests in Millersville U. murder trial

Kennett High School grad charged in Unionville High School graduate's death

Staff and Wire Reports

LANCASTER » The defense and prosecution rested their cases on Friday afternoon for a murder trial in which a Kennett Square man is accused of beating and strangling his girlfriend to death in her dorm room at Millersville University.

A retired forensic pathologist, Dr. C. Peter Speth testified on behalf of the defense, arguing that the woman died from asphyxiation, which was caused by the reopening of a wound she had previously suffered. The trial will resume at 8:30 a.m. on Monday. The jury will deliberate the case after hearing closing arguments.

The panel of 10 men and two women have heard seven days of testimony in Judge R. Tolaro's courtroom about the relationship between Gregorio Orrostieta, and the victim in the case, Karlie A. Hall and the events leading up to and surrounding the morning of her death. Authorities contend that Hall, a freshman at the school, died after being beaten and strangled by her abusive boyfriend, Orrostieta. His attorneys, to the contrary, insist that Hall died in a physical confrontation with him after re-injuring a fractured eye socket she broke in a fall a few days earlier.

The prosecution is seeking a conviction on charges of first-degree murder, which would be punishable by life in prison without parole. The defense has suggested that he could be found guilty of a lesser charge.

According to published reports, testimony in the case seems to indicate that Orrostieta, 20, of Kennett Square had a tempestuous and jealous relationship with Hall, who he started dating in the spring of 2014. Hall, of Chadds Ford, Delaware.



Orrostieta



Karlie Hall

TRIAL » PAGE 4

BUSINESS

Passive House saves big on heating, cooling

Passive House is an energy efficient building standard that maximizes the energy efficiency in the home. PAGE 81



OPINION

Saudi actions strain U.S. relations

Oil has made Saudi Arabia wealthy and influential, but it has too often acted counterproductively. PAGE 47

INSIDE

Funding for two V-22s may be restored

U.S. Rep. Patrick Meehan announced that funding is being sought for the military aircraft, made by Boeing. PAGE 43

WORLD ECONOMY

Puerto Rico braces for lawsuits; default looms

Puerto Rico's governor said the U.S. territory is preparing for lawsuits in light of an expected debt default. PAGE 82

Chesco police and legislators respond to rising death toll of opioid epidemic

February 9, 2015

By Michael N. Price

The war on drugs may be best known for the law enforcement's fight against the illegal drug trade, but these days another battle is waging against the rising death toll caused by fatal overdoses.

Local law enforcement officials continue to raise the alarm about the constant loss of life that has struck communities across the country, including Chester County. Last year at least 52 people died in an accidental manner caused by drug use, according to statistics from the Chester County Coroner's Office.

While heroin continues to claim lives at an alarming rate, officials said prescription drugs now cause more deaths than all illegal street drugs combined. Even more telling, drug overdoses have eclipsed automobile accidents as the number one cause of injury death in the United States, according to the Center for Disease Control and Prevention (CDC).

Though a steady demand for both legal and illegal drugs certainly drives the market, an ever-increasing supply of prescription medication is starting to receive its own share of the blame.

Doctors continue to prescribe Oxycodone, a leading culprit in fatal drug overdoses, at an unprecedented rate. In 1998, 11.5 tons of the drug were prescribed worldwide. In 2010, that figure had risen to 122.5 tons, with the United States representing 82 percent of global consumption.

Chester County District Attorney Tom Hogan, who serves as chair of the intelligence committee for the regional High Intensity Drug Area Trafficking task force (HIDTA), said the availability of potentially deadly prescription drugs in nearly every American home has led to a drastic rise in addiction rates among young people.

"From my perspective, they are over-prescribing prescription drugs, particularly hydrocodone and oxycodone," Hogan said.

With about 70 percent of the American population on prescription drugs, supply more than meets demand. Opioids like Oxycodone account for the majority of prescription drug deaths and are the third most commonly prescribed drug type in the country behind antibiotics and antidepres-

sants.

The deadly problem is not just a local one; 46 people die in the United States every day from overdoses on prescription painkillers alone, according to the CDC. In 2012, Americans filled 259 million prescriptions for painkillers, enough for every adult in the country to have their own bottle of pills.

"Across the country and the Commonwealth, we have seen a sharp rise in prescriptions for opioids like Oxycodone in the past decade," Hogan said. "At the same time, we have seen a spike in addiction and overdoses related to these drugs. Although most doctors are prescribing such drugs appropriately, there are a certain number of doctors who are over-prescribing this class of medication."

That problem is exacerbated by the Philadelphia region's significance in the heroin trafficking trade, law enforcement officials said. According to information from HIDTA, a task force comprised of local, state, and federal law enforcement agencies, heroin continues to rank as the top drug threat for southeastern Pennsylvania. Prescription drugs ranked second, followed by cocaine, crack-cocaine, and marijuana.

Addiction to prescription opioids goes hand in hand with the rising rates in heroin use, officials say. While many users develop an addiction by taking prescription pills found in the home, once the supply runs out the need for a fix remains.

With Oxycodone demanding \$20 to \$30 a pill on the street, many users are forced to turn to heroin, which provides a similar high at a fraction of the cost, to feed the habit. Law enforcement officials say the Philadelphia region is home to some of the purest and cheapest heroin in the country, a problem made even worse when Mexican drug cartels recently discovered the process to refine "pure white heroin" that finds its way to southeastern Pennsylvania suburbs. "The Philadelphia region has some of the purest and cheapest heroin in the United States," Hogan said. "Now you have a whole lot more kids addicted, and you have a whole lot more heroin on the street."

In response to the rising death toll, law enforcement and elected officials have taken an aggressive approach through a number of public programs, including eleven prescription drug collection boxes that were

placed at police stations and public buildings across Chester County in late 2013.

Last year, those boxes collected more than half a ton, 1,026 pounds, of unwanted prescription medication. The program, a cooperative effort supported by law enforcement and elected officials like State Rep. Becky Corbin, R-155th of East Brandywine, was deemed a major success and could expand to include additional boxes.

While collection boxes attempt to safely dispose of medication before it can reach the hands of potential abusers, Pennsylvania's municipal law enforcement officers recently gained a tool designed to save lives when it matters most.

Last year, state lawmakers passed legislation that authorized police officers and firefighters to carry and administer Naloxone, or Narcan, an opioid antagonist designed to immediately revive an unresponsive person who is experiencing a potentially fatal drug overdose.

The program has already produced results, as the East Brandywine Police Department recently recorded the county's first "save" when police officers used the drug to revive an unresponsive patient earlier this month.

On Jan. 23 township police officers administered the drug after responding to the heroin overdose of a 23-year-old woman, who regained consciousness three minutes later and was admitted to an area hospital in stable condition.

Corbin, who supported the Naloxone legislation, praised the police officers' actions and the legislation that authorized them to do so.

"We gave public safety officials a new tool to battle against heroin addiction, and they wasted no time using this new resource to save lives," Corbin said. "I applaud the courageous work of the East Brandywine Township Police and its rapid response to a reported heroin overdose. Its rapid response and quick thinking kept a young woman from becoming yet another statistic in the deadly heroin epidemic."

The East Brandywine officers, like the majority of municipal police officers in Chester County, just received the training that authorized them to administer the drug in the past few weeks. About 20 Tredyffrin

Police continued on next page

Police continued

police officers also participated in a training class earlier this month.

At the beginning of the training, Tredyffrin Police Superintendent Anthony Giaimo said the department typically responds to about 18 to 20 overdoses a year, and three or four of those turn out to be fatal.

Tredyffrin became the 25th police department in Chester County to receive the training, administered by West Chester's Good Fellowship Ambulance Company training institute. Five more police departments are scheduled to receive the training, and officials hope the few police departments in the county that have not signed on to receive the training do so soon.

"We've pushed this program through a number of different agencies, and we've finally got it here," Giaimo said to his

officers at the start of the training, which consisted of an instructional video and a practical demonstration from Ethan Trowley, who manages Good Fellowship's training program.

The training emphasized how widespread addiction has become, explaining that prescription drug overdoses now outweigh those caused by illegal drugs. Overall, opioid overdose deaths have tripled since the 1990s, the state-sponsored video said.

Police were trained on the warning signs of an opioid overdose, like sedation and respiratory depression, and instructed on how to administer a life-saving dose of Naloxone, a last-chance measure in the fight against addiction.

"The best way to prevent heroin or prescription painkiller overdoses is to help addicted persons enter recovery or, better

yet, keep people from becoming addicted in the first place," Corbin said. "That said, more departments should follow East Brandywine's lead in getting the proper training and stocking the drug naloxone so that other lives can be saved."

Individuals needing help in overcoming addiction may call the Chester County Department of Health's Drug and Alcohol Services hotline between 8:30 a.m. and 4:30 p.m., Monday through Friday, at 1-866-286-3767. All calls are confidential. Prescription drug drop box locations can be identified by visiting www.RepCorbin.com and clicking "Prescription Drug Abuse."

Follow Daily Local News staff writer Michael N. Price on Twitter @MikePriceWrites and on Facebook at www.facebook.com/michaelnprice.

Gov. Wolf visits Coatesville to discuss opioid crisis

April 29, 2016

By Ginger Dunbar

COATESVILLE >> Gov. Tom Wolf heard from the community and elected officials Friday to help with the "medical epidemic" of heroin and opioid overdoses.

The Democratic governor is conducting roundtable meetings statewide to discuss his administration initiatives, the state Legislature, county agencies, treatment centers, hospitals and more.

He said he was "stunned" to learn of an issue in every community: drug overdoses.

"We have an epidemic that is not focused in certain areas, it's all over the state," Wolf said. "Everyone is facing it."

According to statistics, nearly 2,500 people died of an overdose in Pennsylvania in 2014, Wolf noted, more than those killed in car accidents.

"It destroys lives," Wolf said. "It destroys the families."

The individuals present at the roundtable at the Coatesville School District's Benner Building discussed how naloxone has saved lives. Naloxone, also known as naran, is a drug that temporarily reverses the symptoms of an opioid overdose. They said the "Good Samaritan" law, to not prosecute

the 911 caller for help for someone who overdosed, is beneficial.

Chester County resident Jacki Smiro said Pennsylvania has passed two bills since her son died. RJ Zwann, 17, overdosed in 2008. She said it takes too long and "we're losing kids."

"There are other states that are so far ahead of us," Smiro said.

She said that people have been turned away for help because the facility lacks the space. She added that many families cannot afford the treatment, especially if it is for repeat help.

Wolf is proposing \$34 million in the 2016-17 state budget to open 50 centers with space to treat 23,000 people who have an opioid addiction. State Sen. Andrew Dinniman, D-19th, asked for support of Wolf seeking to provide treatment centers.

"Young people think they're invincible, just like we did. And they're not," said Dinniman, D-19th of West Whiteland. "This drug is stronger than them."

Luis Tovar, a parent involved with Kacie's Cause, a nonprofit organization based in Kennett Square, said they bring education and awareness to the community about drug addiction. When Kacie's Cause was founded three years, people denied a drug

issue in the community and schools. He said that they provide resources to parents. He said their cause has hope of helping addicts become sober.

"This is not a disastrous story," Tovar said. "It could be something with hope."

Kimberly Holman, president of the Good Fellowship Ambulance in West Chester, was instrumental in funding for and providing county police departments with naloxone. Police revived 51 people in 2014.

Chester County Commissioner Kathi Cozzone said funding is an issue. She said there are 30,000 people in recovery from addiction and the county has a \$5.5 million budget for drug and alcohol programs.

She said it is difficult to get "parents to understand that this could happen to your child."

Cozzone and Wolf said that the government would save money if prisoners received drug treatments for drug-related crimes instead of paying for their incarceration. Wolf said the state spends \$1.6 billion more to incarcerate them.

Chester County Commissioner Michelle Kichline noted that overdoses have occurred in 36 out of the 73 municipalities in the county.

Coatesville continued on next page

Coatesville continued

She asked if legislatures could work with the medical community, such as family doctors who prescribe medication. Kichline and Brandywine Health Foundation President and CEO Frances Sheehan said patient surveys can be an issue. Sheehan asked for a database to determine if physicians are overprescribing and how to prevent “satisfying a drug-seeking patient.”

State Rep. Harry Lewis Jr., R-74th, said that as a former educator, it is distributing that children as young as 12 abuse drugs.

Lewis, of Caln, urged for education at the elementary level to teach the “seriousness of drugs.” He cited health sources and studies that indicate Pennsylvania is among 12 states with the highest drug overdose death rate.

Downingtown Mayor Josh Maxwell, a Democrat, said that school districts and police departments could work closer together because school counselors and teachers may recognize the issues. He suggested educating students about the website www.dosomething.org to receive

help. Maxwell is running against Lewis to represent the 74th Legislative District.

Coatesville resident Amanda Winkey said she sees people dealing drugs and knows youths are using drugs because of “hopeless, number one, and peer pressure, number two.” She grew up losing community members to drugs, she said, which continues.

“I see it every day,” Winkey said. “Something has to be done. I’m looking at losing another generation.”

Gov. Wolf leads roundtable in Delco on heroin awareness

May 19, 2016

By Kevin Tustin

Brookhaven – Gov. Tom Wolf came to Delaware County Thursday to push the state’s war on the opioid epidemic.

The Democratic governor was joined at the Brookhaven Municipal Center by state Rep. Leanne Krueger-Braneky, D-161, of Swarthmore, and other officials for a discussion on how to better combat the state’s opioid and heroin problem, a crisis that has contributed to approximately 2,700 overdose deaths in the commonwealth in 2014, according to the Centers for Disease Control.

Krueger-Braneky and Wolf hosted a roundtable discussion on the issue with state lawmakers, county leaders, community members and parents affected by the epidemic.

“On this issue,” said Wolf, “we’re all in agreement that we need to do something about this.”

Krueger-Braneky said Wolf coming to Delaware County for his most recent roundtable on the topic was appropriate, calling the county “ground zero” on this issue, with the highest number of heroin overdose deaths in the state and, yet, also the pioneer for trying to fight the problem.

“We’re leaders on this issue, and this issue hits home,” she said.

Much of the roundtable’s focus was on treatment and how to make it more accessible, or long-term.

Currently, people cannot be forced into treatment, and when they enter into a program, most are there for only 30 days before being released, mainly due to lack of appropriate insurance coverage for their stay.

This could lead to people relapsing and continuing to get high, and, possibly, entering back into a 30-day program.

“When a person comes out of treatment ... (we) need to give them long-term sober living that is comfortable, accessible to jobs and people in the community, and that integrates ongoing therapy and groups and recovery in the community,” said Nancy Marcus, a former addict and mother to a son in a sober living community in Florida. “We’re taking them out of 30 days of treatment and saying, ‘good luck!’”

Marcus said it takes years to get clean, not 30 days.

State Rep. Margo Davidson, D-164, of Upper Darby, echoed Marcus’ sentiments.

“We know it takes more than 30 days for treatment, so we need to begin to look into insurance companies and make them provide the level of care that is necessary,” said Davidson.

A portion of the discussion was the use of

the opioid-reversal drug Narcan (naloxone) by law enforcement made possible by the passage of David’s Law, named for Delco overdose victim David Massi, in November 2014. Since then, police officers across the state have reversed over 900 overdoses. Delaware County accounts for the most saves with well over 250.

Standing orders by state Physician General Dr. Rachel Levine have made it available to all emergency personnel and state residents.

To Brookhaven Police Chief Randolph McGoldrick, such accessibility to naloxone is an inhibitor for people to keep using, recounting a story of a man being saved by borough police twice this week in 24 hours.

“We need you to help up with these people, especially when guys are going right back out and taking advantage of Narcan,” said McGoldrick.

While one called the drug a band-aid, Wolf said access to naloxone is but a first step.

“That is too often what happens because we’re not treating anything if all you do is revive them,” said Wolf.

On the whole, Wolf called the crisis an medical emergency and one that attacks everyone.

“This is not a bipartisan issue, this is a Pennsylvania issue.”

New measure would aid fight on opioid use by athletes

May 13, 2016

By Kathleen E. Carey

WASHINGTON – The smiling picture of a young man, perched next to U.S. Rep. Patrick Meehan, R-7 of Chadds Ford, on the House floor Wednesday, provided an image of tragedy that led the congressman to push for a solution.

H.R. 4969, the John Thomas Decker Act, passed the House unanimously Wednesday by voice vote. It directs the U.S. Centers for Disease Control and Prevention to evaluate what educational materials are available to youth athletes and their families about the pervasive nature of opioid use.

"It will allow the CDC to engage more directly, particularly with that age group," Meehan said. "They will first assess the scope of information available and tailor it and come up with a mechanism to deliver it through a system to be joined with these other efforts we are making."

He also spoke of the act's namesake, a Haverford School and Cornell University graduate.

"John was an incredible athlete," Meehan said. "I watched him play football. He had a receiving record that was held for nearly a

decade in our region ... John was the consummate blue chip athlete and a wonderful kid to boot, great student, great leader."

"But," the representative added, "John, like so many kids, fought through the pain because he wanted to play. So what he did was he self-medicated and it began to deal with the issue of opioid addiction ... Ultimately, it led to his death."

Decker died on Jan. 16 at the age of 30.

Meehan said he had conversations about the phenomenon when he visited a high school as a member of the Congressional Caucus on Youth Sports.

There, he said, "students started telling stories about the athletes who would take the drugs before games just to mask the impacts of injuries."

He also shared the statistics — 207 million Americans are prescribed with some type of opioid medication and 2.1 million develop a dependency to them.

Often, when the prescription drugs become too expensive, users turn to heroin. Meehan said there are some 450,000 heroin users. One of the quickest-growing groups addicted to heroin are women aged 30 or older.

And in Pennsylvania, he said, seven people a day die due to heroin.

"It's really staggering," Meehan said.

One of his colleagues agreed.

"It's a real tragedy and the problem just continues to get worse," U.S. Rep. Ryan Costello, R-6, of Chester County, one of the bill's co-sponsors, said. "You can only do so much in passing a law but there are things that we can do and things that we should do. That's the importance of it."

He said the bill was one more measure in raising awareness and getting even more people to talk about opioid addiction.

"You just have to be very, very careful when prescribing opioids and keep a real eye on it."

After Decker's death, Meehan said he wanted to do something meaningful to remember him.

He spoke to the family about the bill's name and received their approval. He said they were grateful upon the bill's passage.

"They are very appreciative and believe it's another opportunity for their son to have an impact on the scourge of opioid abuse and perhaps save another family from having to experience the tragedy that they did," Meehan said.

Medical marijuana could help in fight against opioid crisis

May 22, 2016

By Lucas Rodgers

Can the legalization of one drug help decrease abuse of another drug? It's possible that medical marijuana could be used to fight the epidemic of opioid addiction that has resulted in numerous deaths from overdoses in Pennsylvania and throughout the United States.

According to statistics from the Centers for Disease Control and Prevention (CDC) from 2014, 46 people die every day in the United States from an overdose of prescription opioid or narcotic painkillers, such as Vicodin (hydrocodone-acetaminophen), OxyContin (oxycodone), Opana (oxymorphone), and methadone. The CDC found that in 2012, health care providers wrote 259 million prescriptions for painkillers, which is enough for every American adult to have a bottle of pills.

And there's proof that medical marijuana can help decrease opioid abuse. A study

published in the Journal of the American Medical Association (JAMA) Internal Medicine in 2014 found that the annual rate of deaths from opioid overdoses decreased by 25 percent in states that legalized medical marijuana between 1999 and 2010.

However, the study concluded that although there is evidence of an association between medical marijuana laws and reductions in deaths from opioid overdoses, further research and evaluation are needed before wide adoption of medical marijuana can be recommended as a way to reduce the risks of opioid use.

A working paper published by the National Bureau of Economic Research and the RAND Corporation in 2015 concluded that "states permitting medical marijuana dispensaries experience a relative decrease in both opioid addictions and opioid overdose deaths compared to states that do not. ... Our findings suggest that providing broader access to medical marijuana may have the potential benefit of reducing abuse of highly

addictive painkillers."

The researchers found that this "mitigating effect" of medical marijuana laws is specific only to states that permit marijuana dispensaries, but it does not hold true in states that have legalized medical marijuana but don't have or don't allow dispensaries.

Pennsylvania's Medical Marijuana Act states that severe, chronic or intractable pain of neuropathic origin is one of the serious medical conditions that is eligible for treatment with medical marijuana. The law also says medical marijuana can be used to treat severe, chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective. However, it's not entirely clear if patients with severe, chronic pain will be able to opt out of treatment with opioids from the start, and instead choose treatment with medical marijuana, or if they must attempt treatment with opioids before using medical marijuana.

THE DAILY NEWS

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■ Golf:
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THURSDAY, JULY 14, 2016

Governor signs Overdose deaths increase \$1.3B budget Recent report shows scope of opiate crisis in county

By CANDY E. PRICE
Daily News Staff Writer

With the signature of Gov. Tom Wolf Wednesday evening, Pennsylvania officially has a state budget.

Wolf signed a \$1.3 billion revenue package into law shortly after it narrowly passed the Senate 28-22 and the House of Representatives 116-75.

The revenue package includes a \$1 per-pack tax increase on cigarettes, bringing the tax to \$2.60 per pack, and extended the state's 6 percent sales tax to digital downloads of music, videos, books and apps.

The funding also counts on \$100 million from pending legislation to make Pennsylvania the fourth state to legalize online gambling and also increased revenue from liquor law reform earlier this year.

Tax changes also include a new 40 percent tax on the wholesale price of electronic cigarettes and a 55-cent-per-ounce tax on raw tobacco.

Personal income tax will now also be deducted from lottery winnings. The revenue package implements an additional 2 percent tax on table game gambling revenue.

The bank shares tax will increase from 89 percent to 95 percent.

The plan also includes one-time infusions of money, including a \$200 million loan from the state medical malpractice insurance fund.

State Sen. John Eichelberger voted no on the tax and fiscal codes. In a third vote on the school code, he voted yes.

"The tax code included, of course, taxes and I wasn't going to vote for any new or additional taxes. That was the deal," he said.

Eichelberger said less than half the Republicans in both the House and Senate voted for the tax code.

"It really was carried by Democrat votes," he said. Eichelberger added he voted no on the fiscal code because it failed to include language regarding priority spending.

"We had hoped ... to get language in there that included a priority spending system for money that was going through the Department of Human Services," he said. "It would make the money fiscally efficient whenever it was going through."

Eichelberger said the language was directed specifically at Planned Parenthood organizations that use state funds to pay providers for women's health services while keeping an administrative fee.

Eichelberger was also a no vote on the general appropriations bill earlier this year.

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Page 2

By APRIL FEAGLEY
Daily News Staff Writer

Huntingdon County experienced the second highest percent change in drug-related overdose deaths from 2014-2015 in the state as evidenced by a recent report released by the Drug Enforcement Administration (DEA).

Drug-related overdose deaths in Huntingdon County increased by 167 percent in 2014-2015, second only to Indiana County where deaths increased by 260 percent, based upon data compiled by the Pennsylvania Coroner's Association.

There were a total of 3,383 drug-related overdose deaths in the state in 2015.

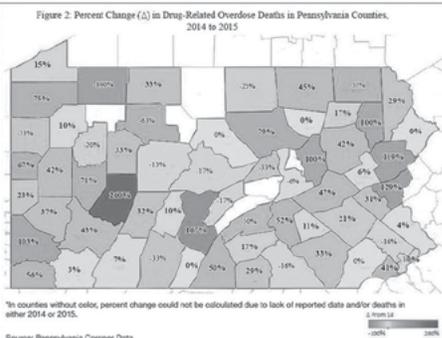
"What we do is send the information in to the state as well as to our liaison in Harrisburg," said Huntingdon County coroner Paul Sharum. "They compile the data."

Although Sharum had not reviewed the report, he said the findings were not entirely surprising.

"I'm sure we had an increase," he said.

Another set of results in the same report illustrated the rate of drug-related overdose deaths per 100,000 people in each county, with Philadelphia leading the state with 45.93 and Huntingdon netting a rate of 17.52.

This is the only the second consecutive report issued



*In counties without color, percent change could not be calculated due to lack of reported data and/or deaths in either 2014 or 2015.

by the DEA, but, for the year 2013-2014, Huntingdon County had a rate of 6.56 drug-related overdose deaths per 100,000 people.

The report encompasses information gained through autopsies and the related toxicology test results.

"Part of what we do through the autopsy is toxicology, which indicates if it was a drug overdose," Sharum said. "We do the autopsy to see what drugs were on board — in the system at the

time of death — and that is what we base the cause of death on."

The DEA findings also revealed the number of male decedents increased to 67 percent in 2015 from 64 percent in 2014 and the number of female decedents decreased from 36 percent in 2014 to 32 percent in 2015.

Heroin was reported in 54.6 percent of decedents, an increase of 5.4 percent from previous findings, and fentanyl was found in 27 percent

of an increase of 92.9 percent from 2014.

Sharum said the report highlights a problem anyone who serves as a first responder or works as a scener has observed first hand.

"If you just listen to the scanner, you know there's been an increase in overdoses," he said. "In the past few weeks, there have been several who did not die, but did

See Deaths
Page 2

Speeding an issue across county

By JEFF GILL
Daily News Staff Writer

Many Huntingdon County municipalities have speed limits of 25-35 mph within residential areas and area law enforcement officers report speeding is a perennial problem.



A PennDOT digital enforcement sign located at the entrance of Route 22 in Smithfield Township shows motorists how fast they are driving through the posted 45 miles per hour area. Both state and local law enforcement officers say speeding is a problem throughout the county.

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Page 2

Juniata College rises in rankings

By APRIL FEAGLEY
Daily News Staff Writer

Juniata College has been recognized this week in two national publications' annual reports ranking colleges and universities across the country.

In Forbes.com's "America's Top Colleges 2016," Juniata College moved from 179th to 172 on the list and Money magazine listed the institution as 129th on its list of "Best Colleges."

"The most critical piece of the Forbes ranking is the focus on student outcomes. It looks at what you're delivering rather than what you're doing," said Juniata College president James Troha. "The Money magazine ranking was good news for us, too, as we are listed as best buy. We compare very favorably as a private institution."

Juniata was one of 660 colleges and universities nationwide to be rated in the Forbes.com rankings and one of 705 rated in Money magazine's of the more than 1,500 four-year colleges and universities nationwide.

"People are looking at the value of the investment and wondering whether or not it's worth it," Troha said. "We're actually a very affordable private institution, and some of the schools behind us are very, very good, well-known schools. It indicates we deliver great education for the value. Particularly on Forbes,

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Page 2

Area man acquitted in drug-related case

By CANDY E. PRICE
Daily News Staff Writer

A jury of five women and seven men acquitted a Newton Hamilton man on drug-related charges in the Huntingdon County Court of Common Pleas Wednesday.

Kaleb Troy Varner, 22, confined to the Huntingdon County Jail, was found not guilty on charges of selling a noncontrolled substance represented as a controlled substance and criminal use of a communication facility.

Varner was picked up in March 2015 as part of a drug sweep that picked up 12 alleged drug dealers. Varner was charged with selling a substance represented as heroin to a confidential informant with the Huntingdon County Drug Task Force.

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Page 3

Road, bridge work to necessitate detours

By KYLIE HAWN
Daily News Staff Writer

Motorists in the county will need to keep an eye out for road closures due to road and bridge construction in the coming week.

PennDOT will be performing road work beginning Monday, July 18, which will run through Friday, July 29, on Barree Road between Heeter and Brookside roads in Logan Township. This portion of road will be closed as part of construction.

Road work will include removing a rock cliff and increasing sight distance between the curves in the road.

"We plan to take the rock ledge back 6-7 feet," said Mike Peachey, PennDOT District 9 Huntingdon County maintenance manager. "The ledge will match what's there now, but you'll have room to get to the edge of the road. If rocks fall down, they'll fall straight to the side of the road and not into the road."

Peachey said PennDOT has contracted

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PennDOT will be performing road work beginning Monday, July 18, which will run through Friday, July 29, on Barree Road between Heeter and Brookside roads in Logan Township. This portion of road will be closed as part of construction.

Road work will include removing a rock cliff and increasing sight distance between the curves in the road.

"We plan to take the rock ledge back 6-7 feet," said Mike Peachey, PennDOT District 9 Huntingdon County maintenance manager. "The ledge will match what's there now, but you'll have room to get to the edge of the road. If rocks fall down, they'll fall straight to the side of the road and not into the road."

Peachey said PennDOT has contracted

See Detours
Page 3



A portion of Barree Road between Heeter and Brookside roads in Logan Township will be closed as a crew from Earth Movers Unlimited Inc. of Kylertown, contracted by PennDOT, will be pushing back a rock ledge to improve visibility and widen this portion of road beginning Monday, July 18.

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Tonight...A heavy thunderstorm.
Low 70°

Partnering for prevention

Local superintendents weigh in on Narcan in schools

February 5, 2016

By April Feagley

Daily News Staff Writer

Fred Foster HASD superintendent As the state's heroin crisis continues to escalate, a partnership with Adapt Pharma aims to broaden the defense by providing public schools with access to naloxone, which can reverse the effects of opioid overdose.

Through the endeavor, which is being carried out in conjunction with the Clinton Health Matters Initiative, a free carton of Narcan Nasal Spray will be made available to schools statewide as will new educational materials and training developed by the National Association of School Nurses.

Locally, the program has been met with mixed reactions.

"We're fortunate at this point to not be dealing with this on a regular basis," said Huntingdon Area School District Superintendent Fred Foster. "But to have something like this on site to prevent an overdose would be a good thing."

Juniata Valley Superintendent David Christopher also said he has not observed any issues on campus.

"We're not planning on having Narcan on campus," he said. "We don't feel we have a problem on campus."

Under the leadership of Gov. Tom Wolf, naloxone has become a valued weapon in the battle to prevent deaths from opioid overdose. Other administration initiatives have allowed state residents to access Narcan as well as providing state police with the drug as well.

"Heroin is in our county. We have had former students die due to overdoses. I would be remiss to think it is not a problem nor an issue," said Mount Union Area School District Superintendent Brett Gilliland. "We work closely with law enforcement and the district attorney to do our part to help combat this statewide issue."

Gilliland said he sees the value in the initiative, but feels that questions remain.

"I would think that anything to help our students would be good," he said. "Howev-

er, I think there are items that need to be addressed. We need to look at policies and practices."

Christopher also harbors reservations.

"I'm not certain of the liabilities for the district," he said. "There is a lot of responsibility to have it on site."

Because of this concern, JVSD will hold off on taking the administration up on their offer.

"If we had any issues with heroin on campus, we would certainly pursue it," Christopher said. "Right now, we're not doing it, but that doesn't mean we won't change our mind later on."

Meanwhile, HASD will most likely participate out of an abundance of caution.

"One death would be too many. Having something on site to prevent a death from overdose would be a good thing," Foster said. "If it's provided for free, we would absolutely be interested in acquiring a supply."

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Warning issued about 'bad batch'

February 6, 2016

By April Feagley

Daily News Staff Writer

After treating more than a dozen opiate overdoses in a span of three days early this week, health officials at Conemaugh Memorial Medical Center in Johnstown issued a warning to the public of the potential circulation of a "bad batch" of heroin.

Yesterday, a man's death in Johnstown was linked to the same type of heroin.

The specific drugs in question are packaged with labels identifying them as "Head Trauma" and "Bulletproof."

While the advisory addresses these two varieties in particular, Huntingdon County District Attorney Dave Smith reminds the public that all heroin is dangerous.

"The first bag of heroin is the most dangerous bag," Smith said. "Heroin is a horrific addiction. It's obviously a huge concern."

Heroin continues to be an insidious and

invasive problem throughout Huntingdon County.

"Heroin is a problem nationwide, statewide and countywide," he said. "I think we are getting better on treatment. I'm aware of a couple of situations in the past two weeks where Narcan was used to resuscitate those who had overdosed."

Smith credits this to the fact that law enforcement officers are now able to utilize naloxone, also known as Narcan, which acts as an antidote of sorts to counteract overdoses.

"It's not uncommon for officers to deal with overdoses," said Smith. "It's becoming more of a regular occurrence. Narcan has saved countless lives."

Efforts to combat the opiate crisis within the county are ongoing and require constant vigilance on the part of law enforcement.

"We've made some strides in taking out dealers," he said. "But as soon as they're gone, others move in."

Releases warning the public of a so-called "bad batch" of heroin can be something of a double-edged sword as it may entice those addicted to actively seek out the types identified.

"Sometimes it seems like addicts will seek out the drugs thinking it will give them a better high," he said. "As if they're thinking if it almost killed someone, it must be really good."

Smith said neither of the varieties in question have been reported within the county to date, but that is by no means a guarantee that it's not here.

"We would certainly be hopeful that it is not in the county," he said. "But if it's in Johnstown, it could come here. From Johnstown to Huntingdon is an easy drive, as is the drive from Altoona, Harrisburg, Baltimore, Pittsburgh and Philadelphia."

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Drug prevention efforts ongoing in schools

March 2, 2016

By April Feagley

Daily News Staff Writer

As the nation's heroin crisis rages on, drug prevention efforts begin early in area schools to educate students on the dangers of substance abuse as well as the nature of addiction.

"We really focus on gateway drugs — tobacco, alcohol and marijuana. Statistics show that kids are usually affected by those first," said Joanne Wray, prevention specialist at Mainstream Counseling, Huntingdon. "Students will most often have a cigarette before they would do something illegal."

The focus of the educational efforts is on the effects of substance abuse on the body, and on self esteem and refusal skills.

"I do a variety of classes that talk about the specific dangers of substance abuse to educate students," she said. "We also focus on how to say no. What possible reasons are there to cave to something you don't believe in? It's to teach students to ask themselves, 'Why would I want to do that?'"

Wray goes into health and guidance classrooms to teach evidence-based curriculums,

which are proven to provide information that students retain.

"With seventh and eighth graders, we talk about what addiction looks like. They know these things are out there," Wray said.

Project ALERT, a curriculum designed for use with middle school students, contains 12 lessons which discuss alcohol, e-cigarettes, cigarettes, marijuana and inhalants. Wray utilizes this curriculum with seventh graders in the Mount Union Area School District, eight graders in the Juniata Valley School District and just began teaching it within the alternative education classroom in the Southern Huntingdon County School District.

"In Project ALERT, we specifically go over what harder drugs look like as well as talking about inhalants," said Wray. "It's something easily available and people don't realize how bad it is."

For students in grades nine through 12, Wray teaches from the curriculum Project Towards No Drug Abuse.

"It asks, 'What do you want from life?' and 'What are your goals?'" she said.

Current anti-smoking and anti-drug public service announcements (PSA) are catching

students' attention as well.

"Someone always mentions the television commercials," Wray said. "I think they are really effective in getting the conversations started."

Parents and family members play a central role in prevention efforts and the conversation should be ongoing.

"A big preventive factor in substance abuse is knowing parents would not approve," she said. "Talking to kids is important. They may not look you in the eye and may not respond, but they need to hear it from you. Find teachable moments when something happens on television and ask them what they think. Make it a conversation and not a lecture."

We need to listen to what kids are saying."

Mainstream also offers addiction counseling in schools for students identified as either dealing with an addiction in their family or individually.

"I think community climate plays a large part," said Wray. "The more acceptable we think things are, the more it becomes the way things are."

For more information on local prevention efforts, call Mainstream Counseling at 643-1114.

Four dealers nabbed in raid

March 25, 2016

By Jeff Gill

Daily News Staff Writer

Local and state law enforcement agencies from three counties took part in a drug raid that spanned two counties Thursday.

According to Huntingdon County District Attorney David Smith, law enforcement officers from Huntingdon, Mifflin and Blair counties as well as state police at Huntingdon, the state police vice unit and the state Attorney General's Bureau of Narcotics Investigation, the Huntingdon Borough Police Department and the Huntingdon County Detective Bureau took four individuals, identified as mid-level dealers, into custody, two in Mount Union Borough and two in Newton Hamilton Borough.

"We believe these individuals were street to mid-level dealers," Smith told The Daily News. "These individuals are known dealers and they were dealing every day and have been for while. Getting them off the streets

helps."

Smith said officers seized heroin, packaging materials and approximately \$500 cash from the residence of 30-year-old Justin Rinker and Aisha Weaver, 24, both of 17 E. Vandevender St., Mount Union, after serving a search warrant.

Rinker is charged with possession with the intent to deliver heroin, possession of heroin and criminal conspiracy to possess with the intent to deliver heroin.

Weaver is charged with possession with the intent to deliver heroin, possession of heroin and criminal conspiracy to possess heroin with the intent to deliver heroin.

A second search warrant was served at 70 Wayne St., Newton Hamilton, Mifflin County. At that residence, police found cocaine, heroin, marijuana, packaging materials and approximately \$700 in cash. Police also confiscated several watches, a digital scale, a stamper and .38 caliber bullets. Smith said no gun was found at the scene, but a car was impounded and will be searched at a

later date.

Rakim Stephenson, 26, who resides at the property, was charged with possession with the intent to deliver cocaine, possession with the intent to deliver heroin, possession with the intent to deliver marijuana, criminal conspiracy, possession of marijuana, possession of cocaine and possession of heroin.

Dominique Smith, 23, who resides at the same address, was charged with possession with the intent to deliver cocaine, possession of cocaine and criminal conspiracy.

Smith said Stephenson and Smith are originally from New Jersey and have been operating in the area for a while, bringing significant amounts of drugs to the area.

"We believe Rinker was a street level dealer and we are very satisfied in getting him off the street," Smith said. "Stephenson is a bigger player and the amount of drugs we took from the house in Newton Hamilton was significant."

Smith would not discuss the connection

Dealers continued on next page

Dealers continued

between the four individuals.

He said working on the raids with Mifflin County District Attorney Chris Torquato helps send a message to anyone dealing drugs in both counties.

"Mount Union sits right on the border of two counties and these individuals were going back and forth between the two communities," Smith said. "I appreciate Chris meeting with us and he knows those areas are a problem and we are going to do something about it. This was a great effort between the Huntingdon County District Attorney's Office and the Huntingdon County Drug Task Force and the Mifflin County District Attorney's Office and the Mifflin County Drug Task Force. I want to thank them for their cooperation in making the arrests in Newton Hamilton. I also want

to thank the Logan Township (Blair County) Police Department's K-9 unit for their help today as well."

Smith said raids like the one Thursday take time and his office and other law enforcement agencies are continuing to work hard at making these types of arrests.

"Unfortunately, these things take time and sometimes people think we're not moving fast enough," Smith said. "These types of investigations are slow and steady. But, we do have a game plan in place."

Smith said two female adult pit bulls and eight puppies were also taken from the Newton Hamilton residence. They were taken to the Huntingdon County Humane Society.

"I want to thank the Huntingdon County Humane Society, which offered its services and is currently caring for the animals,"

Smith said. "I want to thank (humane society board member) Jinny Cooper who helped facilitate the arrangements for the animals. Any community support for these animals would be appreciated."

Smith did not elaborate on the condition of the dogs.

Rinker and Weaver were taken to the Huntingdon County Central Booking Processing Center and will be arraigned Monday morning by Magisterial District Judge Mary Jamison.

Stephenson and Smith were taken to the Mifflin County Jail and will be arraigned by Magisterial District Judge Jack Miller Monday.

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Loved ones lost to drugs

Local parents share experiences following sons' deaths

April 2, 2016

By April Feagley

Daily News Staff Writer

Statistics reflect the growing number of deaths caused by opiate overdose in the state, but cold hard numbers don't adequately tell the tale of lives lost and the heartbreak that follows.

For a number of local families, those numbers have names and faces connected to memories, both positive and painful.

Brian "Boo" Stevens, 24, Eric Paris, 22, Tyler Snyder, 22, and Tyler Todaro, 24, were all typical all-American boys, beloved by their parents, known for some degree of orneriness and enjoyed hanging out with their friends.

"Boo was a good kid, good in school and went out for sports," said Mr. Steven's father, Brian Stevens of McVeytown.

"He was in Odyssey of the Mind and had good grades through high school," said his mother, Jessica Hoffman of Shirleysburg. "So, don't think it's just kids who are poor or being picked on. Sometimes it's people you'd never expect."

Crystal Price of McVeytown, Mr. Paris' mother, said her son was always "well mannered."

"He was 19 when I began to suspect he

had started using marijuana. I was floored when they told me he was shooting up heroin — he hated needles. I started searching and found needles in his room. He admitted to shooting up six to eight times a day," she said. "In October 2014, I had him admitted to the hospital because he told me he was tired of using and was going to kill himself. He had track marks all up his arms and had been shooting up between his toes."

When her son was released from the hospital, Price began actively monitoring Mr. Paris for signs of further drug usage.

"Once you start using this stuff, it's really hard to stop," said Ron Matthews of Mount Union, Mr. Snyder's stepfather. "He had gone to rehab, but someone picked him up. We wanted him to stay, it was the best chance he had."

"He went to jail in Huntingdon after he left rehab," his mother Amy Matthews of Mount Union said.

Mr. Todaro began getting in trouble with the law around the age of 18, but his mother, Ronda Todaro of Mount Union, said she didn't see the cause immediately.

"Being a parent, you're in that denial stage. You see the signs that they're doing something they shouldn't, but you don't want to believe it," she said. "He did three months in Huntingdon County Jail for breaking and entering and possession of prescrip-

tion pills and, in the meantime, some other things came up and he ended up doing four more months in the Mifflin County Jail."

Todaro said she didn't know he was also shooting up heroin at that time.

"I hated seeing him in jail, but he was healthy and safe and I knew where he was and that he had food and shelter," she said. "The best seven months I had was when he was in jail because I knew he was safe."

Even the small relief of knowing their sons were temporarily safe during a jail sentence was not a guarantee they wouldn't have access to drugs while incarcerated.

"Sometimes there are more drugs in the jails than there are on the streets," said Theresa Neuman of Mount Union, who knew the young men who died from overdose and has had her own struggles with heroin addiction. "I believe addiction is a disease. It is a choice to pick it up the first time, but, after that, you're hooked and you'll do whatever you need to get it. Every single day you know you are playing Russian roulette, but honestly, when you're at your lowest, you kind of wish it would be the end so you don't have to wake up the next morning and find money to find more."

Mr. Stevens had begged his mother to help him get clean.

"We didn't know where to turn," Hoffman

Deaths continued on next page

Deaths continued

said. "Boo wanted to get help. I took him to rehab and they shut the door in his face because he didn't have insurance and he lived at home."

The other families also had their own experiences with difficulty in finding rehab facilities, dealing with insurance needs, accessing resources and facing unsympathetic law enforcement and judicial officials as they navigated the troubled seas of addiction.

"Tyler got out of jail and did well for a couple of months, but couldn't find a job because he had a record. Idle hands, he

started to get into trouble," Todaro said. "I had a suspicion he was shooting up again. Two days after Christmas, he begged me to get him to rehab because he was tired of feeling sick all the time. It took almost a month to get him into rehab and he stayed for 24 days. A month later, still on probation, he ended up in jail for a week because he tested positive with probation."

Like many of those facing drug addiction, Mr. Todaro decided to move away from the area in a bid to leave behind his problems. He found work in South Carolina, but his addiction caught up with him there as well.

Unlike other parents who have lost children suddenly, the local families said their

grief is often deepened by the fact they see those responsible, directly or indirectly, for their children's deaths on a regular basis as the consequences for their actions were not severe. They also regularly deal with harsh judgments or insensitive comments, referring to their children as "junkies."

"They need to take the people who are selling this stuff off the streets and make them do their time," Hoffman said. "It's an epidemic and don't think grandmas aren't selling their pills. You might find a lot of those who are selling are considered pillars of the community."

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Taking a stand together

Mount Union citizens rally to discuss heroin epidemic

April 4, 2016

By April Feagley

Daily News Staff Writer

Concerned citizens rallied Saturday afternoon at Riverside Park, Mount Union, to discuss the heroin epidemic that's hitting far too close to home.

Approximately 75 people gathered to hear from experts, fellow community members and those with first hand experiences dealing with the fallout of heroin addiction.

"We're burying too many young people and I'm tired of putting our young people in the ground," said Toni Welsh of Mount Union, who organized Saturday's event, "Heroin ... Shatters Dreams, Shatters Lives." "It's an epidemic. We're suffering too much loss. These kids and teens are getting addicted to drugs — not just heroin, but right now, that's our biggest problem."

Currently, the state ranks eighth in the nation for the number of overdose deaths.

"The last few overdose deaths happened in Mount Union. We've suffered a lot of deaths. I was raised knowing that your child is supposed to bury you, and it's becoming more common for us to bury our children. I'm tired of collecting memorial cards from the funerals of young people who are dying," Welsh said. "This is my community. If we start here and make a stand here, then maybe we can take this out to other communities, too."

The event was promoted on social media and immediately garnered the interest of those actively seeking change.

"I've been blown away by the interest. I want to start here and if it grows into something bigger, so be it," she said. "There

are a lot of people who say there will be a huge turnout to start and then people will dwindle, but as long as some are willing to put forth an effort to make a change, we can make a difference. Through my church, I've learned if you build it, they will come, so we need to build something so we can help those in need."

The open agenda allowed members of the community to share concerns, information and experiences.

"I think this is great. Heroin is something that's not just affecting our town, it's affecting the nation," said Traci Jenkins, Mount Union EMS captain. "It's an epidemic, spread widely and not decreasing in any way. The sooner you get the word out, the sooner you can get people help, especially in small towns like ours."

Jenkins, along with her colleagues from Mount Union Ambulance, shared information about Narcan, a drug used to reverse the effects of heroin overdose.

"People are not really getting the full story of how it is for ambulance services to use Narcan. The media makes it seem as if it's easily available to us, and it's not," she said. "We have to go through several hours of training and have to be approved by the county medical director as well as by the regional office. It's an extensive process."

Training on proper administration of Narcan is vital and each and every responder must be trained and approved in order to be able to use the drug.

"If you don't give it in just the right circumstances, you can shut down someone's respiratory system and have complete cardi-

ac arrest," said Jenkins. "Other times, when you give it, the person comes out of it right away and they're combative because they don't understand what is happening and their fight or flight instinct kicks in."

The open dialogue helped dispel misconceptions regarding the use of Narcan and also allowed for the sharing of perspectives when it comes to the problem of heroin.

"For several years, people just didn't want to talk about it, as if by not talking about it and not addressing it, it would go away," Jenkins said. "It's not, it's only increasing. Obviously, what we're doing isn't working, so we need to change our game plan and raise awareness."

Welsh said that while heroin is certainly not the only issue the community faces, heroin addiction is at the forefront and something that must be confronted.

"If we can tackle heroin, then we can tackle the other things, too. We have to start somewhere," she said. "This is where I love to be. This is where my children are growing up. I want to do something before my children are affected by it."

Family members of those who have lost their lives to heroin addiction shared their stories at the meeting as well.

"I know these parents and family members who have lost their loved ones are tired of watching others go through the same thing," Welsh said. "If this saves one person's life, it's worth it."

The meeting served as a launching point for ongoing discussions and actions to combat the heroin epidemic at a local level and updates will be provided via the Facebook page "Mount Union Takes a Stand Against Heroin."

Protecting area children

Legislative changes impact Huntingdon County CY5

April 20, 2016

By April Feagley

Daily News Staff Writer

Huntingdon County Children and Youth Services (CYS) is an agency charged with the protection of children, a responsibility which has grown considerably over the past year due to changes in legislation and a growing drug problem.

During the month of April, National Child Abuse Prevention Month, community members are asked to learn more about the part they play in reporting and preventing child abuse or neglect.

Legislation enacted Dec. 31, 2014, presented 23 new laws which changed many approaches to situations encountered regularly by child protective agencies across the state and increased their financial and staffing needs.

"One of the things I don't think the community realizes when we have to increase our budget is that we are also increasing the number of children we place due to the change in the laws or because of drugs," said CY5 director Joyce Zolten. "We're also paying providers for the children who are kept in the home. In order for children to stay in their homes, I have to have the staff and people who are providing the services, but the public doesn't always see that, all they see is the budget went up."

Protocols for reporting and response have changed.

"The biggest change has been in the definition of child abuse. They've redefined what child abuse is, what meets the criteria of child abuse and who can be an alleged perpetrator," said intake supervisor Sarah Shanner. "That's been one of the biggest impacts on the agency. It increased our number of cases and increased the number of child abuse investigations."

Locally, a number of referrals are related to both the enactment of new legislation and the county's heroin crisis.

"One of the new laws requires doctors to notify us if a baby is born with any illegal substance in their system. It was their call to report it before. Normally, if the baby was showing signs of withdrawal, we would get the phone call, but now it's even if they are not having withdrawal symptoms," Shanner said. "As part of the law, one of the good things is that we can now share records where before we had to have a release signed. As the reporting source, they can give us that information."

The public often fails to recognize the increase in reports of child abuse or neglect directly related to substance abuse.

"I think many people acknowledge there is a drug problem in the county in general, but as far as our involvement, I don't think they see that," said Lori Deline, program specialist. "When the newspaper reports on drug busts, what isn't said is whether or not we were called because of the parents being under the influence because of confidentiality. It happens a lot more than people realize."

The formation of a multidisciplinary investigation team (MDIT) with staff members from CY5, the district attorney's office and law enforcement followed the mandates laid out by the state. Outreach also extended to local organizations similarly impacted by the new child protection legislation.

"When we were developing policies and protocols, we got together with pastors, EMTs, mental health and drug and alcohol professionals and schools to pull them in and ask how they respond if they get a report of abuse," Zolten said. "It was an eye opener for us. Not everyone thought of the same things as abuse. That's where the MDIT came in to get everyone on the same page. The other thing that came from that was the realization that many of them had a different perception of CY5 than what we were aware of and thought we immediately take the kids and place them."

That outreach led to a better understand-

ing of the work carried out by Huntingdon County CY5. Following that meeting, laminated cards listing contacts and information were distributed throughout the county to better equip those encountering abuse or neglect to report it immediately.

"This is how we can work as a team in our community to prevent abuse from happening," said Zolten. "That was a very positive thing and a constant reminder. We're here to help in the community, but we'd like to work to prevent this from happening so it doesn't have to come to us."

In the year following the changes, Huntingdon County CY5 received 120 new cases over the previous year.

"These are new intakes for us to assess and investigate. We were constantly sending our caseworkers out on reports," said Shanner. "With the changes in the definitions, there were a lot more immediate responses needed, so it was just a constant cycle."

As the scope of the work expands, so does the financial need.

"With the increased number of reports we are getting, it increases our cost. Every time we have a child come in to our services, we are trying to either provide those services to either keep the children in their home or for their safety place them," said Claudia Conrad, fiscal officer. "Whether they are staying in their home or being placed, we're spending more money."

The added need led to a restructuring of the way CY5 handles its reports, investigations and cases with the addition of a position to screen all new reports and the formation of a three-person responder CPS unit to respond to each new report.

"Everyone here is invested in the safety of children," Deline said. "Our biggest priority is to make sure the children are safe."

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Signs of illegal activities

Law enforcement advises public on drug paraphernalia

May 2, 2016

By April Feagley

Daily News Staff Writer

As area residents set out to participate in spring cleanups or outdoor recreation, they may also encounter the remnants of illegal drug activity.

While the first logical reaction might be to pick up the items and dispose of them immediately, local law enforcement officers strongly advise against it and ask that folks notify them instead.

"Depending on the type of paraphernalia that's found, in most cases we tell individuals not to touch it," said state police Trooper Jeff Petucci, Troop G at Hollidaysburg community services officer.

The most commonly found items are discarded syringes often used to inject heroin, but packets, spoons, pipes (some improvised) or aluminum foil may also be found in public parks, along trails, at boat launches or nearly anywhere.

"We do get calls from time to time about needles," Huntingdon Borough Police Chief Rufus Brenneman said. "Our biggest fear is having kids pick them up and risk getting stuck."

Along with the possibility of contracting a transmissible disease through an accidental jab, there is a very real concern that drug residue on the outside of the syringe could be absorbed through the skin, endangering the person picking it up — especially if that person is a child.

"If someone is out and about, they are most likely to find a syringe," Petucci said. "But, in a wooded area, if you come across a soda bottle with residue inside that doesn't look like soda or there is tubing running from the bottle, it could be from a meth (methamphetamine) lab. Don't go near it or touch it. Call the police immediately."

As the process used to produce one pound of methamphetamine also produces six pounds of waste, signs of methamphet-

amine creation may include large numbers of matches or matchbooks with the heads removed, stripped lithium batteries, soda bottles with liquid and sediment remaining, large amounts of garbage and a strong ammonia or cat urine smell.

Rather than disposing of any item suspected to be used to ingest illegal substances in a regular trash receptacle and risk injury to those who handle trash disposal, those who find the items are advised to call the local police department having jurisdiction where the item is located. Needles, no matter whether the use is medical or illicit, must be discarded in a designated "sharps" container for the safety of everyone involved.

"The right thing to do is to call the police station and have an officer come and pick them up," said Brenneman. "We can dispose of them at the hospital or through other ways."

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Motorcyclists clean up area parks

June 1, 2016

By April Feagley

Daily News Staff Writer

When members of the War Drivers pull their motorcycles into area parks, their riding may be recreational, but their business is keeping recreation safe for the youngest members of the community.

Every Tuesday, the riding club devotes their time to scouring public areas from Lewistown to Huntingdon and everywhere in between for illicit and potentially dangerous drug paraphernalia. Last evening, the group turned their attention to Portstown Park and the George Weaver Park, both in Huntingdon.

"We're a small community and we are unfortunately dealing with big community drug problems. Our local law enforcement isn't really staffed to handle it by themselves and we don't have a sanitation crew that comes to every park every day to clean it up like they would in larger cities," said War Drivers president and founder Morgan Todd of McVeytown. "A lot of us wanted to do something that was for our communities. A park cleanup seemed like a good place to start. We do a

couple of highway areas we've adopted, but the parks hit us closer to home."

Todd was alerted to the problem of children coming into contact with drug paraphernalia when his daughter told him that his grandchild had found needles while playing in a public sandbox.

The War Riders work in close conjunction with local law enforcement during the cleanups to ensure any objects are identified, the area where it was found cataloged and the paraphernalia is disposed of properly.

"We ask the police to be here in case we do find something," said Scott Levering, War Riders vice president. "We can't travel with it."

"In the past, we've found everything — syringes, cans turned into pipes and baggies," Todd said. "Law enforcement has asked us to let them know right away if we find baggies as that helps in their investigations."

As part of the Fallen Rider Foundation of Pennsylvania, the War Riders are also committed to aiding fellow riders injured in motorcycle accidents.

"Our main purpose is to help riders who go down. We'll go out and chop firewood, go walk their dog and, in one case where

a couple went down, we paid for their children to stay in a hotel while they were in the hospital," said Todd. "That's our primary focus, but we are doing our part to come out and make sure the kids are safe, too."

Jennifer Middaugh of Huntingdon learned about the War Drivers mission when she attended a Mount Union Takes a Stand Against Heroin meeting and asked if they would visit Portstown Park.

"I know there are a lot of drugs that go on down here. I've seen people back in there doing things," she said. "I come here with my daughter and I want her to have a safe place to play."

Huntingdon Borough Mayor Dee Dee Brown was on hand to greet the War Drivers members at Portstown Park and commended them for their service to the community.

"I think this is absolutely fantastic. It's nice of them to take the time to go from park to park. They are concerned about drug paraphernalia and this certainly does take a bit of the pressure off of the community," Brown said. "It's a great thing to do. You can't beat this for community service, not only in their communities, but in all of them."

Area event fights rising heroin issue

July 5, 2016

By April Feagley

Daily News Staff Writer

A civic group committed to standing up to the ever-growing heroin epidemic held a "Shake These Streets" block party and community walk Saturday and Sunday to draw attention to the problem and to raise awareness to find solutions.

Undeterred by the modest attendance, organizers from Mount Union Takes a Stand Against Heroin invited Billy "Billy the Inkslinger" Pfaff of Boston, Massachusetts, founder of "Heroin is Killing My Town," along with other speakers and presenters.

"The purpose was to bring our community together and make an effort to let people know we are tired of the heroin epidemic and the drug problems," said Toni Welsh of Mount Union. "We want to shine some light, help those in recovery and those who are suffering from addiction to let them know the community supports them."

Pfaff, who travels the country sharing his knowledge and unifying communities, did not mince words when it comes to the severity of the heroin crisis in Pennsylvania.

"Pennsylvania is one of the worst states in the country when it comes to heroin. Pennsylvania is being wiped out by this epidemic and it's taking a turn for the worse," he said. "The problem is there are two dozen people here and there should be 200. The police chief, the fire chief and the community should be out here in support. If we don't get people to join in and raise awareness, we're going to lose a whole

generation."

Organizers of the event also expressed their disappointment that invited legislators and leaders did not attend, and Pfaff said apathy is all too common.

"I have driven 4,000 miles in the past 12 days and this is exactly what happens in communities holding similar events," he said. "No one gets it until it's too late. It's too easy to say, 'Not my child, not my kid.' Well, one out of every three people are affected by this and the death toll keeps rising."

Pfaff founded "Heroin is Killing My Town" after losing his best friend to a heroin overdose two years ago, followed closely by the death of his daughter's boyfriend, also to heroin.

"I was trying to help my daughter overcome her suffering during that loss and, at the same time, I was watching what was happening in my community," he said. "It wiped out almost an entire generation there. Since then, we've reached 1.7 million people around the world."

Informational materials provided through "Heroin is Killing My Town" were also available, sharing comprehensive details concerning the nature of heroin addiction, so-called "bad batches" and treatment needs.

"Heroin is a very addictive drug. It controls you," said Pfaff. "If you use it, it will own you."

He added that much of the heroin sold currently is believed to be cut with the powerful opiate fentanyl, produced illegally in China and Mexico.

"It's 50 times stronger than heroin. Heroin you use and in eight to 12 hours, you start to feel flu symptoms. With fentanyl, you are deadly sick within four hours," Pfaff said. "The feeling someone goes through is like the flu times 10, going to the bathroom, throwing up, hot and cold sweats and muscle fatigue. That's why a lot of heroin addicts will not get better — they have a fear of being sick. They have no fear of dying, but they do have a fear of being sick."

Most of his education on the subject of heroin abuse has been gained through his work to assist those with addictions in getting the treatment they need.

"I see it every day and it's only getting worse," said Pfaff. "No one likes to hear about it and no one likes to talk about it. We need to stop the stigma."

Fighting against the stigma was also the mission of Beth Worthy and Ashley Welsh, who volunteer with Discovery House in Duncansville, where methadone treatment is provided.

"We want to help get the word out there," Worthy said.

Participants walked through Mount Union Sunday in a demonstration of their mission to "Shake These Streets."

"We want to get everyone involved and do what we can for those who are suffering," said T. Welsh.

More events are planned in the future and will be announced on the Mount Union Takes a Stand Against Heroin Facebook page.

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Medication offers aid for addictions

July 12, 2016

By April Feagley

Daily News Staff Writer

A prescription medication is showing promise in helping some of those dealing with opiate abuse to reclaim their lives.

"Vivitrol is a long-acting form of the medication naltrexone which is administered through a monthly injection," said Kelly Maffia, licensed social worker and counselor at Mainstream Counseling, Huntingdon. "It's used both in the treatment of alcohol use disorders and opiate use disorders."

When used in conjunction with a recovery program which includes counseling, the medication is reported to have moderate success.

"It's an opioid blocker, so what it does is plug into the opioid receptors in the brain and prevents other opioids from interacting with those receptors," Maffia said.

Unlike Narcan, which is administered in an emergency to reverse the effects of an opiate overdose, Vivitrol serves to aid those in recovery.

"Although it doesn't have any opiate in it,

clients report that it does stop their cravings," she said. "Locally, we've had some individuals treated and I know the treatment is being looked into by other doctors."

The administration of Vivitrol does not require any special certification or waiver on the part of the prescribing physician.

"It can be prescribed by any physician, although not all physicians are familiar with the (medication) or are comfortable prescribing it," said Maffia.

The pill form of the medication, marketed

Medication continued on next page

Medication continued

under the name Revia, is more commonly prescribed for those working to curb alcohol abuse.

"For opioid abuse, the injection does seem to have more success opposed to a pill," she said. "Some may find as they are getting near to the end of the month it's not working as effectively. I've also seen the use of the pill form to help supplement."

In order to be a candidate for treatment with Vivitrol, the person must already be detoxed from opiates for a period of seven to 14 days.

"Like any medication, there are risks to be considered, so what we look at in mak-

ing decisions are the advantages," Maffia said. "A person has to be able to go a week to two weeks just to be able to start, which is why some inpatient facilities are working to get people started on Vivitrol and one of the reasons the criminal justice system is looking at administering it to inmates who are leaving the system."

Within the criminal justice system, however, the question soon becomes one of who will continue the treatment once an inmate has been released.

"We still have work to do if they get an injection in a controlled environment, but then don't have anyone to give it when they leave," she said.

Those undergoing treatment are given a

card identifying them as being treated with Vivitrol so that medical providers and emergency personnel are aware that any opioid medication administered during surgery or other situations will be rendered ineffective by the drug.

An additional consideration is the increased risk of overdose should someone previously treated with Vivitrol ceases the injections and returns to abusing opiates as tolerance is greatly diminished.

Still, Vivitrol seems likely to be a useful tool in the fight against opiate addiction.

"We encourage clients to look into it as a treatment option," said Maffia.

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Overdose deaths increase

Recent report shows scope of opiate crisis in county

July 14, 2016

By April Feagley

Daily News Staff Writer

Huntingdon County experienced the second highest percent change in drug-related overdose deaths from 2014-2015 in the state as evidenced by a recent report released by the Drug Enforcement Administration (DEA).

Drug-related overdose deaths in Huntingdon County increased by 167 percent in 2014-2015, second only to Indiana County where deaths increased by 260 percent, based upon data compiled by the Pennsylvania Coroner's Association.

There were a total of 3,383 drug-related overdose deaths in the state in 2015.

"What we do is send the information in to the state as well as to our liaison in Harrisburg," said Huntingdon County coroner Paul Sharum. "They compile the data."

Although Sharum had not reviewed the report, he said the findings were not entirely surprising.

"I'm sure we had an increase," he said.

Another set of results in the same report illustrated the rate of drug-related overdose deaths per 100,000 people in each county, with Philadelphia leading the state with 45.93 and Huntingdon netting a rate of 17.52.

This is the only the second consecutive report issued by the DEA, but, for the year 2013-2014, Huntingdon County had a rate of 6.56 drug-related overdose deaths per 100,000 people.

The report encompasses information gained through autopsies and the related toxicology test results.

"Part of what we do through the autopsy is toxicology, which indicates if it was a drug overdose," Sharum said. "We do the autopsy to see what drugs were on board — in the system at the time of death — and that is what we base the cause of death on."

The DEA findings also revealed the number of male decedents increased to 67 percent in 2015 from 64 percent in 2014 and the number of female decedents decreased from 36 percent in 2014 to 32 percent in 2015.

Heroin was reported in 54.6 percent of decedents, an increase of 5.4 percent from

previous findings, and fentanyl was found in 27 percent, an increase of 92.9 percent from 2014.

Sharum said the report highlights a problem anyone who serves as a first responder or owns a scanner has observed first hand.

"If you just listen to the scanner, you know there's been an increase in overdoses," he said. "In the past few weeks, there have been several who did not die, but did overdose. You just never know when they'll be able to save them or not."

The state Coroners Association has been actively working with legislators to search for solutions to the heroin epidemic.

"It's frustrating for us when we start working with people, only to find they had overdosed repeatedly in the past," Sharum said. "We don't think badly about the people themselves, we think badly about what has happened to them. We would love to see something done for them. We're working with the state to help people before we get them."

April can be reached at afeagley@huntingdondailynews.com.

Broncos turn back Steelers



NFL DIVISIONAL ROUND RESULTS

Denver 23, Pittsburgh 16 | Carolina 31, Seattle 24

CONFERENCE FINALS (Sunday)

Patriots at Broncos, 3:05 p.m., CBS
Cardinals at Panthers, 6:40 p.m., FOX

JOHN DUDLEY: Steelers made mistakes they couldn't afford against Broncos. SPORTS, 1C

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Breaking News: GoErie.com

Monday, January 18, 2016

\$1.00

WEATHER

FORECAST, 6B

Lake effect snow,
3-6 inches
18 high
15 low

INSIDE



Freed prisoners begin journey home
Americans imprisoned by Iran began their journey home Sunday, their friends and family awaiting emotional reunions, after delicate diplomatic negotiations that played out in the shadows of international nuclear talks.
Up Close, 3A



Artwork gives life to buildings
Artist Kris Risto paints murals to honor an Erie neighborhood's past with its current faces.
City&Region, 1B



Otters bounce back vs. Attack
The Erie Otters rebounded from one of their worst losses of the season with a 3-1 win over Owen Sound.
Sports, 1C

DEATHS

Brown, Ruth L., 92
Darr, Kenneth D., 94
DeWolf, Marian Hilbert, 72
Ebert, Ronald E., 73
Ho, Hoa Ngoc, 70
Jazenski, Bertha "Bert" Somerder, 95
Kaminski, Thomas R., 76
Pesaerelli, Priscilla V. Cook, 79
Pyle, Charles E., 93
VanWise, Lula M. "Lou," 80
Washburn, Karen J., 47

Details, 3B

HEROIN HELP

Recent law helps antidote gain traction statewide, but local participation rates vary



GREG WOHLFORD/Erie Times-News

Crescent Hose Co. ambulance administrator Jack DiOrazio, 26, displays a dosage of naloxone inside an ambulance in North East on Thursday. The drug is administered to save the lives of heroin users.

By LISA THOMPSON
lisa.thompson@timesnews.com

Sometimes it would take 10 minutes. Sometimes, 30.

Encountering a heroin overdose victim, there was nothing Crescent Hose Co. ambulance administrator Jack DiOrazio could do but use oxygen and other supportive measures to keep a patient alive until his team could meet up with paramedics armed

with a dose of the opioid antidote naloxone. "It hurt waiting for someone else to show up, and we could not do anything," DiOrazio said.

Empowered by a recent state law gaining traction statewide, first responders like DiOrazio, and others, including an addict's family members or anyone who has a need, no longer have to wait. They can administer the drug, which goes by the trade

name Narcan, themselves, and temporarily reverse the effects of an opioid overdose, which can make a person stop breathing.

Since Act 139 took effect in November 2014, DiOrazio and other rescue workers from Crescent Hose and North East's other fire company, Fuller Hose Co., have reversed nine overdoses, DiOrazio said.

► Please see NARCAN, 4A

POSITIVELY ERIE

By GERRY WEISS
gerry.weiss@timesnews.com

Leah Loucks knew it would be a daunting challenge when she chose to coordinate the most expensive fundraising project Zem Zem Shrine Club ever took on for the Erie Shriners Ambulatory Surgery Cen-

ter and Outpatient Specialty Care Center.

"My heart told me to go this way," the 46-year-old Lineaville woman said.

"This was such a valuable project. It would benefit so many children."

► Please see FUNDRAISER, 4A



CHRISTOPHER MILLETTE/Erie Times-News

Leah Loucks, 46, of Lineaville, raised \$55,000 through the Zem Zem Shrine Club.

A WEEKLY FEATURE ABOUT PEOPLE AND IDEAS THAT ARE MAKING A DIFFERENCE ACROSS THE ERIE REGION.

FIND IT

Bridge.....4D Dear Abby.....5D Horoscopes.....4D Public Notices.....1D Viewpoint.....4B
Classifieds.....1D Dr. K.....5D Lettices.....2A Puzzles.....6D Vital Statistics.....5B
Comics.....4D Employment.....1D Obituaries.....3B Sports.....1C Wonderword.....2D



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COUNTRY FAIR

Limited time offer

HEROIN HELP

Recent law helps antidote gain traction statewide, but local participation rates vary

January 18, 2016

By LISA THOMPSON

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Sometimes it would take 10 minutes. Sometimes, 30.

Encountering a heroin overdose victim, there was nothing Crescent Hose Co. ambulance administrator Jack DiOrazio could do but use oxygen and other supportive measures to keep a patient alive until his team could meet up with paramedics armed with a dose of the opioid antidote naloxone.

"It hurt waiting for someone else to show up, and we could not do anything," DiOrazio said.

Empowered by a recent state law gaining traction statewide, first responders like DiOrazio, and others, including an addict's family members or anyone who has a need, no longer have to wait. They can administer the drug, which goes by the trade name Narcan, themselves, and temporarily reverse the effects of an opioid overdose, which can make a person stop breathing.

Since Act 139 took effect in November 2014, DiOrazio and other rescue workers from Crescent Hose and North East's other fire company, Fuller Hose Co., have reversed nine overdoses, DiOrazio said.

"Now we can actually do something to help," he said. "It is rewarding being able to give somebody a second chance to get off their addiction and live a better, more fulfilled life."

His department is among the local fire departments, including West Lake Fire Department in northwest Millcreek Township, which took quick advantage of the new law. West Lake Fire Chief Rick Schau said the department obtained naloxone with the help of the state Department of Health and Saint Vincent Hospital in late 2015.

"Hopefully, we will never have to use it. But if we save one person's life, it will be worth it," he said. "Every second counts when someone is not breathing."

Antidote available

Act 139 came in response to rising opioid overdoses statewide.

Of the 68 drug deaths Erie County Coroner Lyell Cook investigated in 2015, 35 were

due to heroin. Those figures were up from 2014, when heroin was to blame for 26 of the county's 60 drug deaths.

The law put naloxone — previously available in emergency rooms or through paramedics — into the hands of those close to addicts and first responders, including police.

Statewide, police have reported reviving at least 550 people with naloxone since the legislation took effect. But participation rates vary greatly among municipalities, said Jason Snyder, press secretary for the state Department of Drug and Alcohol Programs. Delaware County, he said, has equipped all 44 police departments with naloxone, resulting in 153 overdose reversals. In contrast, Allegheny County, which had the second highest overdose rate in the state in 2014, has only 13 departments carrying naloxone, he said.

State police carry naloxone throughout the state. Locally, North East police, with help from UPMC Hamot, and the Erie County Sheriff's Office, with the help of Saint Vincent, are equipped with naloxone.

Other police departments, including Erie, Millcreek Township and Edinboro, are working with District Attorney Jack Daneri and UPMC to obtain the antidote, Daneri said.

Public response

Gov. Tom Wolf expanded Act 139 by issuing a standing order in late 2015 that made naloxone available to anyone without a prescription. While the number of private citizens who have obtained naloxone is not known, there is evidence of great local interest.

Sen. Sean Wiley, of Millcreek, D-49th Dist., along with UPMC Health Plan and Suzanne Johnson, of the nonprofit Change Addiction Now, held a training session attended by more than 100 people in November at the Harborcreek Moose Club.

Of those, 72 people took home naloxone kits. Others were given a certificate that would permit them to obtain naloxone at a pharmacy.

Similar trainings are being planned for the future, Wiley's spokeswoman, Laura Guncheon, said.

"Too many families have suffered the loss of a loved one to this illness," Wiley said.

"Naloxone is not the answer to ending the heroin and opioid addiction crisis, but rather is an opportunity for that person to have another chance at recovery."

Emergency medical personnel at Saint Vincent and UPMC routinely revive overdose victims with naloxone. Ferdinando Mirarchi, D.O., UPMC Hamot's medical director of emergency medicine, and Stephanie Larson, D.O., of Saint Vincent, said they have not seen much evidence that patients have been revived by friends or family before arriving at the hospital since Act 139 took effect.

Larson fears some might not seek help at the ER after taking naloxone at home.

Not a panacea

Justine Russell, a clinical pharmacist in the Saint Vincent emergency department, said a person revived with naloxone might appear fully recovered. But the antidote wears off quickly and an overdose could still occur.

"Self-administered naloxone in the home setting should only be followed up by arrival at the emergency department," said Wayne Jones, D.O., Saint Vincent's medical director of emergency medicine. Russell recommends families keep at least two naloxone doses on hand in case one dose fails to fully reverse the overdose. The hospital has created two dose naloxone kits which are available to the public at the outpatient pharmacy for about \$90.

In addition, Larson said families should keep naloxone on hand even after an addicted person returns home from drug treatment. If that person chooses to use drugs again, the danger of lethal overdose is higher because of reduced tolerance, she said.

Larson said unfortunately, a brush with death does not necessarily propel an addict into treatment but could alert family members to the depth of the patient's addiction.

Saint Vincent is working with Erie County to obtain grant funding to create a new kind of caseworker available round-the-clock to meet with overdose victims while they remain in the hospital and guide them directly to treatment.

"There is only so much we can do if a person is not interested (in treatment), and there is a very limited amount of time if a person is interested," Larson said.

Broaden access to antidote for overdoses

January 22, 2016

The Issue: Heroin, opioids are regional scourge

Our View: Drug could save some lives being lost

A number in Monday's Erie Times-News report on efforts in the Erie region to counteract the effects of heroin overdoses offers an indicator of the scale of the problem and the importance of those efforts. The location it comes from dispels any stereotypes about the problem's reach.

The number is a result of Act 139, a state law that took effect in November 2014, which sharply expanded access to a drug that can temporarily reverse the effects of an overdose of heroin or other opioids. Previously the drug, naloxone, was available only through emergency rooms or paramedics.

Since Act 139 took effect, Crescent Hose Co. ambulance administrator Jack DiOrazio said, rescue personnel from Crescent and North East's other fire company, Fuller Hose Co., have counteracted nine overdoses. That those potentially lifesaving actions occurred in their North East service territories belie-

any assumption that heroin addiction is only an urban scourge.

Another number reinforces why it's so important to get naloxone into the hands of all first responders — along with those of families and others close to addicts — as soon as possible. Erie County Coroner Lyell Cook reported that more than half of the 68 drug deaths he investigated in 2015 were due to heroin.

The North East fire companies are among others in the region that are equipping their responders with naloxone. The North East Police Department, with assistance from UPMC Hamot, and the Erie County Sheriff's Office, with help from Saint Vincent Hospital, are also carrying the drug.

State police carry naloxone throughout Pennsylvania. And other police departments in the region are working with UPMC and Erie County District Attorney Jack Daneri to follow suit, Daneri said.

Those efforts should be pursued with the urgency the scale of the problem demands. It's especially important that the Erie Bureau of Police and the Millcreek Police Depart-

ment, whose officers protect and serve more than half of Erie County's population, be equipped with the drug.

Naloxone, of course, is a temporary antidote to an overdose, but not to an addiction to heroin or other opioids. It offers those who've overdosed a potentially lifesaving reprieve and another chance at recovery.

Heroin/opioid addiction is a powerful and insidious affliction that reaches into all walks of life. Getting addicts into treatment is iffy business that depends on their interest in recovery, and the potential for relapse always looms.

That's why there's considerable promise in an effort by Saint Vincent to work with Erie County to secure grant funding for round-the-clock caseworkers dedicated to steering overdose victims directly into treatment while they're still in the hospital.

"There is only so much we can do if a person is not interested (in treatment), and there is a very limited amount of time if a person is interested," said Stephanie Larson, D.O., of Saint Vincent.

More heroin antidote on hand

Police throughout county have kits in case of overdose

April 11, 2016

By **LISA THOMPSON**

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Police throughout Erie County have a new weapon to clip on their duty belts as they engage the region's heroin crisis.

Erie County District Attorney Jack Daneri and David Basnak, EMS Specialist with UPMC Hamot, on Friday handed out nearly 70 heroin overdose antidote kits to the many local police departments that had been without the opioid reversal drug, naloxone, or Narcan, since legislation first enabled them to carry it in late 2014.

State police carry naloxone throughout the state. Locally, North East and Wesleyville police, with help from UPMC Hamot, and the Erie County Sheriff's Office, with the help of Saint Vincent Hospital, had equipped themselves with naloxone, as did members of several volunteer fire companies.

Other police departments — Erie, Millcreek Township, Edinboro, Girard, Lake City, Union City, Corry, Edinboro University of Pennsylvania and Albion — had been working with Daneri and UPMC Hamot to obtain both the training and naloxone, Daneri said.

On Friday, the help arrived as Basnak, on behalf of UPMC Hamot, delivered 67 kits to the District Attorney's Office. Each kit — packaged in a blue zippered pouch — costs about \$40 and contains two doses of naloxone, a pair of gloves and an illustrated notecard with instructions.

If a department depletes its supply, it can replenish it at Bayside Pharmacy, 300 State St., Basnak said.

Daneri's office purchased the kits through the Pennsylvania District Attorneys Association. A UPMC grant program will reimburse the Pennsylvania District Attorneys Association, Daneri said.

"Americans have seen an epidemic of her-

oin addiction and overdose deaths," he said. "If someone is in the throes of an overdose, Narcan can be used to bring them back. In Erie County, we have seen a great number of people who have died. ... Hopefully with these doses here, we will be able to save lives moving forward," he said.

"We are trying to help law enforcement and give them the tools" to help reduce the community's growing number of heroin overdose deaths, Basnak said.

Police, along with emergency medical providers and firefighters, are usually the first to arrive on the scene of an overdose, he said.

"We are trying to combat it on all fronts," Basnak said.

Erie police received 25 kits Friday. Police Chief Randy Bowers said officers have been certified to administer the antidote and should be carrying them on patrol today.

Antidote continued on next page

Antidote continued

Bowers said Erie police are fortunate because EmergencyCare medical personnel usually arrive at the scene of drug overdoses with police. The naloxone kits will provide a kind of safety net for officers, he said.

“You never know when there is going to be a need for it,” he said.

“We just see it as something we should have. We are glad to be participating.”

Wider naloxone availability is due to a recent state law gaining traction statewide, Act 139.

In the past, emergency rooms or paramedics were authorized to administer naloxone.

Under Act 139, police and first responders like volunteer firefighters and others, including an addict’s family members or anyone who has a need, no longer have to wait.

They can administer the drug themselves and temporarily reverse the effects of an opioid overdose, which can make a person stop breathing.

The Pennsylvania Department of Drug and Alcohol Programs in March said that police officers in Pennsylvania had reversed more than 600 opioid overdoses in little more than one year. But participation rates vary greatly among municipalities, Jason Snyder, press secretary for DDAP, has said.

Act 139 came in response to rising opioid overdoses statewide.

According to statistics compiled by Erie County Coroner Lyell Cook, heroin is playing a larger role in killing people in Erie County.

Of the 59 total drug-related deaths in the county in 2015, 54 percent involved heroin, according to Cook’s data.

Heroin was involved in 51 percent of the

60 drug-related deaths in 2014, Cook said.

The naloxone handed out Friday is a part of a larger regional effort to reduce overdose deaths.

State Sen. Sean Wiley, of Millcreek Township, D-49th Dist.; UPMC Health Plan; Saint Vincent Hospital; the Erie County Department of Health; and DDAP are hosting a naloxone event Thursday at 6 p.m. in Blasco Library’s Hirt Auditorium, 160 E. Front St.

Residents will be trained and certified to administer naloxone. Participants also will be provided a naloxone kit to take home. The event is free and open to the public, but participants must preregister with the Erie County Department of Health at 454-6703.

LISA THOMPSON can be reached at 870-1802 or by e-mail. Follow her on Twitter at twitter.com/ETNthompson.

Erie County heroin fight gaining traction

April 12, 2016

The Issue: Heroin claiming lives in Erie County

Our View: More first responders get needed tools

Lives claimed by lethal doses of heroin slip away mostly in private. The moments surface publicly in overdose rescue calls sounded in crackling emergency services’ radio traffic and untimely obituaries that tell the tragic stories, mostly between the lines.

The silence makes it difficult to appreciate the scope of the heroin crisis in Erie County, as compared with the more public, equally damaging surge in gun violence.

Erie County Coroner Lyell Cook recently reported that a spike in heroin-related deaths that began in 2013 has not abated. In 2015, he handled slightly fewer drug overdose deaths — 59, down from 60 in 2014. But more deaths, 32 versus 31, were due to heroin.

Death is the worst, but not only outcome of addiction to heroin and other opioids. The unrelenting dependency these drugs induce

erodes the social fabric as users trade guns or stolen goods for opioids and addicts’ children land in protective custody because their parents are too compromised by their need for drugs to care for them.

Recent displays of official resolve to stave off this blight signal hopeful and necessary momentum on the part of those who are in a position to make a difference.

Erie County Human Services Director John DiMattio and District Attorney Jack Daneri first mobilized around the issue in March 2014 with the formation of the Heroin Overdose Community Awareness Task Force. When a new state law set aside restrictions on who could administer the opioid overdose reversal drug naloxone in late 2014, Sheriff’s Deputy Chuck Klenk, a longtime advocate for families afflicted by addiction, quickly equipped deputies with naloxone. North East and Wesleyville police and several local volunteer fire companies followed suit with the help of both Saint Vincent Hospital and UPMC Hamot, whose emergency departments staff the front lines

of the crisis.

Gaps in the law enforcement naloxone safety net finally closed Friday as Daneri and David Basnak, of UPMC Hamot, after months of administrative orchestration finally handed out naloxone kits to nearly a dozen of the remaining Erie County police departments that had been without the lifesaving tool.

Erie County Executive Kathy Dahlkemper on the same day traveled to the nation’s capital as part of a national task force seeking answers to the problem.

Leaders must not dial back, but seek to develop a multifaceted response that stems opioid abuse through law enforcement, family support and treatment.

Those whose lives have been upended by drug addiction should take hope and also whatever steps they need to get help.

A naloxone training event is scheduled at 6 p.m. Thursday at Blasco Library’s Hirt Auditorium, 160 E. Front St., hosted by state Sen. Sean Wiley, of Millcreek Township, D-49th Dist., and UPMC Health Plan. Participants must preregister by calling 451-6703.

County wants 'warm handoffs' in heroin battle

Specialists would push for treatment

April 16

By ED PALATTELLA

ed.palattella@timesnews.com

On March 11, employees at Gaudenzia Erie helped rescue two people who overdosed on heroin outside the drug and alcohol treatment center at 141 W. 11th St. The employees and police used the heroin antidote naloxone, or Narcan, to revive the pair.

Once the two overdose victims were taken to a local emergency room, one was admitted. But other refused care and left.

Gaudenzia and other Erie County social service agencies are trying to stop that pattern of nontreatment, which they said has become common in the national heroin epidemic.

The county wants to set up a system of "warm handoffs," in which specialists on call round-the-clock would counsel heroin overdose victims right after they recover.

The specialists would encourage the addicts to get treatment and help them get care.

"We've got to have something in place where people are offered some immediate treatment," said David Sanner, director of Erie County's Drug & Alcohol programs.

The need for warm handoffs was a key topic Friday at the first meeting of 2016 for the county's Heroin Overdose Community Awareness Task Force, which formed in 2014 and previously met as a full group in October.

About 45 social service workers and

public officials, including Gary Tennis, secretary of Pennsylvania's Drug and Alcohol Programs, attended the nearly two-hour meeting at the offices of Community Care Behavioral Health, 1601 Sassafras St.

The task force reviewed the most recent statistics, which Sanner, the chairman, said show Erie County accidental overdose deaths due primarily to heroin numbered 26 in 2015 and 27 in 2014.

The group heard about Gaudenzia's experience with Narcan on March 11.

They reviewed initiatives, by District Attorney Jack Daneri and others, to get more Narcan kits to local police officers and other public safety workers.

And the group heard about plans to educate pharmacies about the availability of Narcan.

"These actions are huge," Sanner said. "This is what is going to reduce overdose deaths in Erie County — Narcan."

But he and Tennis said the care must go beyond Narcan.

"It is absolutely critical that after we save someone with naloxone that we get them handed off to treatment from the emergency room," Tennis said.

"It is called 'warm handoff' to treatment, and it is an intervention that occurs once the person has been stabilized and their overdose has been completely reversed."

Sanner said Erie County has applied for a \$250,000 state grant to help launch a warm-handoff program, but that the state's budget impasse slowed the review process.

He and Tennis also mentioned discussion in Harrisburg about changing the law to allow for involuntary commitment of heroin overdose victims, which would force them into treatment. The procedures would be similar to those that allow police to involuntarily commit a mentally unstable person.

"They need to get as robust a warm handoff as we can give them," Tennis said of overdose victims. "I think if we don't succeed here, we are going to have legislation."

Daneri, who attended Friday's meeting, said a system of voluntary warm handoffs makes sense.

"The only way we are going to successfully combat what is going on is through treatment and education," he said.

The more extreme measure of involuntary commitments of heroin overdose victims would require a significant amount of additional beds in secure facilities, Tennis and Sanner said. They said they would prefer a voluntary system of warm handoffs.

"It's a difficult challenge," Tennis said. "These folks have been through a horrendous experience, having had their overdose reversed with naloxone. It is extremely unpleasant; they're rattled."

"But we have to keep ramping up our efforts to have a muscular intervention, assessment and referral to treatment. Because if we don't, they are likely to overdose again, and maybe next time they'll die."

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After Heroin

Family hopes to help others by sharing loved one's addiction struggle

May 13, 2016

By LISA THOMPSON

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Paul Weber was just 13 years old when he and four friends got caught with some marijuana right before school. A drug and alcohol counselor met with the boys.

He had a prediction.

"The guy picked Paul, out of all the questions he asked them, and said Paul was going to have a problem," Weber's mother,

Paula Wiczorek, said. "We said, 'What the heck does he know? He is only 13!'"

Years later, they realized, "He was right," Wiczorek said.

On Feb. 15, Wiczorek, 63, got the news she had in some ways expected for decades. Her son, now 45, had been found dead in his Erie home — a victim of a heroin overdose.

The family will host a memorial service for Weber on Sunday. He was a gifted athlete, who at 10 years old hit 10 home runs in a

season. He was a dad who loved his kids. He hunted and fished and rooted for the Cleveland Browns.

Wiczorek and her husband of 39 years, David Wiczorek, Weber's stepfather, thought long about what other details to share about Weber's life. They opted for truth.

Weber was deeply loved. He also suffered from an addiction that cut a damaging swath through at least three generations of

Heroin continued on next page

Heroin continued

their family, they said.

Weber's son, Cody Weber, 22, will join in the memorial service.

He was not home when his father died. He was in state prison serving a sentence handed down in Erie County Court for property and drug crimes related to his own heroin addiction.

The family's scars bear witness to the lasting harm caused by a nationwide epidemic of addiction to opioids and heroin.

The number of heroin or prescription opioid overdoses reached an all-time high in 2014, when more than 28,600 Americans died, according to the U.S. Centers for Disease Control and Prevention.

In Erie County, the number of accidental deaths due to drugs increased by 222 percent between 2010 and 2015 — from 18 to 58, — according to the Erie County coroner's annual reports.

Pennsylvania Physician General Rachel Levine, M.D., called it the "biggest health crisis right now in Pennsylvania," during a recent visit to Erie.

The Wieczoreks and Cody Weber know the toll addiction takes firsthand.

They also know the power of resilience and hope in the face of disease.

"We have a story to tell. If we can save just one person, then his death won't be in vain," Paula Wieczorek said.

'A new, devastating experience'

The counselor was only too right about Paul Weber. Three years after getting caught with marijuana in the eighth grade, Paul Weber, at 16, was expelled from Cathedral Preparatory School after he was spotted buying pot near the school.

The Wieczoreks placed him in treatment for alcoholism when he was 17. He called his mother, weeping, begging her to get him out.

Neither of the Wieczoreks had experience dealing with addiction. "Everything that was happening was a new, devastating experience for us," Paula Wieczorek said.

Severe anxiety and depression her son battled his entire life compounded the problem, she said.

Paul Weber never completed high school. He worked sporadically. He began a family. He offered love but no stability, his son, Cody Weber, said.

"There's a lot of good memories I have of my dad," Cody Weber said. "We would go

to sporting events or we'd go fishing. He taught me everything I know about sports."

But as his father's addiction deepened, mainly to alcohol and then cocaine, Cody Weber said, "I was kind of on my own, I felt."

When he was 11, he said, he saw his father in the basement with a belt around his arm, sweating.

"He was using cocaine through IV. He was just an addict. He would use anything," Cody Weber said.

A year later, Cody Weber started smoking pot. His father tried to intervene.

"He saw himself in me and he did not like himself, so I kind of understood. But I had a hard time with him giving me advice," Cody Weber said.

The Wieczoreks moved to Texas in 1999 as David Wieczorek pursued his career as an executive for an oil and gas company.

They tried to help Paul Weber's family from a distance and in frequent visits to Erie. Eventually, they brought Paul, and then Cody, to Texas to live with them. Paul Weber achieved three months' sobriety.

But having both father and son together in Texas was a "disaster," David Wieczorek, 64, said.

Paul Weber started drinking again.

His son was "smoking weed and not wanting to listen to him," Cody Weber said.

Paul Weber returned to Erie. The Wieczoreks placed Cody Weber, who was by then in middle school, in a faith-based school for troubled kids in Austin, Texas. It helped for a time. But over the next few years, he bounced back and forth between Texas and Erie, where he did stints in juvenile detention.

A sense of helplessness drove Paula Wieczorek into deep depression.

"It was devastating. I wanted to die. I could not fix it. We tried and we tried and we tried. It is overload. It is way too much," she said.

"At same time," her husband said, "we are trying to hold jobs and live our lives and have relationships with friends and (other) family (members)."

'Moments of being happy, joyous and free'

It was Paul Weber who finally helped his mother find ways to cope with problems she suffered because of his unrelenting addiction. A decade ago, while she was still living in Texas, he pointed her to Al-Anon,

which offers support to any person who has had a problem drinker in his or her life.

"I found friends who had an adult alcoholic or addict in their lives. ... We could laugh, share our experiences, strengths and hope and be there for each other," she said.

Paula Wieczorek said she learned about her son's illness and her own role in it and gained tools that allowed her to both love her son and set boundaries.

"I learned I could have moments of being happy, joyous and free," she said.

'Off to the races'

Cody Weber returned to Erie for good when he was 18. He said his drug use escalated steadily in his teens from pot to painkillers and then, at age 19, to heroin, after a friend suggested it as a potent substitute for painkillers.

"I got it and tried it and that was it. Off to the races. I loved it. I loved the way it made me feel," he said. He sniffed heroin, then shot it up. A few weeks later, on a day with no heroin, he experienced withdrawal. "Just death, like I did not want to be alive," he said.

He said he shoplifted and burgled other people's homes to keep withdrawal at bay and feed his habit.

"That was the only thing I knew to make me feel good, to deal with my problems," he said.

Until it wasn't.

About a year after Cody Weber started using heroin, Paul Weber texted his mother a picture of Cody.

Cody Weber sat in the bathroom, passed out, drug paraphernalia scattered around him.

"I would shoot so much, hoping that I wouldn't wake up from it, that it would kill me," Cody Weber said. "Because I had nothing. I had nobody in my life. I had nowhere to go. I felt like I did not have anything else to live for."

Police arrested Cody Weber before he could die. Cody Weber said initially all he thought about was getting out of prison and getting high. Once he was sentenced in September 2014 to state prison, he realized he had to get straight.

"I have seen things and experienced things in there," he said. "I grew from it."

Cody Weber and the Wieczoreks had no idea that Paul Weber, who had relied mainly on alcohol, had fallen for heroin, as well.

Heroin continued on next page

Heroin continued

They learned of it late last year when Paul Weber wound up in the emergency department after an overdose. He seemed frightened by it and so they did not think he kept using it.

Cody Weber talked to his father in a phone call from prison on Feb. 13. Cody told his dad he loved him. Two days later, he learned his father was dead.

Cody Weber approached a corrections officer whom he trusted. Turning his back to other inmates so they could not see the tears in his eyes, he told her what had happened. She sent him to the chaplain, who gave him a sympathy card to mail home.

"There is not a lot they can do," he said.

He wishes now his father had gotten arrested.

"I think that would have saved him. It would have got him off everything for a year or two. Everyone needs sobriety," Cody

Weber said. "He never had a (rock) bottom."

Where they go from here

Paula Wiczorek said addiction must be recognized as an illness fueling a public health crisis of epidemic proportions.

"We are sharing without shame," she said. "We think talking about our loved one's struggle and suffering will help people become aware."

The Wiczoreks have other children and grandchildren who are thriving. They retired from Texas to a spacious lakeview home in Harborcreek Township a couple of years ago. It has loads of extra room for visiting family. Toys for the grandchildren lie close at hand.

They mourn Paul Weber and support Cody Weber, with clear boundaries set, as he pursues recovery.

"I think we understand the disease and what likely could happen. Every day he

stays alive is a blessing for us," Paula Wiczorek said.

They garner their own support from Erie NarAnon meetings, similar to the Al-Anon meetings in Texas.

"I listen to other people who have the same trouble, and it helps me," Paula Wiczorek said.

The prospect of prison motivates Cody Weber to stay clean.

"I am scared to death to go back there. ... I know if I get high that is what it is going to be. Either that or death," he said.

His father's death also gives him a reason to live. "I want to stay clean for myself and for my dad, because I know he would want that," he said.

"Hopefully, (one day) I can say I am living proof that it can be done."

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LIVES LOST

June 6, 2016

By MADELEINE O'NEILL

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Dr. Stephanie Larson frequently sees overdose patients in Saint Vincent Hospital's emergency department.

She's also seen the patterns. After those patients recover from an overdose, she said, few seek treatment for their addictions.

"Not a very large number of people follow up," Larson said.

David Sanner, director of the Erie County Office of Drug & Alcohol Abuse, wants to fix that problem.

He is working to create a "warm handoff" program to ensure that every person who is hospitalized because of a drug or alcohol overdose is met by a qualified professional who can guide the patient through treatment options.

Sanner thinks the program will reduce the number of overdose deaths in Erie County by offering patients "a face-to-face meeting rather than putting the burden on them to get follow-up care."

Accidental overdose deaths in Erie County rose from 18 in 2010 to 58 in 2015, said

Sanner, who also heads the county's heroin overdose task force. In 2015, 26 of those overdose deaths were linked to heroin.

Sanner said those figures led him to conclude a program was necessary to get more overdose survivors into appropriate treatment.

The county accepted proposals through Friday from local social service agencies seeking to develop and run the program. Those selected will work with Erie County hospitals as soon as July 1 to ensure that crisis services are available to overdose patients at any time, Sanner said.

"We're envisioning contracting with a provider, or preferably two, to be available 24 hours a day, 365 days a year to meet overdose survivors where they're at, at whatever hospital that may be," Sanner said.

Sanner's office will supervise the program.

Larson has seen the need for a program at the Saint Vincent emergency department.

She said that although not all of the overdoses there are linked to heroin — alcohol and K2, a form of synthetic marijuana, are also frequent culprits — heroin-related hospitalizations have risen substantially in the area, a reflection of the nationwide heroin epidemic.

Larson said she would like to see more

patients get help for their addictions.

"It really takes a one-on-one approach with these patients to try to allow them to see that (treatment) is an option," she said.

Jodie Klus, a division director at the drug and alcohol treatment center Gaudenzia Erie, said the proposed program would help overdose survivors figure out their next steps. "Sometimes service systems aren't the easiest to navigate," Klus said. "The warm handoff would be that intermediary step to say, 'Hey, this is what's available for you.'"

Immediately after an overdose is a key time to approach patients and offer addiction treatment services, she said.

"When somebody presents with an overdose it's kind of a critical period because they've almost died, or died and been brought back," Klus said.

Klus said Gaudenzia Erie had applied to implement the Erie County program.

The Erie County Office of Drug and Alcohol Abuse applied for state funding for the program in May 2015 with help from a team that included Saint Vincent's emergency department, Gaudenzia Erie and the Program Evaluation and Research Unit of the School

Lives continued on next page

Lives continued

of Pharmacy at the University of Pittsburgh, Sanner said.

That funding was put on hold during Pennsylvania's budget impasse, but has since been recommended for approval pending the state Legislature's passage of a 2016-17 budget by the deadline of June 30.

If that funding comes through, it could provide as much as \$100,000 to jump-start the Erie County program, Sanner said.

Sanner said his office has limited funds set aside to start the program even without state funding. But he said the program will require annual state funding to remain sustainable.

Sanner hopes to get the program up and running as quickly as possible, because Pennsylvania's new prescription drug-dispensing database will begin operating this summer. The database will allow doctors to more easily track and regulate who is

accessing opiate prescriptions across the state.

"The fear is, if people who are currently abusing prescription opiates have difficulty getting prescriptions filled, they may turn to illegal sources and possibly heroin," Sanner said. "It is crucial at this point that they be made aware of treatment options."

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Billboards raise awareness

June 6, 2016

By **MADELEINE O'NEILL**

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The faces of heroin addiction are making a new appearance on Erie's streets.

They are visible in a new billboard campaign by the Erie County Office of Drug & Alcohol Abuse programs. The campaign seeks to raise awareness of prescription drug and heroin abuse.

David Sanner, director of the Office of Drug & Alcohol Abuse, said his office recently spent more than \$22,000 to buy into a media campaign developed by the Commonwealth Prevention Alliance for its Stop Opiate Abuse Campaign.

Three static and three digital billboards currently posted in Erie make up part of that campaign, which has also included radio, television, print and web advertising.

The six billboards are carrying two separate images. One, designed to demonstrate the connection between prescription drug abuse and heroin addiction, portrays a prescription pill bottle with the word "heroin" emblazoned across it and the message, "Break the connection."

The other displays four portraits and says, "Anyone can become addicted."

The three static billboards are located at the intersections of West 20th Street and Pittsburgh Avenue, West 12th and Cranberry streets, and West 18th and State streets.

The three digital billboards are located at

the intersection of West 12th Street and Greengarden Road, along Interstate 79 southbound near the West 32nd Street underpass, and at 6400 Peach St.

The billboards will stay up through the Fourth of July weekend, Sanner said.

Sanner said he hopes the campaign will lessen the stigma associated with addiction.

"Addiction can happen to anyone," he said. He hopes that "people start talking about it and that they address it within their families" as a result of the campaign.

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PROMOTING EQUALITY

A chilly April morning couldn't stop the color run. News, 9A



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WHEN ADDICTS SUFFER ...

... families also feel the burden

JENNIFER WENTZ
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Sandy Swenson makes the pilgrimage from Texas to Florida every year, not knowing whether she'll create another memory with her son.

A hug. A meal. A surface-level conversation. Anything except talk of his addiction and the chaos spiraling outward

from it. After years of dealing with her son Joey's addictions, these annual interactions are the only chance Swenson has to make new memories with her oldest child. She realized years ago that staying active in his life — getting caught up in his dramas, lending him money, bailing him out of jail — was killing her son and enabling the addict wearing his face.

So she let go. She stayed in another part of the country. She refused to talk to him while he was high, or while he was upset about the holes he had dug himself into with his drug use. She stopped bailing him out, literally and figuratively.



Sandy Swenson

See HEROIN, Page 2A

You are not alone

Sandy Swenson will share her story of surviving her son's addiction in Hanover on May 10. Time: 7 to 9 p.m. Doors open at 6:45 p.m. Where: York Street Medical Center, 400 York St.

Admission: Admission is free, and no RSVP is required, but anyone interested in attending or learning more can join the event page on Facebook. Search for "You Are Not Alone: A Discussion for Caregivers of Heroin Addicts." More: www.sandyswenson.com

Building character



Visitors peruse the shops and eateries on Gettysburg's popular Steinwehr Avenue on Aug. 9, 2015.

Main Street programs aim to spur vitality in Hanover

NICOLE CHYNOWETH THE EVENING SUN
LILLIAN REED LREED@EVENINGSUN.COM

A community's downtown is a place where residents can feel a sense of ownership and pride, according to Matt Wagner. "When there are community parades held, they're not out on a highway," he said. "They're through your downtown. When you bring visitors, whether it's to your company or your house, you're taking them downtown. It really says something about where you live."

And Wagner would know. As the vice president of revitalization programs at the National Main Street Center in Chicago, he has watched town after town reinvest in Main Streets throughout the

See VITALITY, Page 5A



Justine Truckess, manager of Main Street Hanover, hands out raffle drawing numbers for prizes on April 9 during the Hanover Sock Hop at the Heritage and Conference Center on Carlisle Street in downtown Hanover. The Sock Hop was hosted by the Hanover Chamber of Commerce and helps benefit Main Street Hanover.

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Gettysburg record requesters respond to criticism

LILLIAN REED
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Several people who filed Right-to-Know requests with the Gettysburg Borough in recent weeks addressed criticisms Monday over the cost of processing the documents.

About 23 Right-to-Know requests, including one from The Evening Sun, have been filed since the beginning of the year. Many of these requests were related to a controversial review of the police department, borough records show.

Council solicited the police department review after a video captured by police officer Christopher Folster's body camera was released online last fall. The footage shows Folster using a Taser to subdue Derek J. Twyman, who had refused orders to get out of his car. Twyman was later acquitted of resisting arrest, a success he credited to a review of the footage during his trial.

In recent weeks, some residents have criticized council's decision to solicit the review, which surpassed its financial cap of \$7,500 to cost more than \$10,000, and called for borough manager Charles Gable to resign. Officials have repeatedly refused to release the contents of the review, maintaining that it is related to personnel and legal matters and therefore not privy to the public.

Last week, several Gettysburg Borough Council members and staff criticized the surge and scope of the subsequent records requests. The requests so far have cost the borough \$7,000 in legal fees for borough solicitor Harold Eastman to review them, borough manager Charles Gable said.

"Nobody dreamed of this happening," said borough council president Robert Krummerich. "This was an unanticipated expense."

Stan Clark, who filed seven of the requests, asked council members during their workshop meeting Monday what action, if any, has been taken by the borough following the review of the police department.

"A lot has been made of the cost of Right-to-Know requests, but I haven't

See CRITICISM, Page 7A

We're on the list

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Volume 206, Issue 52



Hanover vs. heroin: Not just an urban problem

April 4, 2014

By .Tcnnifer Wentz

jwentz@eveningsun.com

Tracy Lawrence Felton already knew something wasn't right.

Her son, Aaron Lawrence, was constantly on-edge and had lost a significant amount of weight. The boy who had been the clown of the family always smiling, laughing and ready to have her back had, at age 19, become private and moody.

On a spring day nearly five years ago, she walked into his room in their Hanover Borough home and demanded answers. That was when she saw the marks on his arms. He admitted he was shooting heroin. Fast forward to July 2010, and her son had stopped using heroin and was home after a one year prison sentence.

Tracy Lawrence Felton had her son back for only 12 days when she woke up to a call from police. He was dead from a heroin overdose.

"And needless to say, that was the end of my world as I knew it," Lawrence Felton said in March. "It's like I just stepped outside and was given a whole new life I never wanted."

That new life is filled with questions that, four years after her son's death, still remain unanswered. Why doesn't Hanover have more treatment options for addicts? Why do people still assure heroin use is just an urban problem?

As she searches for answers, she also searches in vain for a part of herself, she said, she knows she'll never get back.

"I lost a lot of things," she said, fighting back tears. "I lost who I once was because when you're a mom and you lose one of your children, it's not something you can describe."

Heroin use on the rise

Aaron Lawrence's story is not unique in York and Adams counties.

In 2013, York County saw 17 confirmed heroin overdose deaths, said county Coroner Pam Gay. This year, however, Gay has already seen seven confirmed and 11 suspected heroin overdose deaths.

At this rate, the county could see upwards of 70 heroin deaths by the end of 2014, she said. "We're already at the level of last year!" she said. "And it's not just the city, it's county wide." Related: Heroin's climbing death toll prompts community

response in York County

As leader of the Adams County Drug Task Force, First Assistant Attorney Brian Sinnett has also seen a gradual but significant increase in heroin use in recent years.

A decade ago, he might have seen one or two heroin arrests per year, he said. In the past few years, however, those numbers have gone up.

Of the 69 felony drug arrests made in Adams County in 2013, 16 were related to heroin, Sinnett said. Five out of 31 misdemeanor simple possession charges also involved the drug.

Additionally, three people in Adams County have overdosed from the drug in the past five years, said County Coroner Pat Felix.

Sinnett said Oxycodone is usually the drug of choice among opiate users. One Oxycodone pill, however, can cost \$40 for one 40 milligram pill. A heroin user, by contrast, can pay \$20 for 3/100-gram bag of heroin from which they might get four or five uses.

National public service campaigns have also decreased the amount of prescription opiates on the black market, said Rob Matylewicz, medical director of Clarity Way, an inpatient addiction treatment center in Hanover.

"Once the (Drug Enforcement Agency) really started cracking down on Oxycodone and some of the other drugs, heroin was a way people could still get their opiates, and it was a little bit cheaper," he said.

No "typical" addicts

Amid the crime statistics and death records, the faces of people affected by the drug are often lost in a sea of stereotypes. Four years after the death of her son, Aaron, Tracy Lawrence-Felton perhaps knows this better than anyone.

When people think of heroin addicts, she said, they picture a "junkie," someone from a broken family who hangs out on street corners and only cares about where he's going to get his next fix.

Lawrence-Felton, however, knows nothing could be further from the truth.

When she thinks of an addict, she said, she thinks of people like her son, who, as a boy, got up early on trash days because he wanted to be a garbage man when he grew up. The boy who loved his dog and liked to jump his bike off of ramps. The boy with a contagious laugh and daredevil's spirit.

Her son definitely had problems, she said,

but he was anything but a junkie.

"People see an addict as a street person, someone who is lower than life, and they're not," she said. "My son definitely was not that. The disease of addiction just took him."

This disease, experts say, does not discriminate rich or poor, young or old, urban or rural. As a result, there is no longer a "typical" heroin user.

Most of the overdose victims in York County over the past few months ranged in age from 20 to 55, although a few were still in high school, Gay said. Of the few Adams County heroin deaths, no demographic seems more affected than any other, Felix said.

Additionally, there seems to be no locale where people are less likely to buy the drug.

"Heroin used to really be concentrated in the city and urban areas, but in the last five or 10 years, it's really spread to the rural and suburban areas," said Chad Shaeffer, Clarity Way's director of clinical services.

Sinnett has seen this spread of the drug firsthand. While he said the bulk of his cases tend to be near the border of Adams-York counties, he has seen cases pop up in other areas of the county as well.

The issue, he said, is that dealers in Adams and York counties have easy access to heroin from Baltimore, where the Department of Health estimates as many as one in every 10 residents is addicted to the drug.

Hanover's proximity to large cities provides a challenge for local police in their fight against heroin.

Sinnett praised his Drug Task Force team for the work they do to get heroin off the streets. The team, he said, does a terrific job of tracking the drug and making arrests that could prevent more people from picking up the habit.

For residents already addicted to the drug, however, these arrests often come too late.

Life and death of a heroin addict

Ryan Utermahlen lost a job, his friends and his freedom to a heroin addiction.

The Hanover Borough resident said he tried heroin for the first time when friends offered it to him in 11th grade. He was immediately hooked. Ryan Utermahlen, a former heroin addict, outside of his Hanover home April 2. (Clare Becker—The Evening Sun)

"It was fun when I started doing it, but I

Hanover continued on next page

Hanover continued

just wanted to quit for the longest time," said Utermahlen, now 24 years old.

Utermahlen dropped out of high school to work full-time, but he soon lost that job because of his addiction, he said. Friends wanted nothing to do with him. Weight seemed to melt off, and he wore long sleeves to hide the marks of the addiction.

Utermahlen tried several times to quit, but the withdrawal symptoms depression, fever, cramps would leave him bedridden and he would run back to the drug just to feel normal.

Every time he shot up, he said, he knew he was just one misstep away from an overdose.

"It used to scare the crap out of me thinking about it," he said, "but I was so addicted, I didn't even care at the time if it happened to me."

The problem is that heroin creates an intensely euphoric high, Matylewicz said. Users, however, build up a tolerance over time, and they have to use the drug just to avoid withdrawal symptoms.

"You can die from alcohol withdrawal, and you can die from benzodiazepine withdrawal," he said. "You don't die from heroin withdrawal or detox, but you wish you were dead because you're so sick."

In 2009, Utermahlen was arrested as part of Operation Smackdown, a drug bust led by the Adams County Drug Task Force, according to newspaper records. Utermahlen was charged with one count of delivery of heroin when he purchased the drug for a friend.

Sentenced to two to four years of state prison, Utermahlen had no choice but to get clean.

"After that point, I was like, 'I'm never doing that again,'" he said. "It was scary, thinking I could get four years. I did everything I could to turn my life around."

And he did just that. After receiving a year of intensive therapy in the prison system, he finished his sentence and was released in 2011. Now, he devotes his life to two things: his job at a car dealership in Waynesboro and his 2-two-year-old son, Blake.

"My life changed for the better," he said. "I work and try to be the best person I can be. I try to be a good dad, a good friend, a good person to work with."

Many heroin users, however, never see a happy ending.

About halfway through his prison sentence, Utermahlen picked up a copy of the newspa-

per and read that his childhood friend, Aaron Lawrence, had died of an overdose.

"It's just crazy thinking that could have been me," he said. "I think that's what keeps me from going back to it."

Treatment available at a cost

When Lawrence-Felton talks to addicts looking for help, she tells them they have three options: get well, get a jail sentence or get a casket. Finding help, however, often requires time, money and transportation three things, she said, addicts don't typically have. And the longer addicts continue using, the more likely they are to overdose, she said.

"There's not a lot here that people can turn to," Utermahlen said. "If it weren't for jail, it could have happened to me."

Inpatient treatment costs vary greatly throughout the state, ranging from \$6,000 to \$12,000 a month for a basic treatment facility to upwards of \$40,000 for luxury centers, Matylewicz said.

While many treatment centers work with insurance companies, they often refuse to cover more than 30 days of treatment, he said. Heroin addicts, however, typically require at least 60 to 90 days of inpatient care.

Outpatient services also vary. At Cornerstone Counseling and Education Services in Hanover, clients are charged for counseling and group therapy services based on their financial situation, Cornerstone Project Director Scott Kemper said.

Like many local outpatient facilities, Cornerstone tries to lower client costs by partnering with private insurance companies. Some clients may also have access to funds from the York/Adams Drug and Alcohol Commission, which works with the Department of Public Welfare to provide funding for treatment.

While the Hanover-Adams area is home to a number of outpatient facilities, the closest commission-supported inpatient center to Hanover Borough

White Deer Run is in York.

"I think the problem is large enough having more inpatient options would be helpful," Kemper said.

Rallying for change

Four years after her son's death, Lawrence-Felton says more still needs to be done to combat the drug that took his life.

She would like to see more treatment options, less stigma against addicts looking to get help, and more state-level legislation, like good samaritan laws and legalization of overdose prevention drugs.

In this file photo, Tracy Lawrence-Felton

embraces Jalinda Leathery, left, during a demonstration in Hanover in June that Lawrence-Felton organized. (Jeff Lautenberger—For The Evening Sun)

"I have emailed everyone from the Hanover police to the governor, and everyone gives me the same answer: 'I'm not the one you want to talk to. You need to talk to so-and-so,'" she said.

She has, however, been able to make a difference in her own way.

In August 2012, she started Hope vs. Heroin, a Facebook page dedicated to helping heroin addicts and their families. She uses it to reach out to addicts who want help, provide support to families dealing with a loved one's addiction and share news related to the drug. The page currently has more than 3,600 likes.

Lawrence-Felton has also organized three local rallies to raise awareness about the drug. She hopes to hold a fourth rally this summer, as well as a support picnic for families of addicts.

Still, she wishes she could do more. One day, she would love to open the Aaron Lawrence Treatment Center to assist local addicts like her son, although she said that will probably never happen.

For now, she tries to find contentment knowing she is making a better world for her two living sons.

"It brought me to tears after my second rally when my son came up to me and said, 'Mom, I wanted to tell you I'm very proud of you. And I know that Aaron's looking down, and he's proud too,'" she said. "And that meant more to me than anything in the world."

Get help

The York/Adams County Drug and Alcohol Commission recommends people in need of detoxification contact the White Deer Run Regional Support call center at 866-769-6822. The center has 24/7 coverage and has been designed to expedite detox placement, according to the drug and alcohol commission's website.

Several commission-supported facilities offer 24-hour help

TrueNorth Mobile Crisis Unit: 717-637-7633 or 717-334-0468

Wellspan York Hospital Crisis Unit: 717-851-5320 or 800-673-2496

Hospitals can also provide 24/7 emergency care but do not hold contract with the drug and alcohol commission

Hanover Hospital: 717-637-3711

Gettysburg Hospital: 717-334-2121)

Families find solidarity at Hanover heroin forum

May 11, 2016

Lillian Reed

The Evening Sun

Families share stories of what it's like to love an addict

Sandy Swenson's son, Joey, wanted to be a firefighter when he grew up. Becoming an addict was not on his list, she said Tuesday at a public forum on heroin in Hanover.

Swenson's experience trying to help her son was just one of many stories shared at The Evening Sun's heroin forum Tuesday at the Hanover Hospital's York Street Medical Center. More than 80 people, including families of addicts, medical professionals, members of law enforcement and even a few people in recovery themselves, attended the forum.

Swenson, author of "The Joey Song," shared her story with the crowd about battling her son's addiction and learning to let go. Members of the York County Heroin Task Force, including Coroner Pam Gay and Chief Deputy Prosecutor David Sunday, participated in a brief question and answer session with audience members.

Some in the audience asked questions. At

least one leaned over and whispered to a neighbor, "That's so true," when a speaker's thought resonated with her. Others sat motionless, only moving to wipe away tears.

"I've heard it said that if you shake any family tree, an addict will fall out," Swenson said.

By shining the light on addiction, Swenson hoped aloud that she might just get Joey back and help others in the community learn that they are not alone.

As prosecutor, Sunday shared his experiences with the room about what it is like to be on the other side of the heroin problem: the judicial side.

"As prosecutors, we're expected by a lot of people to bring the hammer down," he said of bringing drug users and dealers to trial.

"One of the things we learn is there certainly are no instructions," Sunday said. "There is no model for this. It literally doesn't exist."

The problem with being a prosecutor is that Sunday often finds himself at the very end of the process when dealing with heroin addiction. The people he prosecutes are already in over their heads.

That's why the York County Heroin Task Force was created, he said. The force works

to advocate for legislative changes such as the Good Samaritan Law, which protects people who report an overdose from prosecution themselves. Another of the force's efforts was to ensure naloxone is carried by law enforcement within the county.

Since the law permitting naloxone to be carried was enacted, York County has had 170 successful overdose reversals, Sunday said.

The next step for the force is educating people about drug addiction and the dangers of heroin as a preventative tool, he said.

Instead of fighting fires, Swenson's son is still fighting his demons, she said at the end of her presentation. She may be mourning the loss of a son who is still alive, but she'll never lose faith that one day he might find recovery, she said.

And for many families of heroin addicts Tuesday night, there was solidarity in that hope.

Keep the conversation going

To connect with members of the community seeking support for addiction, search for the "Saving York-Adams from Heroin" group on Facebook.

York, Adams to start program for overdose survivors

June 9, 2016

Dustin B Levy

dlevy@eveningsun.com

York and Adams counties are developing plans to combat the heroin and opioid epidemic with an initiative designed to provide more support for overdose survivors.

Called the Warm Hand-off, the program will provide services to overdose survivors revived by Narcan, a drug carried by first responders that can reverse the effects of some opiate overdoses. Officials hope to start offering these services by the end of the summer, according to Steve Warren, the county administrator for the York/Adams Mental Health program.

Warren made note of the initiative at Wednesday's Adams County Board of Commissioners meeting as part of a larger discussion about upcoming plans for the counties' human services programs.

The purpose of the new program is to

discourage people who are revived by Narcan after an overdose from going back to abusing heroin or painkillers after treatment.

"The idea of the Warm Hand-off is that 24 hours, seven days a week, there would be individuals available that would be able to go on-site to all emergency rooms in the two-county area," Warren said.

The Warm Hand-off personnel would be available to determine levels of substance abuse in individuals and offer treatment plans and access to rehabilitation and counseling. The program would also offer follow-up contact for the overdose survivor "so they don't get lost in the shuffle," Warren said.

Additionally, the initiative will offer engagement, motivation, outreach and education to overdose survivors and their families while they await help.

"If you don't have someone there to direct them to services, they will go right back," Commissioner Marty Qually said.

The project will initially target emergency rooms in Gettysburg and Hanover, Warren said.

Qually said he has heard of instances from police in other counties about times when they administered Narcan to a person, only to find the person overdose again later the same day.

"We want to make sure to learn from their efforts," Qually said.

State funding made \$5 million available for the Warm Hand-off initiative. However, this amount was slashed to \$1.5 million by the time the budget passed in March, Warren said. These funds then had to be split across all counties by population size, leaving York and Adams counties with a total of \$116,000.

Warren said the initiative will be supplemented by funds for the Drug and Alcohol Commission.

Adams County heroin task force draws 70

June 13, 2016

Lillian Reed

lreed@eveningsun.com

Tracie Smith, the mother of a heroin addict, met Lynne Bishop at her daughter Brooke Fiorentino's funeral following an accidental overdose.

The two women instantly clicked and quickly realized they had to do something about the heroin problem in the community – Smith for her daughter and Bishop for the daughter she lost and the one she still had.

They approached the Adams County District Attorney's office last summer about forming a group that could educate the community. Thus, the Adams County Heroin Awareness Task Force was born.

Heroin is a problem with many facets, task force members quickly realized.

And so, more than 10 experts, spanning a variety of expertise, were invited to speak at the force's very first panel discussion Thursday at the Harrisburg Area Community College campus in Cumberland Township.

There was a doctor, a state trooper, a high school principal, a mother of an addict, a member of the York-Adams drug and alcohol commission, a reporter, a counselor and a woman in recovery among many others present to speak about heroin in the Adams County community.

The panel discussion drew about 70 people including elected officials, addicts in

recovery and families just looking for a way to help a loved one or prevent a child from getting involved in heroin.

When the questions and answer portion of the discussion began, the first audience member to approach the microphone tearfully told of a cousin she lost to heroin addiction over the weekend. Why did Adams County not have a drug court, she asked.

Adams County Judge Thomas Campbell, a member of the panel, quickly highlighted the limitations of drug courts in smaller counties.

"Drug court itself isn't necessarily the answer," he said, adding that the court is often costly for smaller counties and often cuts into the funding that goes into treatment for addicts.

"Even if we had drug court, we don't have enough of the treatment centers here to make it functional," Campbell said.

Many of the panelists lamented over the lack of drug addiction resources and recovery facilities for those battling heroin addictions.

Mandatory sentencing in Pennsylvania often requires addicts who have charges related to driving under the influence to lose their license. Those people are then also required to maintain full time jobs as part of their probation. How, Campbell asked, is a person to go to a treatment center under those requirements?

"Until we have the resources, it becomes

very difficult to ensure that people will be successful until we have the transportation," he said, adding that for now he's been working with the Adams County prison warden to introduce more treatment options during incarceration.

Another panelist, longtime Pennsylvania State Cpl. Kenny Hassinger, talked of the need to get at the root of where addiction comes from. Though he was greatly in support of administering the overdose antidote Narcan to prevent deaths, more needs to be done to get to the root of the problem, he said.

"Some little girl or little boy is going to overdose in southcentral Pennsylvania today without Narcan available, and we need to know how it is they got there," Hassinger said. "You do the best as a community and law enforcement, but it starts at home. You're fighting an uphill battle here."

For more than two hours, panel members and those in the audience conversed about education, the need for access to Narcan, inpatient facilities versus outpatient ones, the safe prescribing of opioid painkillers, the mental health components of addiction and several other facets of heroin.

The panel, officials hope, is just the start in Adams County of an aggressive awareness and education strategy for residents.

"There is absolutely no boundaries to heroin," Hassinger said. "It's non-discriminatory."

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• See C4 & C5

Bellefonte Community Band to rock Triangle Park

See - D3

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The Express

50¢ single copy price Vol. 135 No. 128 **July 28, 2016**

THURSDAY

Town hall meeting brings awareness to drug crisis

By EMMA GOSALVEZ
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BELLEFONTE — There have been 43 drug overdose deaths reported in Centre County over the last two and a half years.

"We really need to get the word out to the parents and friends and neighbors who maybe don't understand or even begin to accept the fact that right here in Centre County we have a scourge that needs to be addressed," said Centre County Commissioner Steve Dershem at the first of a series of three town hall meetings to address the issue.

The meeting, held Tuesday, July 26, from 7 to 9 p.m. in Mount Nittany Medical Center's Galen and Nancy Dreifelbis Auditorium, was sponsored by the Centre County HOPE (Heroin and Opioid Education and Prevention) Initiative to address the heroin and opioid crisis in Centre County. Dershem said that since the initiative began, it has grown quickly and is now made up of not only members of county government but also concerned citizens and not-for-profit organizations.

State Senate Majority Leader Jake Corman, R-Centre County, who could not be present at the meeting, sent a video where he talked about the spread of the issue throughout the county and the state and what is being done to fight it.

"In 2015, there were over 3,000 drug overdose deaths in Pennsylvania, a 24 percent increase from the year prior," Corman said.

With the help of the state government, Corman is looking forward to hopefully developing policies that will help fight against drug addictions in the state. According to Corman, the current year's budget has appropriations of \$15 million for the Department of Human Services, which will allow it to create initiatives to help communities fight drug addictions.

Next to speak was Centre County Judge Pamela Ruest, who introduced an initiative for the creation of a county drug court.

According to Ruest, the county is currently in the process of organizing and creating the drug court, which will be somewhat



Centre County Judge Pamela Ruest

See MEETING, A4



50 years of business

Loyal customers, family key to Walker's success

By JAIMEE KESTER
 jkester@lockhaven.com

LOCK HAVEN — If you were downtown on a Friday night 50 years ago, dozens of stores would be open and patrons would be milling the streets.

Walker's Hardware and Supply was one of those stores, and owners, current and past, say business was always booming.

"My grandfather and father would be running the store while my sister, mom, grandmother and I would shop downtown," said Judy Rishel, granddaughter of original store owners Sam and Lilah Walker.

The store has a long history dating all the way back to Aug. 1, 1966, when the Walker's bought the building that formerly housed Wentz Feed and Coal.

It's been family owned ever since.

And though it's always been a hardware store, the business has seen a lot more than hardware goods.

Sam was an alderman and performed many weddings right there in the store.

He was also a city councilman and often conducted business in the store office.

"There are a lot of memories in this place," Judy said.

William "Bill" Smith and his wife Jacque took over ownership of the business in 1978. Sam and Lilah continued to help out for over a decade until Sam's passing in 1983.

The Smith's made sure their daughters, Judy and Patti Stevenson, were also involved in the business. The whole family worked in the store in some way. Judy helped her grandmother with the bookkeeping.

"Back then everything was done by hand," said Judy. "Inventory would take days."

Though Smith's daughters helped out at the

The above photo shows how the store looked 50 years ago.



At top from left: Tom Shortledge, William and Jacque Smith. Cathy Shortledge. Above: Sam and Lilah Walker.

See CUSTOMERS, A4

Mill Hall man jailed for alleged text threats

Bail set at \$150,000

Special to The Express

JERSEY SHORE — A Clinton County man already charged with sending a threatening text to another man and woman now has been incarcerated for allegedly texting additional threatening messages to the couple, Tiadaghton Valley Regional police said in court papers.

Claiming he was going "to go out in a blaze of glory and that the world would forever know his name," 22-year-old James Michael Swartz allegedly had threatened to kill Brian McFadden and Renee Trent said at his preliminary hearing before District Judge Jerry C. Lepley, police said.

Swartz is accused of sending the new threatening text messages to McFadden and Trent on Monday, police said.

"You better be prepared to meet God, son, because I have a bullet for each of you in my derringer," Swartz allegedly texted McFadden earlier the same day.

In a message to Trent filled with obscenities, Swartz wrote, "You are going to regret the day

See MAN, A4

Groves murder trial may wait until next year

By WENDY STIVER
 wstiver@lockhaven.com

LOCK HAVEN — The murder trial of Loyd W. Groves will have to wait a while longer.

Groves was arrested in January 2015 and charged with killing Katherine Dolan Heckel 25 years ago. He has been in the Clinton County jail since then.

A tentative trial date had been picked for September, about a year after the original date for jury selection. That jury selection had not yet taken place. Pre-trial motions had postponed the trial, and now it may be delayed until 2017.

Heckel, age 40, the married mother of two, disappeared on July 15, 1991 and has never been found.

She and Groves both worked at the former International Paper Hamermill plant here and reportedly had a summer affair. They fought loudly at work when she apparently wanted to end their relationship.

Groves was interviewed two days after her disappearance, and searches took place. Blood was found in his van, and DNA testing reportedly indicates it is Heckel's blood. A handgun and

See GROVES, A4

Centre officials support town hall meetings on opioid crisis

July 6, 2016

By **JAIMEE KESTER**

jkester@lockhaven.com

BELLEFONTE—The Centre County Commissioners announced their support for a series of town hall meetings focused on the growing heroin and opioid crisis in the area.

The first meeting is slated for July 26, 2016, from 7 to 9 p.m. at Mount Nittany Medical Center, State College. The theme of the night is "Identifying the Problem." Subsequent town hall meetings will cover additional topics related to the heroin problem.

All are welcome to attend and hear from a panel of experts. Much of the information presented will be useful to those with family members struggling with an opioid addiction.

"There is a lot of misinformation out there," said Jeannine Lozier, community outreach coordinator at Mount- Nittany Medical center. "That's what these meetings are about...getting the right information to the public."

Panelists at the meeting will include Kerry

Benninghoff, Pa. State Representative, Gary Tennis, Esq., Pa. Secretary of Drug and Alcohol Programs, Kasandra Botti, DO, Medical Director, Emergency Medical Services, Mount Nittany Medical Center, Sergeant Kelly Aston, State College Police Department, Katie Hugo, certified recovery specialist at Crossroads Counseling, Cathy Arbogast, Assistant Administrator for Drug and Alcohol Centre County, and Stephanie Bradley, PhD, Managing Director, Penn State EPIS Center.

According to the Centre County Coroner's Office, there have been over 31 overdose related deaths in the past two years. As of June there have already been 12 overdose related deaths in 2016. This spike in deaths has the community and officials concerned.

Commissioner Steve Dershem will provide opening remarks at the meeting and Commissioner Mark Higgins will also be in attendance.

The event is sponsored by the Centre County Hope Initiative which works to raise awareness about the national heroin and opioid epidemic, and the impact the crisis is having on our state and local community.

For more information on the series of

events contact Mount Nittany Medical Center at 814-234-6727.

In other business the commissioners:

–Approved a contract addendum between the county and Atlantic Tomorrow's Office (formerly Full Circle) for statewide imaging contract previously approved on 12/2/2015 under the former vendor name. The contract total is \$5,138.83 for the period June 20, 2016 to June 20, 2017.

–Approved a letter of Agreement between the county and Danville State Hospital. This agreement is in keeping with the MH/MR Act of 1966 and the Pa. Mental Health Procedures Act 143 of 1976, as amended by Act 324 of 1978, the 7100 Regulations Series and Mental Health Bulletins No. 99-83-24, 99-80-15, 99-81-47, 99-83-02, 00-82-123, 99-84-39 and 99-85-21 and Act 21. No funds are attached to this agreement for the period July 1, 2016 to June 30, 2019.

–Approved a C-Net Request for the Blueprint for Success Ceremony, Friday, July 29, 2016 at the Mount Nittany United Methodist Church Social Room, 1500 East Branch Rd., Lemont, from 11:30 a.m. to 2 p.m.

Town hall meeting brings awareness to drug crisis

July 28, 2016

By **EMMA GOSALVEZ**

egosalvez@lockhaven.com

BELLEFONTE—There have been 43 drug overdose deaths reported in Centre County over the last two and a half years.

"We really need to get the word out to the parents and friends and neighbors who maybe don't understand or even begin to accept the fact that right here in Centre County we have a scourge that needs to be addressed," said Centre County Commissioner Steve Dershem at the first of a series of three town hall meetings to address the issue.

The meeting, held Tuesday, July 26, from 7 to 9 p.m. in Mount Nittany Medical Center's Galen and Nancy Dreibelbis Auditorium, was sponsored by the Centre County HOPE (Heroin and Opioid Education and Prevention)

Initiative to address the heroin and opioid crisis in Centre County. Dershem said that since the initiative began, it has grown quickly and is now made up of not only members of county government but also concerned citizens and not-for-profit organizations.

State Senate Majority Leader Jake Corman, R-Centre County, who could not be present at the meeting, sent a video where he talked about the spread of the issue throughout the county and the state and what is being done to fight it.

"In 2015, there were over 3,000 drug overdose deaths in Pennsylvania, a 24 percent increase from the year prior," Corman said.

With the help of the state government, Corman is looking forward to hopefully developing policies that will help fight against drug addictions in the state. According to Corman, the current year's budget has

appropriations of \$15 million for the Department of Human Services, which will allow it to create initiatives to help communities fight drug addictions.

Next to speak was Centre County Judge Pamela Ruest, who introduced an initiative for the creation of a county drug court.

According to Ruest, the county is currently in the process of organizing and creating the drug court, which will be somewhat similar to the county's DUI court, which has been very successful.

"We're very hopeful that this court will help us deal with this problem," Ruest said. "We have put together a great team, and we have our first training in October, so hopefully we'll be getting that going somewhat soon."

After introducing the issue, members of

Town Hall continued on next page

Town Hall continued

state government, local law enforcement, and the medical and drug addiction recovery community sat on a panel to answer a variety of questions, both from the moderator and the audience, addressing the heroin and opioid problem.

One thing that has led to use of heroin is the chronic use of painkillers, said Kassandra Botti, director of Emergency Medical Services at Mount Nittany Medical Center.

According to Centers for Disease Control and Prevention, about 3 out of 4 new heroin users had used painkillers prior to using heroin.

Individuals switch over to heroin because of costs, and they are more reluctant to seek treatment, Botti said.

"I believe that people who have gone from having chronic pain problems to now being a heroin addict, there's a whole different stigma associated with that, and I think that they find it much more difficult to ask for help as an heroin addict, as opposed to going to their primary care physician and saying, 'Well I think I have a little bit of an addiction problem with those Percs I have been taking for the past eight months.'"

There are also several myths and stereotypes attached to heroin addiction, which panel members were asked to discuss by moderator Stephanie Bradley, managing director of Penn State's Evidence Based Prevention and Intervention Support Center.

People need to stop thinking that drug addiction looks a certain way, said Katie Hugo, certified recovery specialist for Crossroads

Counseling. Hugo herself is a recovered addict.

"Sometimes when I do provide my personal experience, they can't believe that I did heroin; I don't look like a heroin addict," Hugo said.

Heroin and opioid addicts are not just in one age group either. She said she has had addicts come in around the age of 19, as well as older adults in their 30s and 40s.

Drug addiction occurs in both the wealthy and poor and knows no discrimination, added Cathy Arbogast, assistant administrator for Centre County Drug and Alcohol Services.

Another recovered addict on the panel was Jason Snyder, communications director for the Pennsylvania Department of Drug and Alcohol Programs, who spoke about defeating the stigma placed on drug addicts.

"The stigma that society places on a person with addiction keeps many, many people sick," Snyder said. "It keeps the person with addiction sick, it keeps the families and loved ones of the person with addiction locked up in their own prisons of shame and guilt. And really until we begin to treat this disease like we would others, we're going to have that stigma."

Bradley later asked if the problem should be treated more as a criminal one through arrests and prosecution or more as a public health problem with an emphasis on harm reduction and rehabilitation.

State College Police Officer Adam Salyards, a community relations/ crime prevention specialist, said it should be treated more as a health problem that will

require both law enforcement and medical agencies across the county and state to work together.

"We're never going to solve the problem unless we attack this as a team," Salyards said. "It's a health risk, it's not a law enforcement risk."

Centre County Rep. Kerry Benninghoff, RBellefonte, said that the vicious cycle of the problem will never be stopped just by incarceration.

"We have got to look at the underlying problems — why are people getting into these addictive behaviors?"

There are a variety of psychological reasons why people start using heroin and opioids, Benninghoff said, and it needs to be examined how they got there in the first place.

One question from the audience was regarding what community members can do to the address the issue.

Benninghoff said that if someone personally knows an individual with substance abuse problems, they should let them know about counseling and care services that are available to them. Snyder further encouraged community members to educate themselves about the issue and make an effort to understand the disease, because as myths continue, so does the stigma that will discourage these individuals from seeking help.

The next two town hall meetings to be held will focus on treatment, recovery, education, and prevention. The next meeting is tentatively scheduled for Sept. 13.

The Herald

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LIFE

SUNDAY
April 3, 2016

The Herald
Sharon, Pennsylvania

Hoping it will catch on

Man's crusade is to fight illegal drugs locally

By SANDY SCARMACK
Herald Staff Writer

GREENVILLE — Ken Manko Jr. will tell you flat-out and right up front that he's an expert on illegal drugs. He knows, he said, because he's done all of them for a good number of years.

"Pot, pain pills, alcohol, crack, LSD, mushrooms, you name it, I did it. I won't lie to you. That's why I know what a terrible thing it is and how prevalent it is in our community, and something has to be done," Manko said.

He also has no trouble admitting to several arrests, from drunken driving to stealing firearms. Most of the charges have been withdrawn and he's paying fines and court costs and checking in monthly with probation officers. "I know a lot of people will look that up online and make judgments about me. Go ahead. People that know me know I'm a good guy. I never hurt anyone, other than myself."

His primary motivation for wanting to tackle the drug problem is because it hit home for him. Drug addiction ruined a marriage for him and cost him his children, he said. Also, he said he was scared straight by a court appearance. "The man straightened me out," he said.

At one point, when he said he was feeling his lowest, he got down on his knees in his home, a recreational vehicle he bought after selling his house, and "sincerely prayed to God."

And that's when he said he had a dream that led him to his recent goals, and a belief that God is directing his steps. Sitting in a restaurant in Greenville, his eyes filled with tears when he said "and if God told you to do something, wouldn't you do it?"

"And I'm not asking people to believe in me. Just automatically, I want to get it started and move on. It's the idea I want people to believe in, not Kenny Manko," he said.

He's been clean, he said, for nearly a month. He still suffers lingering side effects from his battle with colon cancer, but he said medication isn't the answer for him.

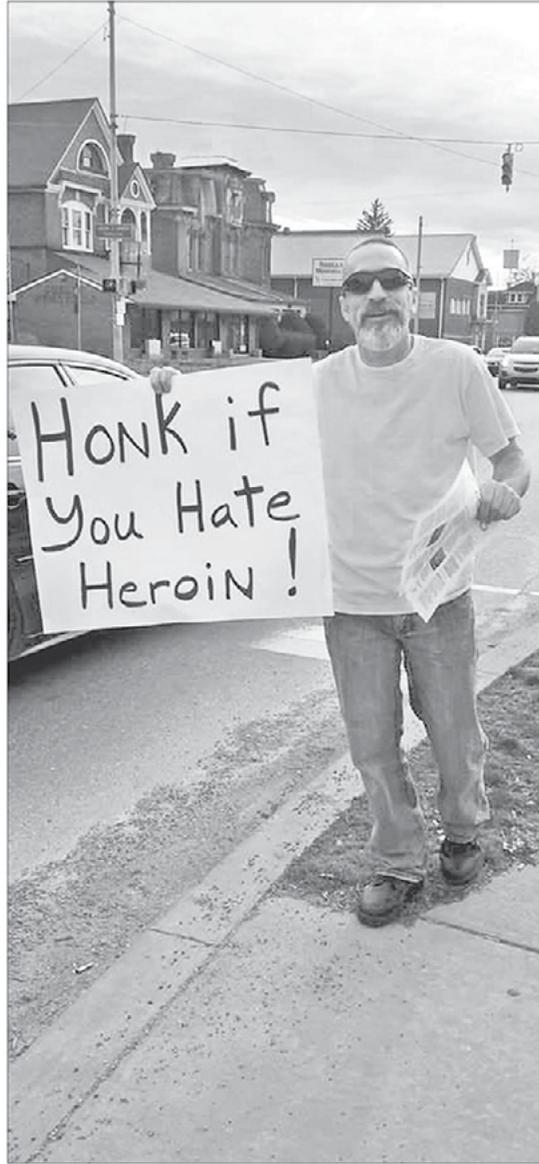
For the last several months, Manko has been actively trying to form C.A.T.C.H. Citizens Against Trafficking Cocaine and Heroin — a social media movement that has attracted nearly 500 people.

Manko, 32, said he wants to form a core group of people to follow through on what he envisions as a three-pronged approach to fighting the drug epidemic — eradication, rehabilitation and education. "I'd like to see about 70 people take it on, people who are dedicated to the idea," he said.

He has long-term plans to try and bring drug rehabilitation centers to Greenville and said he'd use his own personal vehicle for transportation for those who have none. "If I can save even one life, then it's all worth it," he said.

His other key piece, he said, is education. He quotes statistics he's researched online, citing a 400 percent increase nationwide in heroin overdoses. He plans to print materials and distribute them wherever he can. He hopes to be allowed to reach into schools, to talk to students in grades seven through 12.

Most importantly, he said, he plans to conduct peaceful



Ken Manko Jr., promotes his cause along the streets of Greenville, where he hopes to catch public attention and garner support for his newly created C.A.T.C.H. organization, which stands for Citizens Against Trafficking Cocaine and Heroin.

rallies around Greenville and hopes to get law enforcement behind his effort. His outline calls for marchers to sit outside homes where they suspect there is illegal drug activity, write down what they see and turn it over to law enforcement.

Law enforcement, however, isn't solidly behind Manko. He's reached out to Brian Mazzanti, Greenville's Director of Public Safety. "Basically, he won't speak to me. He rebuffed me. But if he thinks that will stop me, it won't," he said. Mazzanti did not return calls

to The Herald for comment. Mercer County Sheriff Gary Hartman said he listened to Manko's proposals, but thinks his efforts would be better focused on programs that already exist to report illegal drug activity and help those dealing with addiction.

While there is nothing illegal about Manko's plans, Hartman said to provide anonymous tips about suspected drug activity doesn't help police. "To give us a bunch of addresses and license plates is no help in any way," he said. He also said existing pro-

grams are already suffering from a lack of volunteer support. "Perhaps he could get involved in one of those and make a difference that way," Hartman said.

Manko said he won't be discouraged by a lack of support. "We have too many people just minding their own business. It takes a village to get a handle on this, it really does. Who can't relate to losing someone they love? I've had a lot of people come up to me and tell me their story. I'm going to do something to help," he said.

Fiction should defy categories, stereotypes

Are you fond of fiction — novels and short stories? If so, what kind of fiction? Maybe you like a fast-paced plot, straight-up characterization, a theme that is clear and unambiguous, language that is not complex, and if not a happy ending at least one that satisfies you.

This kind of fiction is written to entertain you and to produce a good profit for the writer and publisher. It attracts a wide range of readers. It offers escape from everyday life and life's problems. It is sold in supermarkets next to the



JACK SMITH
A Word with You

groceries. Crime, fantasy, horror, mystery, romance, science fiction, western, and inspirational are typical. Maybe you have read "Gone Girl," "The Da Vinci Code," "Memoirs of a Geisha," "The Girl on the Train," "The Bridges of Madison County," "The Time Traveler's Wife." Author Joe Duce, says, "Commercial fiction writing — where my bread is buttered — is fairly straightforward. The writing is simply efficiency and story. The more you have of one the less you need of the other."

Many readers prefer depth in fiction, plots that develop slowly, that say something meaningful about human lives and the human condition. Literary fiction has style and originality. It gives insights into everyday life and life's problems. The author has serious literary intentions and is less concerned about profit. Literary fiction is found in small press journals, book stores, libraries and college English classes. "The Great Gatsby," "To Kill a Mockingbird," "The Catcher in the Rye," "The Lord of the Flies," "1984," "Pride and Prejudice," "Slaughterhouse five," and "Of Mice and Men" are well known.

Does all fiction have to fit a category? Literary novels have been written in every fiction category and many commercial novels sometimes embrace philosophical, psychological or sociological themes. Stephen King publishes horror stories — and serious fiction.

Much commercial fiction is well-written and gives a reader a rewarding experience. And some literary fiction bores readers and puts them to sleep. Many say it's all a matter of taste and sometimes one's education. Among hundreds of new titles that appear daily, some readers look for reviews of new books before choosing their next read.

In case you're interesting, you can take a course in "bad fiction" in the English Department at Juniata College. Readings include "Twilight" by Stephanie Meyer, "The Dangerous Land" by Marcus Galloway, and "Matters of the Heart" by Danielle Steel.

"There is an odd cognitive dissonance that happens in these conversations, where we are simultaneously

See FICTION, page C-2

Hoping it will catch on

Man's crusade is to fight illegal drugs locally

April 3, 2016

By **SANDY SCARMACK**

Herald Staff Writer

GREENVILLE – Ken Manko Jr. will tell you flat-out and right up front that he's an expert on illegal drugs. He knows, he said, because he's done all of them for a good number of years.

"Pot, pain pills, alcohol, crack, LSD, mushrooms, you name it, I did it. I won't lie to you. That's why I know what a terrible thing it is and how prevalent it is in our community, and something has to be done," Manko said.

He also has no trouble admitting to several arrests, from drunken driving to stealing firearms. Most of the charges have been withdrawn and he's paying fines and court costs and checking in monthly with probation officers. "I know a lot of people will look that up online and make judgments about me. Go ahead. People that know me know I'm a good guy. I never hurt anyone, other than myself."

His primary motivation for wanting to tackle the drug problem is because it hit home for him. Drug addiction ruined a marriage for him and cost him his children, he said. Also, he said he was scared straight by a court appearance. "The man straightened me out," he said.

At one point, when he said he was feeling his lowest, he got down on his knees in his home, a recreational vehicle he bought after selling his house, and "sincerely prayed to God."

And that's when he said he had a dream that led him to his recent goals, and a belief

that God is directing his steps. Sitting in a restaurant in Greenville, his eyes filled with tears when he said "and if God told you to do something, wouldn't you do it?"

"And I'm not asking people to believe in me, just automatically. I want to get it started and move on. It's the idea I want people to believe in, not Kenny Manko," he said.

He's been clean, he said, for nearly a month. He still suffers lingering side effects from his battle with colon cancer, but he said medication isn't the answer for him.

For the last several months, Manko has been actively trying to form C.A.T.C.H – Citizens Against Trafficking Cocaine and Heroin – a social media movement that has attracted nearly 500 people.

Manko, 52, said he wants to form a core group of people to follow through on what he envisions as a three-pronged approach to fighting the drug epidemic – eradication, rehabilitation and education. "I'd like to see about 70 people take it on, people who are dedicated to the idea," he said.

He has long-term plans to try and bring drug rehabilitation centers to Greenville and said he'd use his own personal vehicle for transportation for those who have none. "If I can save even one life, then it's all worth it," he said.

His other key piece, he said, is education. He quotes statistics he's researched online, citing a 400 percent increase nationwide in heroin overdoses. He plans to print materials and distribute them wherever he can. He hopes to be allowed to reach into schools, to talk to students in grades seven through 12.

Most importantly, he said, he plans to

conduct peaceful rallies around Greenville and hopes to get law enforcement behind his effort. His outline calls for marchers to sit outside homes where they suspect there is illegal drug activity, write down what they see and turn it over to law enforcement.

Law enforcement, however, isn't solidly behind Manko. He's reached out to Brian Mazzanti, Greenville's Director of Public Safety. "Basically, he won't speak to me. He rebuffed me. But if he thinks that will stop me, it won't," he said. Mazzanti did not return calls to The Herald for comment.

Mercer County Sheriff Gary Hartman said he listened to Manko's proposals, but thinks his efforts would be better focused on programs that already exist to report illegal drug activity and help those dealing with addiction.

While there is nothing illegal about Manko's plans, Hartman said to provide anonymous tips about suspected drug activity doesn't help police. "To give us a bunch of addresses and license plates is no help in any way," he said.

He also said existing programs are already suffering from a lack of volunteer support. "Perhaps he could get involved in one of those and make a difference that way," Hartman said.

Manko said he won't be discouraged by a lack of support. "We have too many people just minding their own business. It takes a village to get a handle on this, it really does. Who can't relate to losing someone they love? I've had a lot of people come up to me and tell me their story. I'm going to do something to help," he said.

The drug deal

Forum explores how addiction is taking its toll locally

May 27, 2016

By SANDY SCARMACK

Herald Staff Writer

GREENVILLE – There's no doubt that heroin is tearing through Mercer County, devastating families who have lost loved ones to overdoses, while burdening law enforcement and the court system with addiction-related crimes, according to a 12-member panel of local experts.

Speaking at a town hall meeting Wednesday night in Greenville, these experts told the crowd of about 150 that times have changed and that youth today are doing a lot more than sneaking a cigarette or chugging some alcohol, the "problems" that might have been common among young people years ago.

Greenville-West Salem Township Police Sgt. Paul Molton, who has been on the job for 18 years, said the drug problem has come "full circle" since the 1990s. "It used to be heroin in the late 1990s. Then it went to pills, Oxycontin, Percocet and Vicodin. Now it's back to heroin, and just very recently, we're seeing a lot more methamphetamine labs popping up," he said.

The meth labs, he added, have been common in Venango and Crawford counties, he said, but it's spread south to Mercer County.

Hempfield Township officer Dan McCloskey said he often works with the state Office of Attorney General to get the most up-to-date information on illicit drugs. The drug trade is ever-changing, he said, noting that heroin itself is deadly, but when mixed with Fentanyl, a synthetic drug that is 100 times more potent than morphine, even a single dose can be fatal.

The meth labs are deadly not only because of the drug produced but also because of the associated risks of fire, explosion

and death from the deadly gases that are released while it's being made.

Mercer County Sheriff Gary Hartman said drug abuse has a high cost within the jail system as well. A large percentage of the 250 or so inmates housed in the Mercer County Jail have some kind of "addiction" and are struggling through withdrawal while they are incarcerated.

"We're also seeing a huge resurgence of narcotic pills. I think somehow people are getting the idea that that is a 'clean' drug, because it's prescription and is regulated by the government. Well, it's anything but clean when abused," he said. He also said drug addiction is not segregated into any one area or socioeconomic bracket.

"It affects the affluent segment of the population the same as it does the poor," he added.

"And when the pills get too expensive, heroin fills the void," Hartman said.

District Attorney Miles Karson Jr. said since taking office in January he's been privy "to have a view of Mercer County from 30,000 feet. I see the drug problem as something that has multiple issues, multiple layers." He said in recent months there have been several arrests of people traveling Interstates 79 and 80 who were transporting large amounts of cocaine and heroin from the Midwest, likely to Philadelphia, New York or Boston.

"And those cases I will be turning over to federal authorities, because they can impose much stiffer penalties than the 7 to 15 years I can go for. The feds can do 20 to 30 years, and they can do much, much more with the information gathered than I can," Karson said.

He noted, also, that for first-time drug offenders, particularly those willing to seek treatment, he'd be more likely to consider a reduced sentence.

As for treatment available, the opinions of some in the audience differed from what the panel said. One woman said she was trying to find an in-patient bed for her granddaughter and it took a week of calling every day at 7 a.m. to see if there was an open bed. Others said that even if they did manage to find an opening in a treatment center somewhere in the state, many insurances only allowed a three-day stay.

There are no in-patient treatment programs in Mercer County. The closest are in Franklin and Erie.

Jeff Hanley, a prevention specialist with Mercer County Behavioral Health Commission, said his agency works to help addicts find treatment, both in-patient and out-patient, and there are state and federal funds available to help those who do not have insurance. Many programs also accept the state's Medicaid card, he said, and his office can provide transportation for those who don't have a car.

What is available in Mercer County are out-patient programs, many that are faith-based, such as Alcoholics Anonymous or Narcotics Anonymous, Hanley said.

Tracy Bornick, a central intake coordinator for the Behavioral Health Commission, said her office sees about 75 people a month who are looking for help to get off drugs. She admits there are many "complicating" factors when it comes to insurance coverage and the specifics of what is covered. Much depends, she said, on the type of drug the person is using, as well as the length of time. Priority is given to adolescents and women who are pregnant.

But help is available, usually within 24 hours, by calling 724-662-2230, she said.

The forum was organized by The Record-Argus newspaper and was moderated by Managing Editor Caleb Stright.

It begs the question

Panel confronts concerns over growing heroin abuse

July 27, 2016

By **SANDY SCARMACK**

Herald Staff Writer

SHARPSVILLE – An hour passed. Then two. Questions kept coming from the audience, two and three at a time.

“How can I tell if someone has overdosed? What do I do if I think my son is using drugs? Why can’t the hospital or the police lock someone up for at least 72 hours after an overdose? Where can I get help?”

About 60 people, probably none of them younger than 30, spent a hot summer night in the social hall at St. Bartholomew’s Church in Sharpsville, listening as a panel of “experts” shared their perceptions about Mercer County’s burgeoning heroin problem.

The drug problem as county officials see it.

District Attorney Miles Karson said his black-and-white view of the world has changed in his first six months in office. Apart from the major drug busts, he’s not sure who to prosecute and who to help. “I’m finding that you can’t jail your way out of this problem, and the gray areas are getting larger and larger.”

Jeff Hanley, a prevention specialist at the Behavioral Health Commission, mentioned several outpatient treatment options for addicts who want to get clean, but admits there are no in-patient options in Mercer County. The closest is Turning Points in Franklin.

Hanley likened drug addiction to heart disease or diabetes and said it’s often managed by medications like Methadone, Suboxone and Vivitrol, along with counseling several times a week. Critics say using those medications doesn’t solve the existing problem and replaces one drug for another.

Hanley’s opinion that prescription pain medications are often the tipping point of a spiral that ends with overdose and death was shared by Mercer County Coroner John Libonati, who said there were 19 deaths from drugs in 2015.

That’s not counting, he said, the hundreds of calls for emergency medical services for drug users who didn’t die. The year before, he added, Mercer County was the worst in the state for the number of drug deaths based on its population.

Why not hold the doctors who prescribe narcotics accountable?

Legislators are weeks away from launching a statewide drug database that will allow doctors to see what medications their patients are getting and who they are getting it from. Called “doctor-shopping,” patients go to more than one doctor, asking for pain medication and using different pharmacies to fill the prescription. The database exists now, but it can only be accessed by police.

Libonati is quick to blame hospital administrators and insurance companies for the thousands of prescriptions written for pain medications. It started, he said, when insurance companies began tying financial reimbursement to patient satisfaction scores. Patients who asked for pain medication and were denied were less likely to give a positive review of their treatment, he said. Negative reviews meant less financial reimbursement.

If physicians become less willing to write prescriptions for narcotic pain medications, longtime users will eventually turn to other sources to treat their pain or soothe an addiction. At \$10 a bag, heroin is far cheaper than paying upwards of \$30 for a single pain pill on the street.

Karson, who said he recently spent some time at a statewide district attorney gath-

ering, said authorities have to be one step ahead of the drug dealers, who have figured out how to process “God knows what” into pills labeled as Oxycodone.

As Gov. Tom Wolf tosses money at the opioid issue and travels the state pushing treatment, Karson said counties must take a holistic approach to the problem. “My piece, the prosecution of drug purveyors, is only one piece of it.”

Who can help?

Mark Benedetto, the county’s chief juvenile probation officer, said his work with the Strengthening Families Program is a good place to start developing trust and communication within families. He encourages people to get involved with Criminal Justice Advisory Board, a community group working to reduce repeat offenses for juvenile offenders. He’s also involved with a study done every two years that looks at the behavior of students, who report anonymously about illicit drug use, among other things.

He said his research shows the younger crowd is using alcohol and marijuana.

Gloria Mackley, one of the founders of the Mercer County Drug Coalition, she was frustrated at having to travel to New Castle for help when a family member was hooked on heroin.

“There was nothing here for us. And I wanted what they had down there. I didn’t want people to have to go far away for help.”

She, her husband, Ray and about six others started the coalition with the hopes of spreading information about drug addiction and treatment. A Facebook page is on the way, as are more meetings.

For those looking for help with addiction, the Mercer County Behavioral Health Commission is the place to start, she said. The number is 724-662-1550 or the 24-hour emergency line at 724-662-2227.



Job listings

There are 27 help wanted ads listed in the Classified section today. (Pages B-6 and B-7)

Who's in the news

There is good news today in The Indiana Gazette about these area people: Jeff Rising, Joe and Lois Smith, Grace Aber, Cathy Paterson, Braden Hetschenbach, Gina Weaver, Marc Nelson, Bob Leopold, Ken Branan.

Inside

RESOLVED: Federal land managers confirmed they released cattle rounded up on public land in Nevada from a rancher who has refused to recognize their authority. **Page B-1**

IN THE CROSSHAIRS: Reporters that lawmakers were captured on tape accepting cash from a confidential informant working for the state attorney general's office has brought the concept of reform back to center stage in Harrisburg. **Page B-3**

FUTURE IS NOW: The New York World's Fair of 1964 introduced millions of visitors to a range of technological innovations and predictions, some that turned out to be right on the money and others that were way off the mark. **Page B-4**

MIKED BAR: IUP football coach Curt Cignetti liked — and disliked — what he saw at the team's spring game Saturday. **Page C-1**



SUGAR RUSH: Looking to serve the late-night crowd, the Insomnia Cookies chain now makes deliveries from its newest location in Indiana. **Page D-1**

Weather

Today 77° Tonight 55°
Partly sunny today. Partly cloudy tonight.
See Page 2

Deaths

Obituaries on Page A-4
FRANK, James Alvin Sr., 74, of Avonmore
HOLDSWORTH, Deovaux "Joe," 75, of Homer City
Life Death
RHODES, David A., 70, of Blairsville

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Business.....D-1-D-5
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Op/Ed.....A-5
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Today in History.....B-5
Viewpoint.....A-4



'NOT A CHOICE'

Experts: Addicts must confront their demons

To understand what alcoholism and drug addiction are, it's necessary to first understand what they aren't — a character flaw, a moral weakness, or a personal decision on the part of an inherently bad person.

By **SAM KUSIC** and **JULIE MARTIN**
Staff writers

Addiction is, for all intents and purposes, a brain disease, one whose causes are multifaceted and whose effects are observable.

"There's a lot of people who don't understand it, and so what they say is, 'How can it be a disease because you just don't catch it, you do it to yourself.' So people tend to still see it as a moral weakness," said Vince Mercuri, executive director of The Open Door Alcohol & Other Drug Treatment Center in Indiana.

However, addiction is not a moral failing, and brain-imaging techniques have helped to show that, according to Ruben Baler, a health science administrator with the National Institute on Drug Abuse, part of the National Institutes of Health. "From the scientific point of view, there is no doubt that addiction is the reflection of measurable dysfunctions of the brain," he said.

Continued on **Page A-6**

A Sobering Story The Disease of Addiction

FIRST IN A SERIES

Gazette shines light on scourge of drugs



Michael Donnelly is president and publisher of Indiana Printing & Publishing, which owns The Indiana Gazette.

Drug addiction. It is one of the most misunderstood diseases, and that is why it is often referred to as "The Disease of Shame."

This series, which will appear in your newspapers over the next several Sundays, reflects The Indiana Gazette's efforts to shine a light on the disease so our readers can have a better understanding of what it truly is.

Continued on **Page A-6**

MORE INSIDE

- One addict's story
- Reporter shares own experience
- Where to find help **Page A-7**

NEXT SUNDAY

- Genetics contribute to addiction.
- One person touched by addiction shares her story of heartbreak.

EGG-CITING FIND



JAMES J. NESTOR/Gazette

MILA KEPPICH, 15 months, collected Easter eggs Saturday afternoon at Mack Park in White Township. The event was sponsored by the YMCA and Kets Cleaning. Her parents are Stephanie and Todd Keppich, of Indiana.

INDIANA BOROUGH

Panel to explore how to temper rowdy celebrations

By **RANDY WELLS**
rwells@indianagazette.net

Indiana Borough residents eventually will get a chance to give a new borough council committee their ideas for keeping a lid on celebrations of rowdy young people like last month's "IUPatty's Day."

But Indiana Borough Police Chief William Sutton said not all the strategies developed by the committee — like operational plans for police officers during the celebrations — will be divulged.

Sutton on Friday released more details on the new committee announced this week by council President Nancy Jones. The "college-age activities" committee will review the disruptive activities at IUPatty's Day and past Indiana University of Pennsylvania homecoming weekends, and consider a wide range of actions to prevent recurrences.

Members of the special committee will be Jones, Sutton, Mayor George Hood, the chairman of council's Public Safety and Community Development committees and Sgt. William Vojtek of the Indiana Borough

Continued on **Page A-3**

Finance officials: Global economy turning the corner

By **HARRY DUNPHY** and **MARTIN CRUTSINGER**
Associated Press

WASHINGTON — The world's top finance officials expressed confidence Saturday that the global economy finally has turned the corner to stronger growth. This time, they may be right.

Despite challenges that include market jitters about the Federal Reserve's bond-buying slowdown and global tensions over Ukraine, policymakers said they believe there is a foundation for sustained growth that can provide jobs for the millions of people still looking for work five years after the worst recession since the Great Depression of the 1930s.

"Creating a more dynamic, sustainable, balanced and job-rich global economy remains our paramount collective goal," the policy-setting panel of the 188-nation International Monetary Fund said in a concluding communiqué.

IMF Managing Director Christine Lagarde and the finance ministers who sit on the IMF's policy panel said they believed the world had entered a new phase with stronger growth that will begin to make

Inroads into unemployment that remains painfully high in many nations.

At a closing news conference, Lagarde referred to the years 2008 through 2010 as an economic "disaster" and she said now "we are moving into a strengthening phase."

The IMF in its latest economic forecast predicted global growth would strengthen to 3.6 percent this year and an even better 3.9 percent in 2015. That growth is being supported by a stronger recovery in the United States, which private economists believe could grow this year at the fastest pace in five years. This strength in the world's largest economy is helping to offset some slowing in major emerging markets such as China although emerging economies are still powering ahead at rates well ahead of developed nations.

The finance officials acknowledged a number of threats to their forecast, ranging from periodic stock market jitters as investors worry that the Fed may mishandle its effort to gradually end the bond buying it has used to lower long-term interest rates to concerns that the political

Continued on **Page A-8**



FREDDY VIGGO and **SARAH HECK** are two employees of the Hair Hub who donate their time as beauticians for VNA hospice.

Stylists serve to beautify VNA patients

By **EMILY WEBER**
news@indianagazette.net

Stylist Freddy Viggo compares his service with hospice patients to the feeling of taking a shower when you're sick.

"You look good, you feel better," Viggo said. "Even if it's only for an hour, that's pretty cool."

Viggo and Sarah Heck, stylists at the Hair Hub on the Indiana University of Pennsylvania campus, have been volunteering their time and stylist services to hospice patients for about two years through the Visiting Nurse Association of Indiana County.

"They travel to patients' homes all over Indiana County and even into Psumtsintway to cut and style their hair.

"It's amazing to me, the generosity," hospice volunteer coordinator Mary Cicola said. "When you consider what they would be able to charge, it's just amazing."

Viggo and Heck got started a few years ago when a VNA medical social worker

Continued on **Page A-8**

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A Sobering Story: The Disease of Addiction

Gazette shines light on scourge of drugs

April 13, 2014

Drug addiction. It is one of the most misunderstood diseases, and that is why it is often referred to as “The Disease of Shame.”

This series, which will appear in your newspapers over the next several Sundays, reflects The Indiana Gazette’s efforts to shine a light on the disease so our readers can have a better understanding of what it truly is.

Drug addicts are powerless to control themselves while they are in the throes of addiction. They may not have the ambition to get a job, but they are very capable of finding that next high. Whether his or her drug of choice is alcohol, cocaine or heroin, an addict can and will do anything it takes to acquire it.

We will talk in-depth about addiction, the addict, the loved ones involved, the need for both the addict and the loved ones to get into a recovery program. We will talk about the huge impact addicts have on our legal system, as well as the philosophical changes that are happening in law enforcement and the criminal justice system to address failures of the past and outline a vision for the future.

In fact, the catalyst of this series was a

meeting with U.S. Attorney David Hickton, of the Western District of Pennsylvania, which includes Indiana County. During the meeting, David said he believes we need to attack the demand side of drug usage. In the past, most law enforcement efforts were focused on fighting the supply. As the bad guys and the drugs were rounded up, there were more bad guys dealing more drugs. The efforts were not enough to win the war.

After speaking with him, I could see the need to inform our readers about this pervasive societal issue. I committed to him that the Gazette would be glad to be part of the solution. So this series was born.

In talking with community leaders, I found the subject of drug addiction to be of common concern. It’s in that spirit of unity that I extend my appreciation to our partners in this project: First Commonwealth Bank, Indiana Regional Medical Center, Indiana University of Pennsylvania, Marcus & Mack, Reliant Holdings, The Reschini Group and S&T Bank.

Most of us have been touched by addiction: family members, close friends, ourselves. It is a life-changing situation for all who are connected with it.

Lifestyles must change for the addict and

his sober support system. Behaviors have to change for all involved. Safe environments need to be created and monitored at all times. Old friendships — even childhood friendships — must be terminated, if need be, for the protection of the addict.

You will read about addicts who are successfully in recovery, “working the program,” and also about those who paid the ultimate price because of the disease. You will understand why loving parents have to ask their addicted children to leave the house to protect the family unit because the addict has not hit bottom yet.

You will see how the simplest thing can trigger a relapse, crushing an already delicately woven system of love and support. Heartbreak is common. But this is the type of effort required by all involved, providing the best chance to survive for all involved.

Our hope is that this series will help our community to understand that drug addiction really isn’t the Disease of Shame, but a chronic illness that requires public education, new approaches in law enforcement, advances in treatment and plenty of compassion to overcome.

All of us must be on the same page, working the program.

Experts: Addicts must confront their demons

April 13, 2014

To understand what alcoholism and drug addiction are, it’s necessary to first understand what they aren’t — a character flaw, a moral weakness, or a personal decision on the part of an inherently bad person

By **SAM KUSIC** and **JULIE MARTIN**

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“There’s a lot of people who don’t understand it, and so what they say is, ‘How can it be a disease because you just don’t catch it, you do it to yourself.’ So people

tend to still see it as a moral weakness,” said Vince Mercuri, executive director of The Open Door Alcohol & Other Drug Treatment Center in Indiana.

However, addiction is not a moral failing, and brain-imaging techniques have helped to show that, according to Ruben Baler, a health science administrator with the National Institute on Drug Abuse, part of the National Institutes of Health. “From the scientific point of view, there is no doubt that addiction is the reflection of measurable dysfunctions of the brain,” he said.

He said it’s sometimes difficult to accept addiction as a disease because of the inclination to separate mind from body.

“If we put that aside for a minute, then we are left with an organ that is, for all practical purposes, really no different than the pancreas, the lung or the heart,” Baler said. “And when it goes out of order, when it has

imperfections, impairments or disruptions in its inner workings, then we have overt symptoms and diseases, like an addiction.”

“So once we move away from the notion of this nonmaterial entity inside our brains that dictates everything we do, then it’s much easier to understand that these dysfunctions in this particular organ can lead — and do lead very often — to all sorts of mental illnesses, drug abuse and addiction included,” he said.

NEVERTHELESS, it still may seem counterintuitive to call addiction a disease, but the concept is supported by the American Psychiatric Association, which in its latest edition of the Diagnostic and Statistical Manual of Mental Disorders lists addiction as a mental disorder.

And the American Medical Association

Experts continued on next page

Experts continued

has long recognized alcoholism as a medical problem — it labeled it as an illness in 1956. More recently, the American Society of Addiction Medicine redefined addiction as a chronic brain disease, and not a behavioral problem.

“Simply put, addiction is not a choice. Addictive behaviors are a manifestation of the disease, not a cause,” Dr. Raju Hajela, a past president of the Canadian Society of Addiction Medicine and chairman of the committee that rewrote the definition, said in statement announcing the change.

Mercuri said the classification provides a framework for understanding the problem.

He said that for something to be considered a disease, it has to be primary, meaning it has symptoms all its own; progressive, meaning symptoms will get worse over time if left untreated; chronic, meaning the underlying problem continues to exist even with treatment; and has the potential to be fatal. There is no cure for the disease, only treatment. Drug addiction fits that bill, he said.

IT IS A problem on its own, and it progresses as people move along the continuum from recreational use to full-blown dependency. Addiction also is chronic — it doesn’t resolve by itself and relapses can occur if the afflicted are not diligent in keeping up with their treatment.

And they could eventually die from their use.

But Mercuri and others said the label does not absolve addicts of responsibility for their actions.

“It doesn’t mean people aren’t responsible for their behavior,” Mercuri said. “It doesn’t mean that people aren’t responsible for their recovery, either.

“They do have a disease, but they’re responsible for their recovery just like somebody that has high blood pressure is responsible to eat less salt. If you’re a diabetic you’re supposed to take your insulin. The insulin here is recovery, abstinence and going to meetings.”

Carlton Erickson, a pharmacology professor at The University of Texas at Austin and director of its Addiction Science Research and Education Center, agreed.

“We don’t have to blame people for having the disease, but we can blame them for not going into treatment. We really ought to blame them for not seeking treatment,” he said.

However, he said people who suffer from addiction can’t simply bootstrap themselves

into sobriety by “just stopping” any more than a schizophrenic can stop hearing voices.

That, he said, results from the changes extended use of a drug causes in the brain.

“Neuroscientists have been showing that for over 20 years now, that when you use a drug over and over again, your brain adapts to the drugs and that adaptation causes dysregulation of the reward pathway in the brain. That’s where chemical dependence occurs,” Erickson said.

That dysregulation, he said, ultimately impairs decision-making, judgment and impulse control.

REPEATED drug use affects the frontal cortex of the brain, where the high-level decision-making functions occur, said Dr. Antoine Douaihy, a University of Pittsburgh psychiatry professor and medical director for addiction medicine services at Western Psychiatric Institute and Clinic in Pittsburgh. In the brains of addicts, that circuitry is impaired, effectively shutting down the brain’s inhibitory abilities.

“In a sense the brain operates with no inhibitory effect. It’s like the brain has been hijacked. There is no decision-making,” he said.

And that, he said, helps set up a downward spiral in which people become preoccupied with a particular drug, get high and then crash, the only relief for which is to use again.

“It’s a vicious cycle that they cannot get themselves out of,” he said. “The key way to get themselves out of it is to stop using and start really working on change.”

Some say change begins with an admission of powerlessness over the disease — the first step in 12-step programs — and seeking longterm treatment.

“The longer they’re engaged in some kind of treatment, the better the outcome,” said Marty Ferrero, clinical director of adult services at the Caron Treatment Center in Wernersville, Berks County. Caron is a nationally recognized, nonprofit organization that provides treatment for alcoholism and drug addiction. It also has treatment centers in Florida and Texas.

FERRERO KNOWS a few things about treatment — he recently celebrated the 21st anniversary of his recovery.

In his younger years, when he was studying to be a teacher, Ferrero wrestled with a serious addiction. He credits an intervention staged by family and friends with helping him get on the path to treatment. He was

initially resistant to the 12 steps used by many recovery programs and wasn’t knowledgeable about treatment options, he said.

Ferrero soon learned, however, that with treatment, it was possible to turn his life around.

“For many people, it’s lifesaving, and it’s certainly been for me,” he said. “I was dying. And thank goodness, my friends intervened when they did.”

He said the 12 steps became an important part of his treatment and recovery, and he continues to value them today.

More than three years into his recovery at a treatment center in Minnesota, Ferrero decided to become a counselor. He received training at that location. Since then, he has worked in the field for about 17 years.

Primary treatment — offered for at least 31 days at Caron — is really just the beginning of recovery, he said.

And recovery doesn’t always occur in a straight-line trajectory. Relapses do occur, but Baler said that does not mean treatment is ineffective or has failed. In fact, addicts must stay in recovery for their entire lives.

“If we understand addiction as a chronic and relapsing disease, then we understand the limitations of any treatment. This is no different than asthma and diabetes, which are also chronic and relapsing conditions. So if sugar goes up again in the diabetic patient, it doesn’t mean the treatment has failed, it means that we need to keep up with the treatment,” Baler said. “The situation is exactly the same in addiction.

“Having said that, this is a very difficult disease to treat, and it’s different for the different drugs (a person uses).”

And, according to Douaihy, treatment is not as available as it should be.

“The majority of people who have addictions are not in treatment. Access to treatment is (problematic). We’re not doing enough to improve it. It’s an embarrassment,” he said.

THERE ARE many barriers to treatment, according to a 2012 report by the National Center on Addiction and Substance Abuse at Columbia University.

Among them: a misunderstanding of the disease, insufficient insurance coverage of the costs of treatment, lack of information on how to get help, limited availability of services including a lack of addiction physician specialists and insufficient social support.

Experts continued on next page

Experts continued

The report found that addicts often have to break through several barriers at once before entering treatment.

"Rarely is there only one obstacle to a person receiving needed treatment," it stated.

For many, treatment includes working a 12-step program, which originated with Alcoholics Anonymous.

Abstinence is a key component of those programs, but it should not be confused with recovery. An addict can't do it alone.

While abstinence refers to putting down the addictive substance, recovery is about addressing many factors the chemically dependent person may face. These include psychological and spiritual areas as well as family dynamics and social stressors.

Those seeking treatment benefit from a "jump-start" of an in-patient treatment program that includes a multidisciplinary approach, Ferrero said.

The initial treatment, he said, is really just the beginning of a person's recovery process.

And there are programs that provide a number of ways to support an individual in recovery over a 12-month period, and beyond. Alumni events keep graduates of programs connected, which helps when one is on the path of long-term recovery.

While treatment approaches continue to evolve and advance, one important factor

stays the same when it comes to a program's success.

"It's up to the individual," Ferrero said. "We do our best to heal them and point them in the right direction. It's up to them."

THE METHOD of treatment aside, the U.S. isn't spending as much on treatment in general as it is on other diseases. And that's in spite of addiction being a larger problem than diabetes, cancer and heart disease, according to the CASA report.

According to the report, although addiction affects 40.3 million Americans, the country spent \$28 billion on treating it in 2010.

Meanwhile, diabetes affects 25.8 million people, and the country spent \$43.8 billion that year on treatment.

Cancer, the report said, affects 19.4 million people, but the U.S. spent \$86.6 billion on treatment. There are 27 million people suffering from heart conditions, on which the U.S. spent \$107 billion.

And of the money the government does spend on addiction, researchers found that most of it, 95.6 cents on the dollar in 2005, was put toward paying for the consequences, such as prosecution and incarceration.

"Only 1.9 cents was spent on any type of prevention or treatment," the report said.

The country's criminal justice system would probably save a lot of money, too, if it steered inmates into community treatment programs instead of prison, according to

a 2012 study by Temple University and RTI International, a nonprofit research group.

According to the study, the criminal justice system could have saved \$4.8 billion in lifetime costs if it put 10 percent of eligible offenders into a community-based treatment program instead of prison.

Findings such as that are not lost on local law enforcement officials, who have been rethinking the wisdom of simply locking up the addicts.

DAVID HICKTON, U.S. attorney for the Western District of Pennsylvania, said he believes the right approach is to steer the people suffering from addiction toward treatment, while continuing to aggressively prosecute dealers, who essentially are profiting from the illness of others.

That aside, even if spending were significantly increased on addiction treatment, it alone wouldn't be enough, according to Douaihy. Along with more treatment, society also needs to address its other ills, he said.

"What we really need to understand is addiction does not happen in a vacuum," he said. "If we don't address poverty, homelessness, if we don't provide opportunities for people to be able to work and to get educated ... and we send them back to an environment that isn't supportive, all that you've done would be nullified."

Think you can recognize the face of an addict? Think again.

April 13, 2014

By **SAM KUSIC**

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John (his name has been changed), who works in the addiction recovery field, recalled the one time he was talking to a police officer while at work.

"You and I both know heroin addicts never get clean," the officer said in the course of the conversation.

John was taken aback. A former heroin user, he was by then measuring his recovery in years.

"You're looking at one," he responded. The officer looked at him. Stunned.

"Like I was a unicorn or Bigfoot," he said.

An awkward moment, sure. But also

understandable, John said.

After all, police officers tend to encounter those suffering from addiction as they're falling down. They don't see them climbing back up.

To be sure, those who have addictions can and do, in fact, climb back. And quite often, John said.

"I've seen people turn it around and lead completely different lives," he said.

That includes himself.

"If you would have asked me seven years ago where I would be, it certainly wouldn't be where I am today."

And where he is is at home, being a husband, raising a family. He and his wife bought a house last year. And he has not just a job, but a rewarding career.

Having family responsibilities helped steer him into recovery. It's also helped to keep him there, he said.

"For me, it was being a parent and wanting to build a life for my family. And that's still a motivator for me today.

"That reminds me that (my recovery) is something I don't want to gamble with. Recovery is a lifelong process," he said.

In a former life, all he knew was the drug and alcohol scene. He drank. He smoked weed. He shot heroin.

"Throughout my addiction I used pretty much every drug I had the opportunity to," he said.

John, who is in his early 30s, said he was genetically primed for addiction — his

Recognize continued on next page

Recognize continued

biological father was an addict. That alone increased the risk he would be, too.

And then there was his environment.

He grew up in a rural area. There wasn't much to do. Except use. And he used, he said, despite having a good upbringing. He played sports. He did well in school. He wasn't disadvantaged.

At first, he played around with alcohol and marijuana. That was at age 13. And he didn't think anything of it.

"Gradually people around me were using harder things, and I joined right in."

Despite having a best friend who died of an overdose, despite having told himself he would never use heroin, he tried it anyway. His first bag of heroin came at age 20.

In time, there were consequences.

He was kicked out of college. The school loans left with him. There were arrests as well, for things like possession and driving under the influence. And there were the overdoses, too. Five in all.

Death, he thought, was inevitable.

"Addiction took me to a point where I felt like my life was going to end," he said. "At age 23, I thought I would never live to see 30.

"Luckily some people didn't give up on me."

His family recognized there was a problem, and they forced him into an in-patient

treatment program soon after leaving school.

He went, but only to get his parents off his back.

So, of course, the lessons learned didn't take. Not initially.

As a result, he wound up going back into treatment eight more times, albeit half-heartedly.

Sometimes to keep a job. Other times to keep a girlfriend. And still other times because the court ordered him to do so.

John said the things he valued most at the time were the friends he was with and the drugs they were using. Therefore, he'd twist what he was taught in treatment so he could keep on using.

So he'd make deals with himself, maybe saying he'd put down the heroin, but allow himself a drink.

Or he'd convince himself he no longer had a problem at all.

"The one thing about the disease of addiction is it's the only disease that tells you that you don't have a disease or you don't have a disease any more.

"I can't tell you how many times my life would get better, and then I'd start thinking that I can have a drink or maybe smoke a joint."

"Each time I ended up right back where I started."

It was only after he began accepting lessons in treatment that he began to see some progress. And for a nine-month stretch, he was doing well, holding a job and earning a paycheck.

But he was injured at work. The doctor prescribed pain medicine. John didn't mention anything about his past.

"It was like flipping a switch."

And he was back to his old ways. That led to an arrest for driving under the influence, which put him at odds with his probation.

Recognizing that something had to change, he went into treatment for the ninth time. But this time around, he embraced it fully. It wasn't easy.

"I had to change everything. I had to change my routine and how I thought about situations. That took a while to do."

But he's had success. He's been sober since 2008.

Still, even six years on, he has to remind himself that he remains in recovery. That means being diligent in avoiding the people, places and things that might draw him back.

He also continues to work on repairing damaged relationships.

"Some of them are beyond repair. Some of them, no matter what I do, they can't forgive or accept or see me as anything other than how they used to see me," he said.

Addiction crushes a family, dreams

April 13, 2014

SAM KUSIC

At some point long in the past, I took to answering middle-of-the-day phone calls from my mother by asking, demanding, actually, "What's wrong now?"

Because if she calls me around that time, then, usually, something is wrong. And more to the point, then, usually, something is wrong with my youngest sister.

Something along the lines of: She was fired from her job. She was arrested for stealing. She was booted from the treatment program. Again.

The latest of these calls came the other week — I happened to be in the Gazette newsroom, writing one of the stories in this series.

This time around, I was told, she'd been put in jail. Sentencing violation. A probation

officer showed up at the house one day, suspected something, and sent her off for a drug test. She failed.

It wasn't much of a surprise. My family and I knew she had been using. We just weren't sure what. Maybe heroin. Maybe Xanax. Or whatever else she had managed to get her hands on.

In one sense, the news was a bit of a relief. After all, she'll have to stop while she's in jail.

Anyway, I bring this up as a matter only out of a sense of honesty. Having reported much of this series, I felt I had to disclose that addiction has touched my family, too.

To do otherwise, felt, in some sense, dishonest. We've been coping with the fallout from her addiction for about nine years now.

And life in that time has been but a never-ending string of problems. That's one of

the insidious things about addiction. It lays waste not only to the person suffering from it, but it hurts the people who are closest to them.

And we are heartbroken. And tired. And angry. And a hundred other things.

But mostly we are not whole, as a family. Which is the thing that hurts most. One of us is missing.

I'm reminded of it every time I walk into my mother's house and look at the photo of us all hanging on the wall.

It's there because my sister put it in a frame and gave it to my mother as a present. Inside the frame is a piece of paper that says, "Happy Mother's Day." It's written in crayon.

The photo was taken around Eastertime nearly 30 years ago. We're sitting in front of

Addiction continued on next page

Deaths continued

a big inflatable egg. She was about 3 then. She's in a pair of bright red overalls, sitting on my lap. We were all laughing.

But that girl, the one who used to chase bugs in the backyard and did well in school, who later played softball and wanted to go to college, is gone. In her place is this other contemptible person who lies, steals and manipulates.

That's the disease personified.

Sometimes it's hard to separate the two. And honestly, it's easier to be angry than it is to be understanding, which really, is just the thing needed here.

What there is to understand is that although she has made some stunningly poor choices in her life, they are largely the result of a disease that compels her to be as she is. I rather knew it to be true before I started working on this series; I know it to be all the more true now.

She had hopes and aspirations, and none of them were to become addicted. Yet, she is.

And there isn't anything my family can do, except to hope that she takes responsibility for her wellbeing.

The first step would be that she fully accepts her problem. Nine years on, she has yet to do so.

Sam Kusic is a reporter for The Indiana Gazette.

A matter of biology

Experts: Genetics play key role in addictions

April 20, 2014

By **SAM KUSIC**

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Addiction isn't a problem of mind over matter. Really, it's a matter of the mind.

"(Addiction) looks like bad behavior, but in essence it's a biological problem, a biological transformation, if you will, as a result of the drug use," said Dr. Kenneth Thompson, medical director of the Caron Treatment Centers.

According to Thompson and other addiction specialists, the problem arises from a complicated mix of genetics, biology, psychology, peer influences, environment and lifestyle, and it perpetuates itself by impairing the parts of the brain that are critical to judgment, decision-making and behavior control.

But of those factors, genetics appear to play an especially significant role in the formation of addiction. In fact, genetics account for between 50 and 75 percent of the risk for it, according to a 2012 report by the National Center on Addiction and Substance Abuse at Columbia University (CASA).

"Whereas biological, psychological and environmental factors — such as impairments in the brain's reward circuitry, compensation for trauma and mental health problems, easy access to addictive substances, substance use in the family or media and peer influences — play a large role in whether an individual starts to smoke, drink or use other drugs, genetic factors are more influential in determining who progresses to risky use or addiction," it stated.

To be sure, there is no one single addiction gene, and how any given gene expresses itself depends on factors such as the

environment, as is the case with someone who has a genetic predisposition to, say, cancer or diabetes.

Overall risk of developing a disease, including addiction, arises in part from variations in many different genes.

"Addiction is variable. It takes the right sort of genes in the right combination with the right exposure to the right drug at the right time," said Thompson. "All of those factors have to be present in a way."

Some, he said, may inherit a set of genes that may be "on" from the beginning. And for those people, their "like" of the drug is immediate.

"**LOVE AT** first taste," he said. "This often results in a rapid escalation of use, which results in addiction. In others the progression is much slower."

Anecdotally, some report having become addicted to a substance from the initial use, but Carlton Erickson, a pharmacology professor at The University of Texas at Austin and director of its Addiction Science Research and Education Center, said that science has yet to show that can occur.

The case largely is that people develop addiction through persistent use of a substance, which leads to changes in the way brain functions.

"One of the things that we know is that there are certain genes that get turned on as exposure to the drug continues. And that gene plays a role in ... some of that loss of control," said Thompson.

The impairments in brain functioning are both a cause and consequence of addiction. And they are not conjecture — they have been observed, and the disruptions can be clearly and precisely mapped in the brain,

said Ruben Baler, a health science administrator with the National Institute on Drug Abuse (NIDA).

"With more sophisticated machines, we have ways of entering the brain and seeing how the brain behaves in health and in disease, addiction included," he said.

"We can very clearly pinpoint disruptions in the way the different parts of the brain communicate with each other, how the neurotransmitters are released in response to a stimuli and triggers from the environment or internal triggers," he said.

SUBSTANCE ABUSE impacts the part of the brain known as the limbic system, which drives motivation and emotion and houses the brain's reward circuit. The circuit is important to human survival because it helps drive us to do things necessary for survival, such as to eat and have sex.

The circuit is activated when a person carries out one of those acts, providing a pleasurable feeling, a "reward." The reward helps spur repetition of the action.

"Our brains are wired to ensure that we will repeat life-sustaining activities by associating those activities with pleasure or reward. Whenever (the) reward circuit is activated, the brain notes that something important is happening that needs to be remembered, and teaches us to do it again and again, without thinking about it," according to NIDA.

Most drugs play on the limbic system in some way by flooding it with dopamine, a neurotransmitter. While an act that is naturally rewarding will cause dopamine levels to increase, drug use floods the system with dopamine, sometimes two to 10 times the amount released through a naturally

Biology continued on next page

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rewarding act.

That puts the limbic system into overdrive, and the resulting effect easily overpowers the good feelings that arise from natural stimuli. And because the effect is so great, it strongly motivates people to use again.

In time and with enough use, the brain adapts to the constant flood by dialing back dopamine levels.

“JUST AS we turn down the volume on a radio that is too loud, the brain adjusts to the overwhelming surges in dopamine and other neurotransmitters by producing less dopamine or by reducing the number of receptors that can receive signals,” NIDA said.

In other words, the abuser eventually comes to feel, flat, lifeless and depressed.

And when that happens, a person may have to use simply to feel normal. To reproduce the high, they wind up having to use an ever-increasing amount.

Dopamine isn't the only neurotransmitter that's involved in drug use. There are others, and specialists said they've found that certain drugs will work on certain neurotransmitters, producing different effects. Erickson said cocaine and amphetamine are most associated with dopamine. LSD works on another, serotonin. And endorphins are most associated with opioids, such as heroin. And the neurotransmitter glutamate is associated with alcohol.

But no matter the neurotransmitter, they generally all tend to affect the limbic system.

Thompson said another key area of the

brain affected by addiction is the prefrontal cortex, which is responsible for higher level decision-making, self-control and modulating the brain's reward system. Abuse "hijacks" that part of the brain, he said.

And as result, the limbic system runs without a governor, compelling people to continue using, even though fully cognizant that it's illegal, dangerous and causing life problems.

“THE PATHWAYS of feedback or control are damaged, such that a person no longer can predictably control their drug use,” he said. “Because of the dysregulation of the brain, and the fact that the prefrontal cortex is impaired, the person uses again,” Thompson said.

Therefore, specialists say, those who are addicted can't say no, even if they want to.

Son's addiction becomes a nightmare for mother

April 20, 2014

By SAM KUSIC

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The numbers and statistics, they say something about addiction. They tell us about its prevalence. Or its scope. Or its mechanisms.

But they don't speak to Joan's sense of somehow failing her son. Or the anguish of having to tell him to leave the home. Or her fear that he might never return.

Those, she knows about all too well on her own. But it's tough to describe, or even to find the right words.

She turned to notes from a past talk she had given about her experience: “When a family is struck with addiction, the effects go far beyond numbers and statistics. The emotions of failure, depression, anger, despair, confusion and sheer terror that addiction inflicts on its victims and their families is not something any statistic can accurately describe.”

Put another way: “It's devastating to families,” she said later. “It's almost like you're losing someone, like they're dying. They fade away, and they're not the same person anymore.”

And, really, they are not. The addiction has impaired their mind, and they're not thinking as they once did. And so they will do things counter to who they once were.

“It's the drugs that change them. You know there's a good person in there,” Joan

said. (Her name has been changed.)

She had seen the effects of addiction in an alcoholic relative. So she and her husband did their best to shield their children from the disease.

They involved themselves in their children's lives, both in school and out. Their father took them fishing. They played sports. They went to church.

“We didn't drink in our house,” she said. “I try to be that good example, showing that you can have a good time and enjoy your life without (alcohol).”

She also said they talked at length about what her relative was going through.

“With those issues in my family, believe me, we talked about it a lot,” she said.

Yet, despite her efforts, her son developed a habit, which she believes bubbled out of a cauldron of genetics, surroundings and negative life events, including a nearly fatal illness — all out of anyone's control.

She said she and her family first learned the truth after suspecting something was amiss. He was always borrowing money. And he wasn't paying his bills. And more importantly, he was distancing himself from his family.

So they confronted him. Joan recalled that it took hours before he admitted to having a problem.

That was more than 10 years ago, and he's been in and out sobriety since.

And that's how it's gone with him, she

said. He uses. He stops. He gets on track again. And then it starts all over.

The latest relapse, she said, was particularly hard, because he had been doing well for an eight-month stretch, working and saving money, attending recovery meetings and seeing a sponsor, someone with an understanding of addiction who is there for support.

But he went out one night with some friends. She could tell immediately he'd slipped. But he denied it, she said. “I know him well enough that I can tell. And that's what so hard ... (addicts) will deny it and you know,” she said. “I hate the lies. I hate the denial.”

There's not much a family can do, she said, except to encourage their recovery, which sometimes means allowing them to suffer the consequences of their actions. But that's always easier said than done, especially when telling an addict they have to leave the home if they don't seek treatment.

“God forbid something should happen. You have to live with that,” she said. But at the same time, she said, the addicted won't learn if the family stands by and takes no action.

“But it's still very tough,” she said.

As a parent, she said, she sometimes feels helpless to do anything. Her faith, though, gives her hope.

“It's such a terrible disease. I don't know that, without the help of God, you can get through it.”

Early use increases risks

April 20, 2014

By SAM KUSIC

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Genetics are a powerful factor in addiction, but so is the age at which substance use begins. The earlier that point occurs, specialists say, the more likely it is a person will progress to more serious abuse.

According to the National Institute on Drug Abuse, that is so because adolescence and early adulthood are a critical time in brain development. In the lion's share of cases — 96.5 percent, in fact — people who have an addiction were abusing substances before the age of 21, according to a report from the National Center on Addiction and Substance Abuse at Columbia University.

"Because the parts of the brain responsible for judgment, decision-making, emotion and impulse control are not fully developed until early adulthood, adolescents are more likely than adults to take risks, including

experimenting with addictive substances," the report states.

"At the same time, because these regions of the brain are still developing, they are more vulnerable to the negative impact of addictive substances, further impairing judgment, interfering with brain development and increasing the risk of addiction."

Ruben Baler, a health science administrator with the National Institute on Drug Abuse, said it is critical that young people refrain from using.

"Whatever the (adolescent) is going through during these years is really shaping the way this tree we call the brain is being pruned and is sprouting. Any substance use at this point in time while the brain is still developing so actively is something we really want to prevent," Baler said. "Even substances mislabeled as less dangerous, such as marijuana, could have a very profound and long-lasting effect on the way the brain is developing."

Another problem is that substance abuse at a young age also seems to "freeze" emotional development.

Dr. Kenneth Thompson, medical director for the Caron Treatment Centers, said that under normal circumstances, people learn how to delay gratification or cope with sadness or anxiety without using a chemical. But those who regularly use substances don't learn how because the substance eases those feelings. "If you start using a chemical to cope with those same things, (you've) frozen, in a way, your development. That is, you didn't learn those skills."

So what addiction specialists often see is that adults who began using in adolescence and are entering sobriety have trouble navigating those difficult emotions. They simply haven't had to before, he said. Their perception, he said, is that they should always feel OK because when they were under the effect of the drug, they did.

Think you could spot an addict?

'The drugs become the value'

April 27, 2014

By SAM KUSIC

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The behaviors associated with addiction are ugly.

People suffering from the disease often lie. They are moody. And they can be manipulative, too.

"A drug addict will use anything at their disposal and anybody at their disposal to get their drugs," said Vince Mercuri, executive director of The Open Door Alcohol and Other Drug Treatment Center. "That's just part of the nature of addiction."

For those who have become addicted to a particular substance, obtaining and using that substance becomes a preoccupation.

Everything else — work, relationships, school, hobbies and community involvement — becomes irrelevant, according to addiction specialists.

"The drugs become the value," Mercuri said.

"The drugs are the most important thing in (the addict's) life. They're saying through

their actions I want this high more than I want this career, more than I want God, more than I want my family.

"The family and jobs are usually the last thing to go," he added.

Although signs and symptoms of abuse vary depending upon the person and the substance they are using, there are some common traits associated with the problem.

The latest version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders lists 11 behaviors associated with the disease under its definition of substance abuse disorder.

Among them:

- A great deal of time being spent on activities necessary to obtain and use the substance, or recover from its effects.
- Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school or home.
- A giving up on or reduction in time with important social, occupational or recreational activities to allow for use of a substance.
- Continued use of a substance despite having persistent or recurrent social or inter-

personal problems caused or exacerbated by the effects of its use.

In less clinical terms, someone who has a problem will show less of an interest, if any at all, in activities, hobbies, sports or causes that once were important to them, said Carrie Bence, deputy director of the Armstrong-Indiana-Clarion Drug and Alcohol Commission.

She also said that same person's performance at school or work might decline. Or, she said, they may be expelled or fired. They may withdraw from friends and family.

They also may begin acting anxious, paranoid or secretive. Not to mention defensive, irritable and angry, she said.

They may be constantly borrowing money from friends and relatives. Or they may be stealing.

Additionally, addicts might pay less attention to hygiene and their appearance. They may look pale, worn out and generally unwell.

But ask if everything is OK, and they'll deny that they have a problem, even if it is painfully obvious to those around them.

Drugs continued on next page

Drugs continued

That denial, said Frank Jans, director of psychiatry at Western Penn Allegheny Health Network, arises from the addict's desire to protect the relationship with the drug.

Over time, the dependent actually comes to believe he or she does not have a problem.

"People say, 'You're lying.' But they're not. They believe what they're saying. They believe they're telling the truth. And that's why it's so difficult to get through denial," Jans said.

"The denial begins to feed off itself," he said. "They begin to believe it, and they distort reality more and more in order to

protect the relationship with their drug of choice."

Mercuri said that while all people deny or rationalize a problem, addicts take it to the extreme, he said.

"People in the throes of an addiction take it to the umpteenth degree," he said.

Now sober, teen looks to rebuild his life

April 27, 2014

By SAM KUSIC

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Mark's habit began with a bit of marijuana. It progressed to heavy abuse of alcohol, party drugs and sleep aids.

And, as Mark (his name has been changed) figures, it probably would have ended with his death, had it not been for his family intervening.

"I've said that to many people before. I definitely would be dead by now. If not, by a few months from now," said the 17-year-old.

But he is very much alive. And sober. And wanting to move past the nearly two years he lost to his substance abuse.

He's determined to do so.

"A lot of people look at me, like, he's not going anywhere. I want to prove them wrong and prove to myself I can do something with my life."

Mark said his problem began with his introduction to marijuana through a friend. They would periodically smoke a blunt — marijuana stuffed into a cheap cigar.

It seemed harmless enough at first. But, as this sort of thing tends to go, his use increased. At first, a gram was enough to last for two to three weeks. Over time, though, his use progressed such that he was smoking 3.5 grams in a week.

And then, once every other day.

It got him into trouble with the law — an officer caught him in possession. On Mother's Day.

Nevertheless, he didn't stop, and by the spring and summer of 2012 he was partying frequently. It helped him cope with the ending of his parents' marriage, which he blamed partly on himself, he said.

Mark said his use ratcheted up even more in September 2012. While at a party, someone gave him some MDMA, also known as Ecstasy, to try. He did.

"I loved it. I loved it and whenever I was on it, I loved everybody. I could love a wall. The wall was just the most amazing thing to me. After that, I started doing more and more."

More and more, that is, of that drug and others. He used the psychedelic drug LSD. He also started drinking a liquid sleep aid, mixing it with soda. It was accessible, and legal to purchase, he said.

"I really didn't know how to have fun without being consciously alert. I always had to be messed up to have fun. When I look back on it now, it really wasn't fun."

Inside, he felt sad, alone and isolated, he said. He became withdrawn and shirked responsibilities. And he didn't care much what anyone else thought.

"Whenever you're in that depressed state and you take drugs to cope with that, that's all you know and pretty much you just don't care."

He said he would have continued using had it not been for his family, who had been noticing changes in his behavior and grew concerned.

Ultimately, they put him on a plane to

California, to get him away from the people, places and things that were part and parcel to his substance abuse. While there he stayed with an uncle who had had his own past struggles.

He worked. He attended self-help meetings. He regained a clearer head through sobriety.

He's home now, working at his recovery. It is hard sometimes, Mark said, some weeks more so than others.

He's also working toward obtaining his diploma, toward making something of himself.

"Ten, 20 years from now, I don't want to be at a high school reunion and have to be one of those people who have to make up a story about their life, like, 'Yeah, I'm this big something' that I'm not. I want to go there and be who I am and not have to lie about it."

He also doesn't want to make excuses for the past. It happened. And there's nothing he can do to change that, he said.

"There's nothing I can do at all," he said. "The only thing I can change is the future, which is what I'm trying to do. I'm really trying hard."

But one thought looms: "There's no cure for this disease. That's what worries me," Mark said.

"I could go back at any minute," he said.

So all he can do is to take it one day at a time — "just appreciate life," he said

Some users can mask problem

April 27, 2014

By SAM KUSIC

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Oftentimes, the symptoms of alcohol or substance abuse are obvious. But sometimes, those with a problem are able to conceal it.

They're holding down a job. They're meeting deadlines. They seem to be productive, if not altogether successful.

"But if you peel the layers away, you're going to find out there are problems in other aspects of a person's life," said Frank Jans, director of psychiatry at West Penn Allegheny Health Network.

Such people are considered to have a functional addiction, in which they lead a sort of double life.

Outwardly, addiction specialists say, the addict seems to have things together, but inwardly they are being consumed by the addiction. Although the concept applies to

both alcoholism and drug abuse, it's more often associated with alcoholism.

The National Institute on Alcohol Abuse and Alcoholism considers functional alcoholism a subset of alcoholism, one of five it identified through a 2007 study.

In that study, researchers analyzed a group of nearly 1,500 alcoholics and concluded that close to 20 percent of Americans suffering from the disease would be considered "functional alcoholics."

Researchers found that these people typically are middle-aged and well-educated and have stable jobs and families.

About one-third of them have a multigenerational family history of alcoholism, and nearly half were smokers.

Sometimes, Jans said, functional addicts have certain life circumstances that help them support appearances and shield them from consequences. For instance, the functional addict might be well off, allowing them to afford their addiction and keeping

them from financial problems.

Or, he said, the functional addict might be a known and respected member of his or her community, and therefore people are willing to cut him or her a break for bad behavior arising from drinking.

Jans said that although functional addicts may not realize it, they have worked hard to create an illusion of well-being, having put all their energy into that one aspect of their life. Meanwhile, behind the scenes, other aspects of the addict's life are slowly eroding.

He said that's another way to look at that particular problem — as a slow erosion and not an immediate implosion.

"But eventually it's going to catch up with them as their body starts to break down and they start to have problems," said Vince Mercuri, executive director of The Open Door Alcohol and Other Drug Treatment Center in Indiana.

Family, friends must guard against enabling

April 27, 2014

By SAM KUSIC

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When it comes to addiction, good intentions of friends and family are sometimes bad medicine.

And so actions that are meant to help the addict may turn out to have the opposite effect, instead allowing them to keep using, and, in the process, physically and emotionally draining the people around them.

Addiction specialists refer to this as enabling or co-dependency.

Frank Jans, director of psychiatry for West Penn Allegheny Health Network, said enabling is a problem that sometimes arises when well-meaning people try their hardest to help a friend or relative move from addiction to recovery, but wind up doing the wrong things for all the right reasons.

For instance, enablers might try to protect addicts from the consequences of their own behavior by bailing them out of jail. Or maybe by calling the addict's boss and making an excuse as to why he or she can't come to work.

Other times, he said, enablers will put their attention on the things that lead up to the use, the antecedents, and attempt to put a barrier between the addict and his or her substance of choice. So, for instance, maybe an enabler will schedule an activity to preoccupy an alcoholic at about the time drinking typically begins.

"Instead of looking at the drinking as a problem, (they) try to put a focal point on (circumventing) that person from picking up a drink," Jans said.

"It may help for that moment, but it doesn't help with the long-term problem. It's like hiding a pack of cigarettes for somebody who is a three-pack-a-day smoker. They're still going to find a way to feed that addiction," he said.

Jans said enablers or codependents tend to become so engrossed in dealing with the antecedents and consequences of the addiction that they exhaust themselves, physically and emotionally.

He said those who are close to an addict need to accept that they do not have responsibility for the addict's problems, nor can they control the addiction.

And, he said, they should understand that allowing the addict to suffer the consequences of their actions is a way to usher them into treatment.

He said it's helpful to remember this bit of wisdom:

"You didn't cause it. You can't cure it. And you can't control it."

There is only person who can — the person with the addiction.

And if the person isn't willing to take steps to end the relationship with a substance, those around him or her need to figure out how they are going to remain stable and to recover in an unhealthy environment, Jans said.

Step one, according to Laurie Roehrich, a clinical psychologist who teaches at Indiana University of Pennsylvania and specializes in addictive behavior, would be for those close to an addict to accept that they are allowed to live well.

She said she has seen many families who have remained remarkably resilient, despite having an addicted family member.

In those cases, she said, the families try

Family continued on next page

Family continued

to establish or maintain healthy, normal routines, and tend to one another and to their communities.

“They include the addicted family member when the person is doing well, and gently, but firmly, exclude them when they are too impaired.

“They share their fears and their hopes the person will recover, but distance themselves enough to ensure their own personal and psychological needs are being met. They are open and candid about the problem without resorting to shaming and blaming,” Roehrich said.

Although enabling is something to remain wary of, Roehrich said it’s important to avoid the trap of worrying whether any single action is a form of enabling.

“There are scads of popular quizzes you can take online or elsewhere that purport to help you decide if you are an enabler. The problem is that almost none of them have been subjected to scientific research, and

they are written in a way that makes almost all of us see ourselves and answer yes,” she said.

“So, if everyone is an enabler and any thought, behavior or feeling we have about our loved one constitutes enabling, the term loses any significance or meaning. Suppose you go to pick up your drunk family member at a bar or party. Are you enabling them, or are you protecting the public good and the welfare of your own family by keeping this person off the road? These are the kinds of questions that keep us up at night, overthinking and overanalyzing.”

She said there may be more important questions to ask, such as:

- Are you continually encouraging the addict to get help?

Even if they refuse, have you sought help for yourself or your children?

- Have you set limits on what you are willing to do and expressed them directly to the addict? Have you told them their relationship is in danger due to their drinking or drug use?

- Have you educated your family about the problem and discussed it openly?

- If it’s your spouse who is addicted, have you considered how you could become financially independent so as to prevent his or her problem from imperiling your money?

- Do you have a safety plan in place, should the addict become dangerous to themselves or others?

Roehrich said being close to someone with an addiction doesn’t mean you have to share that struggle with them, especially if violence becomes an issue.

She said those close to an addict should not tolerate violence whatsoever and should seek help.

That aside, she said it’s often helpful to put into practice the basic principles of Al-Anon, which emphasize healing one’s own self first.

“You are allowed to live well and to have a happy, strong family, even if one member refuses to get help,” she said.

WE NEED TO TALK ...

Specialists: Don’t put off conversation with addicts

May 4, 2014

By SAM KUSIC

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Talking to a loved one about his or her addiction is difficult. It requires some compassion when anger may be all that’s left, persistence when failure is all there is to show for it, and tough love when instincts say that it’s wrong to be so harsh.

And to make it all the more stressful, there is no one precise thing to say that will persuade an addict to enter treatment.

Still, it’s a conversation that must be had, regardless of whether that conversation comes as a quick and informal aside or as a lengthy and formal intervention. And the sooner it happens, the better, according to addiction specialists.

“As soon as you see a difference in a person’s behavior, I think that’s the time to pull them aside and say, ‘What’s going on?’” said Laurie Roehrich, an Indiana University of Pennsylvania professor and clinical psychologist who specializes in addictive behavior.

Roehrich said addiction mythology holds

that an addict must hit rock bottom before they’ll accept they have a problem and that those around them are powerless to do anything about it in the meantime.

“I would caution people that that’s not really true,” Roehrich said. “We don’t have to wait for that to happen. It’s OK to say something early. The earlier we can intervene, the more likely it is the person can begin to notice their own behavior.”

Roehrich said those sorts of discussions don’t have to occur in the context of a formal intervention.

“It can be as simple as pulling the addict aside and saying, ‘I’m worried about you,’” she said.

“Those kinds of talks can be consciousness-raising for the person. They can be motivational. They can be giving them some accurate feedback about how other people perceive their behavior,” she said.

She also said those close to an addict should not put off such discussions on fears that it will evoke an angry response. Although the addict may very well become angry, friends and family should not automatically assume that will be the case, she

said.

Moreover, putting off the conversation only allows the problem to become worse.

“We tell ourselves all kinds of things, and it prevents us from saying anything until things really are out of control,” Roehrich said. “The reality is ... some folks really are willing to hear (your concerns).”

And they likely will be more inclined to hear your concerns when they’re sober, or, at least, more sober than inebriated. So, specialists say, it’s important to put off such conversations for a time when the addict is of clearer mind.

“You want to wait until they’re not using. That’s easier said than done if they’re using all the time, but in general you want to wait until they are coming down,” said Vince Mercuri, executive director of The Open Door Alcohol and Other Drug Treatment Center.

Otherwise, he said, you wind up speaking to the drug — “You’re not talking to the person.”

When the opportune time to say some-

Talk continued from next page

Talk continued

thing presents itself, you'll want to choose your thoughts carefully and check the negative emotions, Mercuri and others said. Therefore, blame, shame, insinuations, yelling and preaching should be avoided.

"This is not supposed to degenerate into a guilt infliction," said Ralph May, chief clinical officer at the Community Guidance Center in White Township.

"Inflicting guilt on somebody is ineffective. These people feel guilty enough already, even though they may not show it," he said.

May said the talk should be firm, but loving and supportive. And it should include some path forward.

"It can't be simply calling the person out," he said.

Mercuri said these conversations are never comfortable ones to have — they are in essence a confrontation. So, he said, he tries to approach them as "care-frontations," conversations in which friends and relatives state their concerns and suggest treatment in a loving, dignified and supportive way.

"I watch my voice tone. I don't blame. I don't point. I don't call you a liar. I don't back you into a corner," Mercuri said.

To help remove the emotion from what already is an emotionally charged discussion, he said the talk should be nonjudgmental and limited to what is factual.

So observations such as "Your grades are dropping" or "You threw up in a laundry basket last night" are OK. Statements such as "I can't stand your behavior" or "You make me so mad" would not be, he said.

He also said that the discussion may include talk of boundaries and limits, lines that you as the person close to an addict are not willing to cross. Mercuri said setting those boundaries really aren't for the benefit of the addict and his or her recovery; they're for you.

"If I set a boundary with you, it's because I've made a decision that your behavior is not acceptable nor appropriate."

The boundaries should be clear, concrete and consistent, and should carry consequences if they are crossed, he said.

One of those consequences may be telling a family member to leave the home if they refuse treatment. But he said that's something that should be thought through thoroughly. And, he said, it's not always a necessary step.

"I've never told a family member you need to throw your loved one out," Mercuri said. "I don't know that I could do that. But I have said to them, 'One of your options is you can throw them out.'"

Setting boundaries isn't about bullying a person into recovery; it's a way to create leverage and motivate the addict to enter recovery, said Carol Lawyer, a West Chester-based interventionist and family therapist.

"It's about helping them to make a good choice," said Lawyer, who also serves as a director for the nonprofit Pennsylvania Certification Board, an organization that issues credentials to behavioral health professionals.

Setting boundaries also is important for the health of those around the addict.

"You're setting that boundary for you," Mercuri said. "You're walking around on eggshells because of this person's addiction. At some point, you need to take care of yourself, and part of taking care of yourself may be ridding yourself of the reality of that addiction."

Whatever limits you do establish, you should be prepared to stick to them, Mercuri said.

"Don't say it unless you mean it because they are going to test you. Whatever limits and boundaries you're setting, be prepared to enforce it. If you don't, they're going to view that as they got one over on you," Mercuri said.

But Roehrich said threats and punitive actions should be weighed carefully — the end result could be that you sever communication with the person who is addicted. That, she said, obviously is opposite of the desired outcome, which is for the addict to get help.

She said research shows that people tend to do better in treatment if they feel as if the choice to enter treatment was theirs to begin with. By the same token, she said,

the data show that people who are forced into treatment by their families don't do quite as well.

However, that's not to say that prodding someone into treatment never works, Roehrich said. Because sometimes it does. As an example, look at people who are remanded into treatment through drug courts, special judicial programs that try to steer defendants in criminal cases into recovery in lieu of incarceration.

"Most people who end up in drug court didn't necessarily want to be in treatment, but some of them do very well," she said. "Being remanded into treatment sometimes does work."

But then sometimes it doesn't. Sometimes addicts aren't ready for treatment. Or to admit they even have a problem. So there's a good chance that the first go-around will end unsuccessfully.

Therefore, May said, loved ones should approach discussions about treatment as the first step in a long process, not as the beginning of a soon-approaching end.

"Ultimately your hope is the individual who is struggling with the addiction begins to recognize, on some level, that this can't go on, that this has to stop. People often reach that recognition multiple times before they are able to embrace their full recovery," he said. Mercuri, too, said it's a process, especially as those suffering from addiction tend to blame everybody but themselves for their problems. "You don't break through denial. You chip away it and soften it," he said.

So, specialists said, if the addicted person continues to deny that he or she has a problem or refuses to seek help, the next step is to get help for yourself.

And that, they said, includes educating yourself about addiction, seeking personal counseling and reconnecting with other family and friends.

"Once you've expressed your concern to your family member, then it's about taking care of yourself and getting the care you need," said Anna Shuster, clinical director of ARC Manor in Kittanning.

After family intervenes, daughter begins recovery

May 4, 2014

By **SAM KUSIC**

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The signs of their daughter's addiction were there. But Mary (her name has been changed) and her husband simply didn't realize what they were seeing.

They had noticed little rubber bands scattered throughout her apartment and wondered about them. In truth, they were part of the packaging, bundling together the little bags of heroin Amy (her name also has been changed) was using. But they didn't know.

They also had noticed some bent spoons lying about.

"Why are you doing this stuff to your silverware?" they'd ask.

They'd take her out to dinner, and she'd nod off in the restaurant.

"I worked a double," Amy would explain.

And they accepted that.

"People don't fall asleep at a restaurant, but we were dumb and naïve," Mary said.

They learned the truth of the matter from three of their daughter's friends, who had called one day to share their concerns.

"We very much think she's addicted to drugs," one of them told Mary. "She's in trouble and somebody needs to very much do something."

Mary dropped the phone, yelled for her husband and then ran to the bathroom, sick, she recalled.

"I'll never forget that day," she said. "That was the worst day of my life."

Later, she and her husband confronted Amy.

"Of course, she denied it, like most addicts will," Mary said.

And that's where that conversation was left. They were in denial of the situation. Not to mention distraught. "We just didn't know where to turn," she said. "We just didn't

know what to do."

What they wound up doing was withdrawing, from friends, from family. "We didn't want anybody to know," Mary said.

In the meantime, the problem progressed. And finally they had to open up and tell their family.

Amy's brother and sister-in-law took charge. They started seeking help, sought funding for treatment and organized an intervention with a professional interventionist.

As part of the intervention, they lured Amy home by telling her her grandparents were going to lend her some money.

There was no money to be had, though, only expressions of love, of assurances that they wanted her, needed her in their lives.

But there was an ultimatum — she couldn't be a part of the family if she was going to continue using.

She listened to what they had to say, Mary said. And then she left angrily at the end of it.

"I didn't take to it very well," Amy said. And, really, at that point, no one was going to talk her into treatment, not unless she wanted it for herself, she said.

But a few days later, she changed her mind and agreed to enter treatment. She didn't have much of a choice. She was out of money, and her family had cut her off, she said.

"Every cent I had I spent on drugs," she said. "The best thing my family ever did was stop helping me (financially)," she said.

So she entered a residential treatment program. Completed it. Came home. And relapsed. More than once. She attributes one of those relapses to having been less than vigilant in her recovery and bottling up resentments.

"I stopped applying the steps and spiritual principles in my life. I stopped praying and reading my daily meditation. My meeting attendance decreased. I didn't reach out and

talk about my issues and never used my sponsor," she said.

There wasn't an abrupt ending of those things, she said, just a slow, downward creep. "You don't even realize it," she said. "I relapsed before I even relapsed."

Her family held to their earlier ultimatum and refused to support her. All she had was a cellphone and a car, which she left in, Mary said.

For the next three months, they didn't speak. "We didn't have any idea where she was. That ... was awful," Mary said.

Amy said she wound up crashing on someone's couch for three months at a public housing unit in Johnstown.

"I felt completely soulless, and I got to a point to where I needed to do something," Amy said. Taking her own life wasn't out of the question, either, she said.

Meanwhile, back at home, her mother sought support for her and her husband. And prayed.

"I wasn't much into faith," Mary said. "I was angry, but I prayed, 'She's in your hands. I hope you bring her back to us.'"

Amy had grown tired of the life she was living. She had had enough, she said, and reached out to her family and sought help.

She's been clean for more than a year now.

And she's working to put the past in the past. She's living independently and working in her field. She's also pursuing a master's degree. Ultimately, she'd like to obtain her doctorate. As part of the degree requirements, she said she'll have to create an academic course and explain how she'd instruct it. She said she'd like it to be about addiction.

"People need to be educated about addiction in order to decrease associated stigma so more addicts will get the help that they need," she said.

Prep is key to effective intervention

May 4, 2014

By SAM KUSIC

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One way to approach addicts about their drinking and drug use — and steer them into treatment — is through a formal intervention.

It's one of a variety of methods that are available but is perhaps the most commonly thought of one. In that method, the person suffering from addiction is called to a meeting with friends and relatives, who express their concerns and firmly but lovingly describe how they have been affected by the person's behavior. At the end, they're asked to enter some form of treatment; if they don't, there's a consequence attached.

According to specialists at The Open Door Alcohol and Other Drug Treatment Center, an intervention might be appropriate when the person does not realize, or will not accept, that his or her addiction is harmful to them and to those around them.

Also to be considered is whether those who are close to an addict see harmful consequences, such as legal trouble or even death, in the offing, should the addict continue on his or her path.

Although the intervention is for the benefit of the addict, it is just as much for the benefit of the addict's family, according to Carol

Lawyer, a West Chester-based interventionist and family therapist.

Lawyer is a director for the nonprofit Pennsylvania Certification Board, an organization that issues credentials to behavioral health professionals. She also is the clinical supervisor for Fieldstone House, a women's recovery and sober living facility in Chester County.

Lawyer said families of addicts usually are in a tremendous amount of pain and feel as if life has spiraled out of control. But the intervention process can instill some hope and help them regain a sense of control.

However, an intervention may not be advisable in all cases, especially when it's more likely than not that the addict will react violently to the confrontation, according to specialists at The Open Door. To help decide whether an intervention is called for, and to help organize it, it may be advisable to enlist the help of a professional interventionist.

Lawyer said she recommends looking for someone who has skills and training as both an interventionist and a family therapist.

She said the advantage to having a professional run the intervention is that he or she can moderate it and keep it from degenerating into a shouting match. She also said that having an independent moderator helps take the heat off the family, so to speak.

"I become the bad guy," she said. "It puts (the family) in a more protective position and allows the family to focus on what they need to do during an intervention."

However, Indiana County residents seeking the help of a professional probably will have to look beyond the county's borders — Vince Mercuri, executive director of The Open Door, said he's not aware of anyone offering the service professionally here.

When it comes time to figure out who should take part in the intervention, consider asking "meaningful people" — those who are close to the addict and can speak to the physical and emotional changes they've seen in them as the disease has progressed, according to specialists at The Open Door.

People participating in the group should plan on meeting to discuss their feelings first before the intervention occurs.

Each will need to write a letter, stating how much the addict means to them, how their behavior has affected them and what they would like the relationship to be in the future.

The letter must not express anger; it should be loving and supportive, yet firm.

Lawyer said the prep work that occurs before the actual intervention is key to making it successful.

An issue of supply and demand

Education, enforcement both needed

May 11, 2014

By SAM KUSIC

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Some might argue that society's approach to the drug problem should be to lock up the offenders, users and dealers alike. Others, meanwhile, might argue that the approach should be to cease making drug use an offense at all.

So which is the answer?

From where U.S. Attorney David Hickton sits, the proper approach really is from two ends, the supply side and, more importantly, the demand side.

And that, he said, means emphasizing

education and prevention and steering people into treatment, but while continuing to vigorously prosecute dealers. There's a bright line to be painted, he said, between sick addicts and criminal drug traffickers.

"I believe that in the context of my responsibilities, it's important to work on both the supply side, where we prosecute drug traffickers, and work with community stakeholders on the demand side to do a better job of taking care of people so they don't become purchasers of drugs," said Hickton, who represents the Western District of Pennsylvania.

"We have a massive community education effort in front of us, and we have a huge public health crisis," he said.

And to be sure, addiction is a health problem, not a moral failing, he said, one that needs to be taken out of the shadows.

"This is a big problem. And when we get it out of the shadows, we're going to once and for all be able to let everybody stop dealing with it in the dark and with shame. Once we do that ... then there's not going to be a market for some of these drug dealers."

Hickton's approach is reflected in federal drug policy, as outlined in the White House's 2013 National Drug Control Strategy, which notably recognizes that addiction is not a moral failing.

"Decades of scientific study show that

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addiction is a disease of the brain that can be prevented and treated," it states.

"While smart law enforcement efforts will always play a vital role in protecting communities from drug-related crime and violence, we cannot arrest our way out of the drug problem."

It advocates a multipronged approach emphasizing prevention of drug use through education; greater access to treatment; and reformation of the criminal justice system, locking the revolving door of addiction, arrest and reincarceration.

For his part, Hickton has put together an advisory group called the U.S. Attorney's Working Group on Addiction: Prevention, Intervention, Treatment and Recovery.

It was formed to develop solutions to western Pennsylvania's opiate overdose epidemic.

The group has begun meeting, and Hickton said he hopes that it will have something concrete to show for its effort sometime in the next 60 days.

His group isn't the only one working on the problem.

On Friday, Gov. Tom Corbett announced he had put together a task force to look at the state's opioid addiction problem. It's being overseen by Gary Tennis, secretary of the state's Department of Drug and Alcohol Programs, and it's to have some recommendations ready by September.

"As a former prosecutor, I've seen too many lives ruined because of addiction," Corbett said in a statement announcing the task force. "This is a problem that cuts across geographic, social and economic boundaries. It affects families from rural areas, to suburban areas, to our cities. And it is doing so at an increasingly alarming rate," Corbett said.

"We need to educate our citizens, coordinate the enforcement of our laws and engage our communities to address this issue."

There is a financial incentive for doing so — it's expensive to lock people up. And there are a lot of addicted people who are locked up.

"Prisons hold a disproportionate number of society's drug abusers. Approximately 50 percent of state prisoners meet the criteria for a diagnosis of drug abuse or dependence; however, only 10 percent of prisoners receive drug treatment," according to a paper written by researchers at Temple University and the nonprofit research institute RTI International.

In the paper, researchers examined the long-term outcome of diverting convicts facing reincarceration to community-based treatment programs.

To do that, it took the 2004 population of people in state prisons, and using computer modeling, projected lifetime outcomes, given varying chances of being placed into treatment instead of being imprisoned.

After running the numbers through the model, researchers calculated that the criminal justice system would save \$4.8 billion under one scenario and \$12.9 billion in costs under the other.

"These savings are driven by reductions in crimes committed, which translate into lower policing, adjudication, and incarceration costs," researchers wrote.

"The diversion scenarios demonstrate that avoided incarceration costs are a substantial portion of the cost savings. Importantly, these are conservative estimates of the cost savings to the criminal justice system (although perhaps politically more realistic) because they assume that community-based treatment costs are paid by the criminal justice system."

Locally, District Attorney Patrick Dougherty said he, too, recognizes a need to treat the addicts differently than the traffickers.

Sometimes, though, it's not always exactly clear who the dealer is and who the user is. In fact, they're often both — a user who's selling as a means to support the addiction, he said.

For Dougherty, it's a question of who truly is profiting from the deal.

"Where you have to draw the line," he said, "you have to see who is actually making the money off the drug transaction."

Sometimes, though, those people are hard to prosecute. Dougherty said authorities are finding that the higher level dealers are choosing to be mobile, traveling in from other areas. They don't live in the areas they're selling, he said, and so instead they'll flop at the homes of their customers for short periods of time.

And when it comes time to do a deal, they'll dispatch someone else to execute the transaction.

"You never see them getting their hands dirty, for a lack of a better term," he said. "Essentially it's the Wizard of Oz, the guy behind the curtain pulling all the strings."

Despite the talk of working with people suffering from an addiction, Hickton and Dougherty each stressed that their comments shouldn't be taken to mean they are going easy on drug crimes.

Hickton, for one, said he remains committed to identifying every criminal drug organization he can find and disrupting them through prosecution.

"These are criminal business enterprises, and I am giving no quarter in our effort to disrupt them after we identify them and prosecute the criminals," he said.

Dougherty, meanwhile, said he is willing to give leeway only to an extent.

"In everyone's life you come to a point where there are consequences to your actions," he said.

Although some are ready to accept help and change, others are not, he said. And may never be.

"Some will never be ready to give up that lifestyle, to give up the addiction," he said. "In those situations we have to give people every option to get the help they need. But ultimately, if they're not willing to do that, if they're repeat offenders, then all bets are off. We have to protect society."

Drug court offers a second chance

May 11, 2014

By HEATHER BLAKE

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On a recent Thursday at the Indiana County Court House, District Attorney Patrick Dougherty gathered in a courtroom with fellow members of the county's drug treatment court team and discussed the week's progress of several offenders in the program.

There was no talk of fines and sentence lengths, just words of encouragement, even if tough.

One man was having difficulty holding a job, so to keep moving in the right direction, it was recommended that he bring five copies of completed job applications with him to his weekly court sessions.

"You know I get on your rear end; obviously I do it for a reason — I want you to succeed," Dougherty told him. "There's something about you that makes me want to kick you in the ass sometimes.

"I need you to step it up, get a job, get it done so (the rest of the team) can get off my back for being so mean to you," he joked.

In another case, the team learned a defendant was late to a recent group meeting due to work and having to care for his child. Even though he had called to say he was going to be late, Dougherty warned him: "That sends up a red flag. Things like that make us concerned."

"You're doing well," Dougherty told him. "We don't want to see you get so frustrated that you go back to a bad place."

The young man told Dougherty he was going to start looking for a new job with hours that work better for him because his recovery comes first.

"This program is to set you up for life," Dougherty said. "Get a good work history, get a good recommendation and move forward."

This is the weekly routine for this six-member team of the treatment court. For the people who enter the program, it's a life-saving second chance.

And for the drug treatment court team, it's an opportunity to help the addicted overcome their disease and once again become productive members of society.

The court is an alternative sentencing program intended to steer certain nonviolent defendants — those whose drug or alcohol

abuse is at the root of their criminal activity — into recovery instead of into a prison cell. It's a rigorous program, and those who are admitted subject themselves to extensive monitoring and rehabilitation.

Even requests for activities or visits to see a friend or family member are at the sole discretion of the team because it could be a trigger for the offender to relapse.

For example, one participant requested to visit his grandmother and to go to a gym. Dougherty told him that the team's probation officer would follow up with him about visiting his grandmother, but denied the gym request because the client is on house arrest.

"As long as you put forth a great effort, we'll help you" move off house arrest, Dougherty said.

The court is overseen by a six-member team made up of Indiana County President Judge William Martin; Dougherty; Chief Probation Officer Michael Hodak; Lisa Prebish, a case manager with the Armstrong-Indiana-Clarion Drug and Alcohol Commission; Amanda Yurky, a probation officer; and criminal defense attorney Thomas G. Johnson. Barb Elkin, a licensed professional counselor at The Open Door, also serves on the team in an advisory capacity. The court is one of 31 in Pennsylvania. Indiana County created its treatment court in January 2007 as a way to deal with a growing number of drug-related cases.

Martin said he likes the program and continues to be involved because he gets tired of "sending people to prison and we're just warehousing them and there's no treatment. And when they do get out, they're going to re-offend in a continuous cycle," he said.

"In treatment court, we get to break that cycle and don't have to have them come back time and time again," he said. "They're able to learn how to address their addiction and live drug-free."

It's a voluntary program, and when a defendant applies for admission, he or she is interviewed, given a drug and alcohol assessment, and eventually appears before the drug court team.

The team votes on whether to accept the defendant. At least four members must vote in favor of accepting a defendant.

Dougherty said the team considers, among other things, the defendant's age, the crime he or she committed, any previ-

ous attempts at treatment and their drug of choice. Most who enter the program — about 60 percent — have been abusing heroin or some other opiate.

Defendants also are commonly using marijuana, alcohol and crack cocaine. Upon entering the program, defendants essentially give up control of their lives and surrender themselves to intensive monitoring and oversight by way of house arrest, home visits and frequent random drug testing. Defendants also have to seek approval on where they can work and live, Dougherty said.

The program usually begins with a 30- to 90-day stay in a residential treatment facility, depending on an addict's level of need, Dougherty said. From there, the defendant will "step down" to a halfway house for anywhere from three to six months. Afterward, the defendant returns home and is placed on house arrest, their movements electronically monitored usually for 60 to 90 days. They may also have to wear an electronic bracelet that can detect whether they have been drinking.

Offenders are given "windows" during their house arrest to attend outpatient treatment at The Open Door and support group meetings, such as Alcoholics Anonymous or Narcotics Anonymous.

Additionally, participants meet regularly with their case manager and probation officer.

"As they earn their freedom back, as they elevate through the program, some of our restrictions fall away," Dougherty said.

Every Thursday the team meets to hear reports from Prebish and Yurky on the progress of each defendant in the program. And the team makes decisions related to the defendant as a whole.

"That's the part I like about it — everyone's in the room and has a say, and no one's vote outweighs anyone else's," Martin said.

"We've taken some votes where I've been on the losing end," he said.

Defendants in the program must follow a strict set of rules, and if someone slips up by, say, failing a drug test, the team must determine what sanctions will be imposed. Those can range from sending the individual back to a treatment program, some time in jail, or expulsion from the program, Dougherty said. People who are expelled are sentenced as they would have been had they not entered the program.

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The number of participants in the program at any given time varies — as some graduate, others are admitted, Dougherty said.

Martin said the program has had as many as 18 participants in it at one time and as few as seven or eight. Right now, there are 10 or 11 people in drug treatment court, Martin said.

Dougherty said that for a while, the numbers seemed to be down a little bit.

“People in the jail were saying, ‘Don’t do that program; it’s too hard. Just go to jail and do your time.’ But the numbers have turned around, and I think we’re seeing more applications over the last six months than we’ve seen in a while,” he said.

Drug treatment court, with its treatment-intensive focus and many requirements, isn’t for everyone, and some, in fact, choose to serve their sentence instead of entering the program.

Dougherty lauds what the program has done for its graduates.

“The people that graduate from our program are employed, paying taxes. They are clean, and they now have some job skills. And they’re building positive work histories,” he said, emphasizing that getting a job is one of the program’s requirements.

In its time, roughly 100 people have participated in the program, Martin said. Thirty-two have successfully completed it, reclaiming themselves from the destructive

grip addiction held on their lives.

Of the ones who have graduated, Martin said, quite a few are now gainfully employed. There’s at least one who is close to graduating from college. And others have spent years being sober and are leading good lives and holding jobs in trades such as electricians, painters and carpenters.

Martin said the people in program have been involved with the criminal justice system for extended periods of time, so it’s rewarding to see them turn their lives around.

“You see who the real person is, not the addict or the person they were when they were on drugs,” Martin said.

As rewarding as it is to see the change in an offender from beginning to end, those involved in the program aren’t the only ones who benefit. Society does, too.

“Although (the defendants) are being serviced by a probation officer and other people being paid by tax dollars, (the defendants) are not in jail, which is a significant savings in terms of jail time,” Martin said.

“When they complete the program, they’re employable, they pay their taxes and they’re no longer addicted to drugs or alcohol. You don’t get the derivative crimes that come from that, the retail theft, access device fraud (and the like),” he added.

“It’s a significant savings to everybody,” Martin said. “Some of these people wouldn’t only just be in county jail, they’d be looking at state sentences, so it would be an extended

period of incarceration at the state level.

“So there are substantial savings. Our graduates are taxpaying citizens back on the tax rolls.”

Between the beginning of the fiscal year on July 1, 2013, and March 31, treatment court spared defendants from a cumulative 1,703 days of incarceration, according to Yurky, saving taxpayers tens of thousands of dollars. Dougherty said it costs the county \$55 a day to incarcerate someone in the county jail.

But really though, the point of the program is to do what’s best for people suffering from a disease, officials say.

“Ultimately, the goal of the program is for defendants to regain control of their lives” and not letting the addiction control their lives, Dougherty said.

“We’re giving them coping skills so they don’t relapse — finding friends, social networks either through the Alcoholics Anonymous or Narcotics Anonymous community, finding sober supports for these people,” he said.

And Martin said that not only does the program help addicts, but the people who are close to them as well.

“The person we start with is not the person we finish with,” he said. “The common comment that you hear all the time from ... family, friends is, ‘I’ve got my son back.’ ‘I’ve got my daughter back.’ ‘I’ve got my brother back.’”

Most crime tied to drug scourge

May 11, 2014

By HEATHER BLAKE

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If he had to put a number on it, roughly 75 percent of people entering Indiana County Jail have, to one degree or another, an issue with drug or alcohol use, said Indiana County District Attorney Patrick Dougherty.

“It’s societal right now,” Dougherty said. “The majority of people we’re arresting are tied up in some way with drugs and alcohol.”

Chief Public Defender Donald McKee said Dougherty’s estimate may even be “conservative.”

“Most of our clients that are doing burglaries, robberies, thefts, writing bad checks are all drug related,” he said.

“They’re drug related in a sense that these people were looking for a way to find

money to buy their drugs.”

Warden Sam Buzzinotti declined to offer a more precise figure on the number of inmates who have drug and alcohol issues, citing security concerns.

But no matter the exact number, county officials said there are many. And jail is not exactly a supportive place to be, especially for those who have become physically dependent upon a substance.

Incarceration brings an abrupt halt to their use and forces them into withdrawal. But because the jail has no detox program, inmates must suffer through withdrawal symptoms in their cells.

“When they detox, they’re basically cut cold turkey. There’s no medical program or treatment like they would receive at a facility where (the withdrawal) is medically monitored,” Dougherty said.

For the most part, withdrawal symptoms are extremely unpleasant, but generally not life-threatening. However, in some cases the symptoms can be dangerous, depending on the substance the user has become dependent upon.

So, Dougherty said, the jail keeps a close eye on withdrawing inmates and takes them to a hospital if and when medical issues arise.

But otherwise, they’re not given treatments in the jail that could alleviate the symptoms.

“The guards are watching them and checking them, but unless it’s a major medical issue, they’re not getting that attention,” he said.

Moving beyond withdrawal, Dougherty said, there are programs run by The Open

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Door to help inmates work on overcoming their substance abuse.

Dougherty said the county's drug problem isn't likely to improve on its own, and indications are that it's only going to get worse.

"More and more people tied in with the system are involved with drugs and alcohol," he said.

McKee said he saw an upswing in the drug problem about five years ago.

But, he said, many others don't believe Indiana County has a drug problem at all. If they're not the victim of a robbery or other crime, they're unaware of the influx of drugs and the drug-related crimes taking place in the county, he said.

Drug use and the associated problems are not unique to Indiana County, McKee said.

"Surrounding counties are facing the same problems that we are," he said. "It's a problem in western Pennsylvania and the whole region. It's not just us."

There are no easy answers to the problem, McKee said.

"There are a lot smarter people trying to figure this out: How do we do this? How do we manage it?" he said. "If there was an easier answer it would have been done years ago. There doesn't seem to be an answer."

McKee said he believes state-run treatment programs need to be implemented to address the problem.

"You can't put every person that's using heroin in jail," he said, adding that roughly \$2 billion of the state budget goes to the Department of Corrections. "If it's a nonviolent drug user ... they have to develop some new programs that will address treatment as opposed to incarceration."

McKee said the county's drug treatment court "does a fine job," but it doesn't address every drug user.

He said there needs to be other programs to get users help, both before they fall into the criminal justice system and after they are freed from it.

McKee said he has had clients who tell him "they'd rather sit in jail because it's the longest they've been clean, and if they get out, they know they're going to use."

On the lifelong journey of recovery

Seeking change key to renewal

May 18, 2014

By **SAM KUSIC** and **JULIE E. MARTIN**
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Recovery from addiction is, in fact, possible. It's not easy, and it's not an overnight process, but it is achievable, according to addiction specialists.

"I see people recover every day," said Mike Krafick, the certified recovery specialist supervisor at the Armstrong-Indiana-Clarion Drug and Alcohol Commission. "I've seen people turn it around and lead completely different lives."

Krafick said the first step toward recovery is committing to recovery.

"The desire to change is a starting point," he said.

Or, alternatively, it's recognizing the need to change once the consequences, the impaired health, the ruined careers and the lost relationships, begin to arise, said Vince Mercuri, executive director of The Open Door Alcohol and Other Drug Treatment Center.

But regardless of what is motivating a person, recovery will require effort all the same.

"It takes energy, action and intention," Mercuri said. "It can't be something that you do (half-hearted). You need to pour as much energy into getting sober as you were trying to use."

Recovery also is likely to take some time. After all, the addiction wasn't developed overnight. But how much time varies, ac-

ording to Dr. Kenneth Thompson, medical director at the nonprofit Caron Treatment Centers, based in Berks County.

"The recovery rate is different for everyone who uses drugs," he said. "And it is also contingent on the quality of the recovery program and their engagement in that recovery process."

Thompson said there is no straight path to remission. "Healing is a process that goes through stages, regardless of what type of wound a person suffers from," he said.

"For instance, if one has a deep cut in the skin, the healing process sometimes hurts. And, if the healing wound is irritated by something such as pulling on the injured skin, the process is slowed; this is similar to returning to drug use for an addict."

Unfortunately, relapse is a common occurrence for those in recovery.

"Like any other chronic condition, addiction rarely abates after a single course of medication or other treatment or after a single attempt to alter one's lifestyle or behavior," according to a 2012 study by the National Center on Addiction and Substance Abuse at Columbia University.

"As is true of other chronic conditions, individuals with addiction can have symptom-free periods and periods of relapse," researchers wrote.

Relapses, when they occur, shouldn't be taken to mean that the person in recovery has failed; rather, it suggests they may need

a different type of treatment. In terms of effectiveness, not all treatments are equal, and because recovery is variable, what works for one person might not work for the other.

A relapse may also suggest that the addict simply needs more treatment.

Too often, Krafick said, addiction is treated as an acute injury, like, for instance, a broken leg, and not a chronic disease for which there is no cure.

The Columbia study noted this problem as well.

"Very few people with addiction actually receive adequate, effective, evidence-based treatment, and the usual approach to treatment involves brief, episodic interventions rather than a model based on long-term chronic disease management. As a result, high rates of relapse, while comparable to other chronic diseases, may be due at least in part to inadequate or ineffective interventions and treatments," researchers wrote.

Treatment can take a variety of forms. For some, treatment might be an extended stay in a residential program. For others, it might be ongoing participation in outpatient counseling sessions. For others still, it might be medically monitored detoxification. And it might also involve prescription medication to either help reduce cravings or to replace the abused substance.

And actually treatment is only the beginning of recovery. Like a person with diabetes or asthma, management of the disease

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requires diligence.

"Recovery is like walking up a down escalator. The minute you quit walking toward the top, you're going to start going backwards toward relapse," Mercuri said. "If you're not moving toward recovery, you're moving toward relapse."

Sometimes the steps to relapse are so small the addict doesn't realize he or she is heading in that direction.

Therefore, Krafick said, it's extremely important to be wary of the thinking that says that you have returned to normal, that maybe you can have a beer socially or that you can take that painkiller without consequence.

"The one thing about the disease of addiction is that it's the only disease that tells you you don't have a disease or you don't have a disease any more," Krafick said.

Abstinence is but one part of an effective continuing care plan, said Mercuri, who refers to what he calls the ABCS of such plans — abstinence, behavioral changes, counseling and spirituality.

Probably the most difficult of those, he said, is the behavioral changes.

"That's where the rubber hits the road," Mercuri said. "We're telling people to change their lifestyle. And changing your lifestyle is extremely difficult to do."

He said lifestyle changes involve removing oneself from the people, places and things

associated with the past use. So for an alcoholic it might mean avoiding the bars. Or for a drug user, it might mean severing ties with those with whom he or she used.

In some cases, those people may be family.

Mercuri said that although a goal of treatment is to unify families, not drive them apart, there are circumstances under which some hard choices may have to be made in support one's recovery.

But, he said, the addict first should try to include his or her family in treatment. And, if necessary, set boundaries and limits with family.

Mercuri said that aside from lifestyle changes, recovery involves learning new ways to deal with everyday matters, things such as emotions, relationships, sexuality, authority and family.

And again it takes diligence because addiction is a chronic disease. And it's chronic because of changes that have occurred in the brain.

Even for those who seem to be in full remission, changes in nerve connections and gene expression remain, Thompson said.

"This, we speculate, may be one of the reasons why when someone returns to drug use, there are rapid and dramatic changes in the brain, as if they had never stopped using drugs," he said.

"A switch, so to speak, has been permanently turned on in the brain which controls

an area of the brain that lies in wait for the next drug. Addiction is a chronic disease that can be treated, but never cured."

That having been said, Thompson said some reversals do occur, which science knows because they have been observed. In other cases, there may be changes that only are partially reversed, he said.

Ruben Baler, health science administrator with the National Institute on Drug Abuse, a part of the National Institutes of Health, said drug addiction is in essence a learning process, a maladaptive one to be sure, but a learning process nevertheless. In that process, the brain adapts to changes in the neurochemistry caused by the drugs.

So in one sense, addiction is not unlike learning a new skill, such as riding a bicycle.

And that's why addiction specialists stress the importance of abstinence in adolescence — at that time in life, the brain is keenly attuned to new learning and experiences, and so it's much easier for long-lasting habits to be formed.

But those habits, through therapy, can be unlearned, he said, and the connections and pathways created through the addiction, the "trenches," he said, may be filled in. However, they are difficult to completely cover up, Baler said.

"Deep or shallow, the traces of those trenches are likely to remain just under the new learning," he said. "This is why recovering addicts face such an enduring risk of relapse."

Support group integral to one addict's recovery

May 18, 2014

By JULIE E. MARTIN

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For Brian, a support group with a specific focus made the difference between heading down a road of self-destruction and finding a pathway to hope.

A nearly lifelong battle with substance abuse brought Brian (his real name) to different programs, but none made the impact needed to turn his life around.

"I never thought I'd be here now," he said of his struggle with addiction. "I figured it would kill me."

He credits Celebrate Recovery, a Christianity-based support group, with having made the difference. The support group — there is a chapter in Homer City — is a recovery program that draws heavily from Alcoholics

Anonymous.

But whereas AA emphasizes spirituality over any specific religion, Celebrate Recovery is decidedly Christian. So while AA recognizes a nonspecific "higher power," Celebrate Recovery recognizes that higher power as Christ.

It was that particular aspect that made the difference for him, said Brian, now 43.

He said his problems date to his childhood — he started drinking when he was 7.

His family environment was abusive, he said, and he found escape in drugs and alcohol.

"A normal person for me was drinking and doing drugs. That was normal for me," he said. "I never knew what you might say a 'normal life' was."

He first went to rehab when he was about 18 and tried several other times over the

years, only to meet with varying degrees of success.

It wasn't until his wife suggested he look into Celebrate Recovery that he found something that worked.

"I go to church now. I got baptized, became a member of a church," he said.

At the meetings, he shares his story and makes himself available to anyone who needs help with addiction. He also hopes to start a Celebrate Recovery chapter in the Black Lick area soon. There's little chance that he would have thought doing such a thing was in the cards for him not too many years ago, he said.

"I live now in peace. I don't have to hide anymore," he said. "I'm living life free from drugs and alcohol. I never thought I would find God and become 'one of those people,' as I used to say."

Facing a double-edged sword

Mental illness, addiction often go hand in hand

May 25, 2014

By **SAM KUSIC** and **JULIE E. MARTIN**
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Just as the body can suffer from more than one illness at a time, so, too, can the brain.

And more often than not, an addict has both an addiction and a mental illness, such as depression or bipolar disorder. Addiction specialists refer to such cases as a dual diagnosis or a co-occurring mental disorder.

According to the federal Substance Abuse and Mental Health Services Administration, 8.9 million adults have a co-occurring disorder.

Vince Mercuri, executive director of The Open Door Alcohol and Other Drug Treatment Center in Indiana, said that as many as 70 percent of the people who turn to his organization for help are suffering from some form of mental illness. Roughly half of those have already been diagnosed. The other half, he said, are diagnosed after undergoing an evaluation at the center.

Ralph May, chief clinical officer at the Community Guidance Center in White Township, said he, too, sees many people with mental illnesses struggling with substance abuse problems.

"There is a very strong correlation between mental illness and addiction," he said.

Alone, each is a treatable problem. And together, it remains a treatable problem, although there are some special challenges.

For one, there is the basic problem of numbers — the addict is suffering from not one, but two illnesses. And secondly, each illness on its own carries a negative social stigma. Put the two together, the barrier between the addict and social support becomes all the larger.

However, that's not to say treatment is unattainable. Because it is, May said. The key, he said, is the degree to which the person is engaged in his or her treatment.

"It's not always sunshine and rainbows. But if you work the program, you recover. You get better. You get your life back," he said.

Mercuri and May said the idea of co-occurring mental disorders is relatively new, dating to the 1980s. And the current approach to treating it is even newer, maybe going

back about 15 years.

Initially, Mercuri said clinicians took a sequential approach to the problem, believing that the addiction had to be treated first before treatment for the mental illness had any chance of being successful.

"This model fails miserably," said May.

The problem, he said, is one of practicality: "It's awfully hard to dry out when you're not in touch with reality and can't stick with a treatment plan."

So clinicians never really could begin to treat the mental illnesses because the addict was constantly cycling in and out of addiction.

In the current thinking, clinicians recognize they need to treat both. At the same time. As one problem. This is what's known as the integrated approach.

"We want to amplify the opportunity for good outcomes by treating both," Mercuri said.

In this model, the severity of the problem can be graphed on a quadrant. An addict might have a mild mental illness and mild substance abuse problems, or a severe addiction and a severe mental illness. Or he or she may have mild substance abuse problems and a severe mental illness and vice versa.

Plotting the severity of the overall problem allows clinicians to tailor a treatment plan to the addict. And treatment isn't necessarily predicated on determining which problem begat the other, Mercuri said, calling it a chicken-egg dilemma.

Mercuri said that sometimes the addiction leads to the illness.

Other times the illness leads to the addiction, such as when a person begins taking drugs to alleviate the illness' symptoms.

And in other times, a person simply happens to have both, and the two create a sort of feedback loop.

Explains Krista Pounds, a clinical psychotherapist at the Community Guidance Center: "You use because of your mental health condition and because of your mental health condition, you use. So they kind of rebound off of each other."

But no matter the cause, the problems have to be treated, and therefore, Mercuri said, the important thing becomes finding a way to help the addict improve the quality

of his or her life.

One of the first steps, then, is to get a diagnosis. And to that end, the Open Door, the county's primary addiction treatment center, and Guidance Center, the county's primary mental illness center, work hand in hand.

The two organizations have adopted a "no wrong door approach," which means that regardless of whether a person has an addiction alone, a mental illness alone, or both, he or she can turn to either place for an initial evaluation. And based on the result, each will steer the addict to the more appropriate facility. Or to both, if need be.

And beyond that the staffs of the two facilities closely consult each other. Once a week, they sit down and discuss patients, their progress and their treatment on a video conference call, May and Mercuri said.

When it comes to treating the problem, Mercuri said there are two important aspects.

One is that the overall treatment has to be specific to the mental illness the addict is suffering from. And nor should the mental illness be given priority over the addiction or vice versa, he said.

The other aspect is compliance with doctors' orders on prescription medications. Taking medication for treatment of a mental illness is just as important as going to support groups for treatment of addiction, Mercuri said.

"Those two things needs to work together," Mercuri said. "Neither one should be seen as more important than other."

May said that can be a bit tricky, as on one hand, clinicians are telling an addict to stop taking a substance, but then on the other, telling them to take a substance.

In fact, some treatment models dictated that the patient had to be completely free of all substances. But the reality is that with medication, the chance of relapse declines because the addict is less compelled to self-medicate, May said.

Pounds, the psychotherapist, said that another important component of treatment is an early diagnosis. The earlier, the better, she said.

"If not identified quickly," she said, "it could turn into something else. An adolescent could turn to drugs instead of a prescription."

Impact ripples through families

May 25, 2014

By **SAM KUSIC** and **JULIE E. MARTIN**

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Addiction is a disease, but the person suffering from it isn't the only one who feels its effects, according to Robert J. Ackerman, a former Indiana University of Pennsylvania professor and a nationally recognized addiction specialist.

In fact, Ackerman said, any one person who abuses a substance jeopardizes at least four other people around them.

"This does not count extended families, friends or co-workers," he said. "In reality the number is much higher than four people."

Ackerman is the former director of IUP's Mid-Atlantic Addiction Research and Training Institute. He currently teaches at the University of South Carolina Beaufort.

He also is a co-founder of the National Association for Children of Alcoholics and is the author of more than a dozen books, including "Children of Alcoholics: A Guidebook for Educators, Therapists and Parents." It was the first to examine the effects of the disease on children whose parents suffer from it.

And he knows of what he speaks — his father was an alcoholic who entered sobriety in his late 1950s. "It was good to be around him when he was sober," he said. "It was hell to be around him when he was drinking."

Ackerman said addiction has ripple effects — marriages fall apart, children grow up in violent households and negative emotions come to dominate. Therefore, it is important for the family of an addict to seek support for themselves, regardless of whether the addict is in treatment, he said.

In his work, he routinely hears family members rattle off a litany of sins the addict has committed.

"And my response is, 'What are you doing? What about you?'" he said. "Each member in the family has the right to recovery. We don't have to wait for our addicted family member to go into treatment."

He said family members have to take care of themselves, not only for the sake of their own well-being but, really, for the sake of their addict. Otherwise, he said, it's impossible to work on a healthy recovery plan, one in which all are on same page.

A part of those plans will invariably include

an effort to steer an addict into recovery. One way to go about it is by of what's known as Johnson Institute intervention, a type of climatic intervention in which family and friends sit down with an addict and encourage him or her to enter treatment, oftentimes by applying some leverage.

Ackerman said that if a family chooses to organize one, they should consider asking a professional interventionist for help. A professional can offer guidance on what to say and what not to say and what to do in the event that the addict grows angry and storms off.

There are, however, other ways to intervene and encourage an addict to enter treatment, said Laurie Roehrich, an IUP professor and clinical psychologist who specializes in addictive behavior.

"The reality is that interventions can occur at many levels," she said. "You don't want to get trapped in the myth that it must be confrontational and dramatic."

She said substance abuse and dependence are variable and play out differently for each person. So some creativity certainly doesn't hurt in thinking of ways to intervene, and neither does referring to the science on what may and may not work.

And the science, according to psychologist and author Robert J. Meyers, says that an alternative method he has developed works.

He calls that method Community Reinforcement Approach Family Therapy, or CRAFT, which he describes in his book, "Get Your Loved One Sober: Alternatives to Nagging, Pleading and Threatening." The method, based on a strategy employed by professionals, does away with confrontation and the listing of sins of the addict.

"What good does that do to lay all of that stuff on (the addict) like he doesn't know it? People already know they're in deep trouble. All it does is make that person feel worse," said Meyers, who is retired from the University of New Mexico and its Center on Alcoholism, Substance Abuse and Addictions.

In his method, family members are taught how to embrace the addict when he or she is sober, but distance themselves when he or she isn't. In that way, family members reward and reinforce positive sober behavior and ignore the negative addiction behavior.

"What we're teaching them to do is reward the good (behavior), stay away from the bad (behavior), and let them know you

care about them every time you can," he said.

CRAFT also emphasizes the importance of allowing the addict to suffer the consequences of his or her behavior and shows family members how to recognize their own enabling behaviors.

Another nonconfrontational approach is called motivational interviewing. Although not an intervention method — it's a counseling technique for professionals who have been trained in it — there are some take-away principles that could be useful for family members.

The method's goal is to help the addict recognize his or her own problematic behavior through nonconfrontational, empathetic questioning.

Roehrich said a conversation between an alcoholic and a clinician employing the technique might look like this:

"I know how much you seem to enjoy going out to bars or parties and having fun, and often that seems to involve a lot of alcohol. I also know how much you love your family. They seem worried about how much time you spend away from them and that you seem out of it and distant when you have been drinking. The bars and partying seem like they might not jibe very well with your values as a parent. I'm wondering what your thoughts are about that?"

"It is not pushy or confrontational," she said. "You roll with resistance, point out discrepancies, empathize with their ambivalence and help them to explore options for treatment or other methods for dealing with the problem."

Ann Sesti, an assistant director at IUP's Center for Health and Well Being, said the method is about trying to understand what motivates an addict and what would motivate them to stop using, or at the very least, to stop using so much.

"The whole process really avoids directly telling them what they need to do. That just creates resistance, which then blocks motivation to change," she said.

All that having been said, Roehrich reiterates that there is no one right approach because addiction itself is variable.

But if there is one basic rule to keep in mind, it's this: "The most important rule would be to intervene early and often, and with compassion. Don't be a bystander," she said.

Addict values second chance

May 25, 2014

By SAM KUSIC

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This version of Dan, the one who has a marriage and a job and a motorcycle, has come to realize that there is more to life, that there are second chances. The past version of Dan (his name has been changed) didn't see things that way, and it took the 34-year-old a long time to learn otherwise.

For much of his life, drugs were all Dan knew. He had grown up in a broken home, and early on he found that certain substances helped make life a little bit more bearable.

His problems started with marijuana. And it progressed to whatever he could find, including gasoline. He'd huff that on occasion. He had entered a group home and managed to straighten himself out.

And he did. But by his early 20s, he was using again, at first as the means to a good time. But as it does, his use progressed, and eventually he used because he needed to use. And if he didn't have the money, he'd steal it.

"I should have been in prison by then because of all the stuff I was getting into," he said. By the time he was 26, the weight of his situation came crashing down, "I realized that I was looking at death. I was staring at it," he said. "I had no feelings. I was numb. I didn't know how to love someone. I didn't know how to be loved." For him, relationships were a one-way arrangement — what did the other person have to offer him?

"And beyond that, what do you have that I could take from you?" he said.

Then a voice in his head told him to pick up and go. "I don't know where it came from, but it said, 'Just leave. Leave everything.'"

Which wasn't all that hard. "I really had nothing except for the people I was getting high with."

So he took a bus to West Virginia. And from there, he hitchhiked south.

He didn't have any particular place in mind, just south, along the coast, a warm place where maybe he could find work on a boat.

Ultimately, he wound up in Charleston, S.C., and took up in a homeless mission. And found work painting homes.

His recovery wasn't instant. And it wasn't easy. It was slow and it came in stages.

He was helped along the way by some people who had lived the life. They lifted him up, he said. "They knew what that second chance meant to somebody," he said.

And he found faith. "That's what changed me," he said.

He's been married for three years now. The marriage, the home, the motorcycle, these are things he thought he would never have in his life. Some days, he said, it's euphoric to wake up and realize that he does.

But, he said, it's not easy. "(Things) could fall off at any moment, and I don't take it for granted. None of it," he said.

It takes hard work every day to keep it all together, he said. And there are no guarantees. Returning to the drugs, though, has a guarantee — a hollow, empty life, he said.

Drug OD deaths soar in 2015

February 4, 2016

By SEAN YODER

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The drug epidemic sweeping through western Pennsylvania left its mark last year with a record 36 substance-related deaths in Indiana County, according to Coroner Jerry Overman.

Of the three dozen, 15 were women. Nearly all of the deaths were ruled as accidental except for one suicide and one undetermined.

All of the deceased were white except for one person who was black. In 10 of the deaths, heroin or prescription medication was listed as the primary cause, but in an additional 17 cases the primary cause was combined drug toxicity or multi-drug toxicity.

Alcohol and ketamine were cited as other primary causes of death.

In some cases, the primary cause was accident-related with a drowning, stroke and two from blunt force trauma.

THE NUMBERS

U.S. Attorney David J. Hickton, whose offices serve western Pennsylvania, said on Friday that counties in his jurisdiction are breaking records.

"It's a national problem and the overdose deaths are still climbing," Hickton said by phone. "I heard today that the death rate in Washington County was 72 and in Allegheny County it was 325, which are records."

Westmoreland County reported a record 117 overdose deaths for 2015. That's compared to 87 in 2014 and 22 in 2002. Of those deaths in 2015, 50 were due to heroin and 70 to opioid medications, though officials said in their report that in 105 of the cases they investigated there was a mixture of drugs in the deceased's system that led to acute combined drug toxicity. There are still eight cases pending there from last year.

Vince Mercuri, executive director at The Open Door, said statistics show heroin and opioid abuse are clearly on the rise again.

"If you go back seven or eight years it was

pretty significant, but there's even been an uptick recently in the amount of opiates that people are using."

Hickton and Mercuri both said there are no demographic common denominators, with Mercuri calling it an "equal opportunity destroyer."

"The only trend is that there is no trend," Hickton said. "It affects people of all ages, of all races, of all genders, of all ethnic backgrounds. It affects people in rural areas, in urban areas equally. It's really the convergence of the heroin problem with the opioid problem on top and the interrelationship between the two."

Pennsylvania was named by the Centers for Disease Control as a state that has seen a statistically significant increase in drug overdose deaths compared to the rest of the U.S. From 2013 to 2014, overdose deaths increased by 12.9 percent in Pennsylvania.

Nationally, 47,000 people died last year from drug overdoses. For perspective,

Deaths continued on next page

Deaths continued

33,000 people died in car accidents in 2015, according to the National Highway Traffic Safety Administration.

TREATMENT CENTERS

Mercuri said The Open Door is seeing an influx of clientele seeking treatment and is busy, with heroin being the leading reason for those seeking help.

He said they have responded by increasing their census capacity for Suboxone to 40, up from 25, and in July started bringing in a moving naltrexone clinic. Naltrexone is better known by its brand name Vivitrol, which is a shot administered by a doctor once every 28 days and blocks certain receptors, making it impossible to get high.

The Open Door is also stepping up its efforts at the Indiana County Jail with what Mercuri called "an intensive outpatient program," which will roll out in the next two weeks with help from other organizations such as the Armstrong Indiana Drug and Alcohol Commission. This way, inmates can begin getting medication and treatment and will have a better chance of staying clean when they are released.

One new trend that Mercuri has seen in recent years is that more people are willing to snort heroin because of its increased potency.

"Because the heroin is so potent, you can get a pretty good euphoria high from snorting it as opposed to shooting it," he said, adding that intravenous drug use provides a little bit of a barrier by being socially taboo.

He also offered a theory as to why demand is now outpacing response and treatment.

"As a culture, we're living too fast and opiates slow you down and induce sleep," he said. "And we have a lot of people out

there that are in a lot of pain emotionally and behaviorally and they're turning to these opiates to deal with life on life's terms."

SpiritLife — located in Cherryhill Township — is the only inpatient, non-hospital detox and treatment center in Indiana County. Though the 30-bed rehab unit and 14-bed detox unit have only been open since October, Director Lou Wagner said SpiritLife has already taken in 130 patients. He said 50 to 60 of them were heavy opioid users.

He said about 25 percent of his clients are Indiana County residents, 33 percent are from Allegheny County and 25 percent are from Westmoreland County with the remainder made up of people from other counties in the region.

"Sadly, there's a tremendous need for services in the area," Wagner said. "It's all being fueled by the increased use of heroin."

"We have seen quite a large increase in people coming in for help to our office," said Kami Anderson, executive director of the Armstrong Indiana Drug and Alcohol Commission.

She said they used to do four to five assessments per week and now might do that many in a single day. About half of those seeking treatment for addiction started on prescribed painkillers.

She reported that about 20 people in the county are currently using Vivitrol to good effect.

AIDAC also provides for free naloxone, also known by its brand name Narcan, which can stop an overdose in progress and is typically distributed in a nasal spray form. A person doesn't need to be a client in order to get free naloxone. They just have to complete a short online training session. Anderson said it's a good idea for anyone who is in close contact with someone at risk of an overdose to have naloxone on hand, be they a parent, spouse or friend.

COMBINED RESPONSE

Hickton said that a concerted effort to merge public health and public safety is needed to combat heroin and opioid addiction. Hickton's office is based in Pittsburgh and also serves western Pennsylvania through offices in Johnstown and Erie.

In addition to pursuing heroin dealers, Hickton said he is also going after doctors who act as an open pipeline to opioid painkillers and his office is conducting enhanced health care fraud prosecutions.

On the prevention side, Hickton's office is a part of DEA 360, a pilot program from the Drug Enforcement Administration that puts resources into treatment and prevention of substance abuse to stem the demand of drugs. The program was announced in western Pennsylvania in November. DEA officials said they hope to push information through community groups, faith-based organizations, social services and media campaigns.

"What we're trying to do is increase awareness, increase education and try and help create a resource base so people can get more treatment and there are better options for families and those who are addicted so they become part of the medical avenue to this problem as opposed to the criminal justice avenue of this problem, which we believe will reduce the demand," Hickton said.

"We're right at the middle of it. The people of western Pennsylvania should know that we are the point of the spear of effort to deal with it — both on the supply and demand side."

Locally, the Armstrong Indiana Drug and Alcohol Commission heads up the Drug Free Communities Coalition, made up of "education, healthcare, drug and alcohol prevention, human services, law enforcement, government, parents and concerned citizens," according to the AIDAC website.

County jail to begin giving Vivitrol to addicted inmates

March 11, 2015

By CHAUNCEY ROSS

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Opiate-addicted inmates at the Indiana County Jail are being offered a chance to get clean with medication designed to suppress cravings for opioids and alcohol.

The county judicial offices, in cooperation

with area drug treatment programs, have arranged with pharmaceutical company Alkermes Inc. to provide free treatments of Vivitrol to qualifying inmates.

The new program will offer the first dose at no cost to inmates who agree to undergo intensive therapy and counseling while incarcerated and for 12 to 18 months after their release.

"Vivitrol addresses the physical part of addiction, but participants must engage in programs to address the emotional desire to use the drug or alcohol," the Indiana County district attorney's office reported in a news release.

Vivitrol is an injectable prescription medication that blocks opioid receptors in the

Vivitrol continued on next page

Vivitrol continued

brain and eases the desire for opioids such as heroin, oxycodone, methadone, pain pills and alcohol, according to the website for the Center for Behavioral Health (centerfor-behavioralhealth.com/).

By taking away the pleasurable effects of opiumbased drugs and alcohol, Vivitrol helps prevent relapse and takes away the trigger that prompts users to pursue their next dose of opioids.

Vivitrol is nonaddictive and is administered once a month, according to Alkermes.

The drug maker cautions that users must

be opioid free for seven to 14 days, should stop drinking and should not be experiencing withdrawal symptoms before being given Vivitrol.

"Vivitrol must be used with other alcohol or drug recovery programs such as counseling," Alkermes reports online.

Vivitrol was first used in 2006 to treat alcohol dependence and was approved by the Food and Drug Administration in October 2010 to treat and prevent relapse after patients with opioid dependence have undergone detoxification treatment, according to the FDA.

The district attorney's office reported that

inmates' participation in the Vivitrol program is voluntary.

After the first dose, the patients are responsible for the cost of their monthly injection through their private insurance, Medicaid or medical assistance. The Pennsylvania Department of Drug and Alcohol Programs may also cover the costs, which range from \$1,311 to \$1,413, according to online sources.

The program has been developed in partnership with the jail, the district attorney, the Indiana County court system, the Open Door and the Armstrong-Indiana-Clarion Drug

DA: 'People are dying every day' from drug scourge in community

March 24, 2016

By ELLEN MATIS

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BLAIRSVILLE — When Indiana County District Attorney Patrick Dougherty asked a crowd on Wednesday "who in this room has been affected by drug addiction?," almost everyone raised a hand.

The crowd came to a program at Connect Church in Blairsville called "Drugs in our Community," a question-and-answer session meant to educate the community on what Dougherty said is an epidemic "running rampant."

The discussion was led by Dougherty, Indiana County Coroner Jerry Overman, and Drug Task Force members Detective David Rostis and Homer City Police Chief Louis Sacco. It was organized by The Blairsville Support Group Against Drugs and Connect Church Recovery Group, in addition to the Indiana County DAs office.

"We felt it was necessary for community members to learn how extensive the epidemic is, what they can do to help and what is being done about it through the criminal justice system," said Karen McMillan, a Blairsville Support Group Against Drugs organizer.

While drug addiction of all kinds were addressed during the session, the county's heroin epidemic was stressed by members of the panel.

"Heroin affects every socioeconomic status out there," Dougherty said. "It doesn't care if you're rich, if you're poor, if you're

black or white or if you're male or female — it's indiscriminate."

Treatment, he said, is going to take the efforts of the medical community, treatment facilities, law enforcement agencies and the community to be possible.

"People are dying every day in this country as a result of heroin overdoses," he said.

In Indiana County, Overman reported 36 substancerelated deaths in 2015. Of those, 22 were males and 14 females, and the average age of death was 42. Toxicology reports showed that 30 died using multiple drugs at once. Almost half of those 36 deaths were heroin-related.

EDUCATION IS the No. 1 priority right now, panel members said.

"Every person that suffers from addiction has a mom and a dad, probably has siblings, maybe has children," Dougherty said. "We have to be cognizant that (addicts) are human beings."

Overcoming the stereotype associated with drug addiction is a big hurdle for law enforcement agencies.

"Dealers being from 'the wrong side of the tracks' is not a reality," Dougherty said.

A common source of addiction, he said, is the use of prescription painkillers.

"We're a pharmaceutical nation," he said. "Doctors want you to feel better so they prescribe (opiates)."

Rostis said that Pennsylvania's law enforcement agencies perform regular audits on those prescribing medications.

"We have agents from the Attorney

General's office that do nothing but check doctors and offices," he said.

The problem with drugs in Indiana County, though, is not those being prescribed. "It's with the stuff that's sold on the black market," said Rostis.

Of those on the black market, enforcement officers are finding that fentanyl use is widespread in Indiana County.

"A big problem is mixing fentanyl with heroin," Rostis said.

Fentanyl is a powerful synthetic opiate similar to, but more potent than, morphine.

The biggest issue with fentanyl is that emergency responders cannot resuscitate an individual overdosing on fentanyl.

Naloxone (Narcan), issued to responders for overdose treatment, only has 2 milligrams of the active lifesaving drug per kit. It takes at least 6 milligrams of Narcan to get someone out of a fentanyl overdose, Overman said.

To put that in perspective, Overman said that one use of fentanyl is equal to using 80 stamp bags of heroin.

IN INDIANA COUNTY, Rostis said that a typical heroin addict is using anywhere between 10 and 20 stamp bags of heroin — every day.

"I have seen people that have been shooting 50 or 60 bags a day," he said.

Dougherty called it an "expensive habit," with some users spending more than \$200 a day to get high.

Scourge continued on next page

Scourge continued

In Pittsburgh, a stamp bag of heroin costs \$3 or \$4. In Indiana County, a stamp bag runs about \$12 each, he said.

"People's savings accounts are being drained, their jewelry is being stolen, their guns are being stolen," Dougherty said, for users to be able to pay for their addictions.

"We've had several incidents in Indiana County where guns stolen in Indiana County showed up in murder cases elsewhere," Rostis said.

CONTROLLING THE epidemic, Dougherty said, is going to have to start with families.

"As parents and adults in our communities we have to educate our kids," he said. "Have the tough conversations."

Most drug users, he said, start by using

alcohol and marijuana.

"Just because you smoke marijuana doesn't mean you're going to become a heroin addict," he said, "but most of the people that have gone down that road have started with marijuana."

Also, Dougherty said, be aware of what's in your medicine cabinets.

"If you're not taking your prescription anymore, get it out of your house," he said.

Indiana County's Prescription Drug Take-Back program allows residents to anonymously drop off prescriptions in locked boxes at specific locations: The Blairsville Borough Police Department, the Indiana Borough Police Department, the Indiana County District Attorney's Office and the Indiana University of Pennsylvania Police Department.

In 2015, Dougherty reported that 284 pounds of unused or unwanted prescription drugs were collected in the county.

For those suffering from addiction, or those that know someone who is, there are treatment facilities and options nearby.

Local facilities with drug and alcohol programs include The Open Door, Alice Paul House, the Armstrong- Indiana-Clarion Drug and Alcohol Commission, MedTech Rehabilitation, Connect Church Recovery and others.

"Anyone that has gone through this — you're not alone," Dougherty said.

Those who think that they have information about suspicious, drug-related activities in their neighborhood were urged at the program to call 911 or Detective Rostis' office.

DEA agent: Public needs wake-up call on opioids

May 5, 2016

By CHAUNCEY ROSS

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ELDERTON — The real trouble with opioids is that people don't recognize the trouble with opioids.

A federal investigator said Wednesday that there are few allies in the fight against the growing rate of addiction to heroin and painkilling drugs in America.

"It's someone else's problem," is what people think.

David Battiste, of the U.S. Drug Enforcement Administration, had a like-minded audience of about 100 at the monthly meeting of the Armstrong- Indiana Drug Free Communities Coalition held Wednesday at Towne Hall. The coalition brought together law enforcement, justice system, emergency services, mental health, medical, education and media representatives from the region.

Battiste, the assistant special agent in charge at DEA's Pittsburgh District Office, spelled out goals of the "360 Strategy" program to combat prescription drug abuse, heroin trafficking and related violent crime.

Pittsburgh is one of four cities chosen in November to pilot the program.

360 Strategy aims to fast-track drug investigations, capitalize on local officials' work and bring services to communities where agents put a dent in drug trade, Battiste said.

And Battiste pledged that the government would bring the fight to every one of the 25 counties served by the Pittsburgh office.

The fight might be easier if people understood its scope, he said.

The U.S. has 5 percent of the world's population but Americans use 99 percent of the world's opioids.

He said 80 percent of first-time heroin users reported that they started with legal prescribed drugs — although many stole, bought or were given drugs that weren't prescribed to them. And recreational use wasn't what many users originally had in mind.

"Many start not realizing the effect" and how easily addictions start, Battiste said. For example: Athletes who use painkillers to get over injuries.

"Most of us just can't imagine how taking a pill leads to putting a needle in our arm," Battiste said.

The Pittsburgh region recorded 743 deaths from opioid overdoses in 2014, and the 2015 figures, not final, should be in the same range. And he believes the numbers also are under-reported, "so it is more catastrophic than that," Battiste said.

"If it was anything else — Ebola, anthrax, airplane crashes — if it were anything else causing that many deaths every year, we would have the National Guard out here and we would have a lot of assistance from everyone," Battiste said. "But since it's heroin ... and the old stigma of putting it in

the closet and saying it's someone else's problem, that is why this is an epidemic.

"We have to educate, we have to get it out there. And because there's a legal feeder system causing this problem, we can't turn our backs on it and we can't wait until another 1,000 folks get addicted and go through the process."

Battiste said 360 Strategy has led to intensive investigations into a recent wave of deaths of people who, perhaps unknowingly, used heroin laced with fentanyl.

"It produces the same effect but it is many times stronger and it kills. That compounds the problem," Battiste said. "We can't allow folks to sell that stuff to continue to sell with impunity.

"We will continue to arrest, and find and trace the heroin back to its source, because the DEA's mission is to arrest the biggest and baddest dealers domestically and globally. That's what we do. But we cannot turn our back on the local communities that we serve. That's why we're here."

360 Strategy, Battiste said, shortens investigations from months to weeks. "We do this so two or three deaths doesn't become 15 to 20 deaths," Battiste said.

Indiana County District Attorney Patrick Dougherty said DEA joined the investigation of a series of heroin deaths in late March in Indiana County. The deaths were tied by the discovery of heroin packages with similar markings, investigators said.

Agent continued on next page

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"Within one week, an arrest was made," Dougherty said. "That's because of our positive relationship with the DEA. We are getting our share (of the federal resources). Indiana is not forgotten."

Battiste said 360 Strategy works on the root of painkiller abuse by studying doctors, medical clinics and pharmacies' records and weeding out those who are enabling and feeding addictions.

"Most doctors and pharmacists are law-abiding citizens, but there are some exceptions," Battiste said.

DEA begins by pressuring suspected providers to voluntarily surrender their registrations.

He said DEA has helped organize and promote prescription drug take-back programs in communities, where people have brought in 12,500 pounds of unwanted medications.

Battiste said 360 Strategy also works to bring together local communities services following DEA enforcement actions.

"We call it a roundup. We go into a community, we buy heroin from a lot of folks, and we arrest all of those people. Then we try to come back with 'wraparound services,'" Battiste said. "When we arrest all those dealers and take them off the street, we understand there's a user problem that will be looking for a fix or to get drugs to sustain their habit.

"For us, that's an opportunity. We want to get the word out for the local services and partner with them ... to let folks know where they can get help. It's a good time to do that and help the addict community."

A program participant questioned whether

DEA would monitor low-level dealers to find higher-level suppliers.

Not when heroin with fentanyl is in circulation, Battiste said.

"We can't sit back and let this guy sell," he said. "If this guy has fentanyl, it's all over. We won't let people die to further an investigation."

The Drug Free Communities Coalition is a project of the Armstrong-Indiana-Clarion Drug and Alcohol Commission. The group meets monthly to update partner members on local initiatives and to promote training and education programs.

Organizers of the Reality Tour in Blairsville reported that the program, which simulates the effects of drug abuse on users and their families, drew 34 participants in 2014-15 but attracted 296 so far in 2015-16.

The program has added a presentation on Wednesday to its announced schedule.

The coalition also heard reports on local medication take-back programs, a contest that awarded prizes to area school students for writing radio public-service announcements, and met to reorganize an Overdose Task Force panel.

In addition to Battiste's presentation on the DEA's work, the coalition also welcomed faculty and student participants in the "Remembering Adam" substance abuse prevention program at Blairsville High School and Blairsville Middle School.

"Remembering Adam" was founded in Cambria County by the parents of an 18-year-old college student from Carrolltown who died of a heroin overdose in 1998.

The family's foundation aims to bring awareness of drug abuse in rural com-

munities and supports school groups to promote healthy decisions and behaviors by students.

Students told coalition members that the program helps them withstand peer pressure and find alternatives that reduce their interest in tobacco, alcohol and drugs.

Middle school teacher Stacy Faulk said 54 percent of the high school student body and 86 percent of middle school students have signed up for Remembering Adam.

The program uses grants from the Drug and Alcohol Commission and the Pennsylvania Office of Attorney General and donations from community supporters — such as WyoTech, the VFW and American Legion — to organize activities and provide incentives for students who successfully maintain a drug free lifestyle.

Students taking part in the program agree to undergo random drug testing.

Blairsville 11th-grader Austin Rodkey, whose family relocated to Indiana County from West Virginia two years ago, said Blairsville High School has a dramatically different atmosphere.

"At the other school, there was a lot of drugs going on. They didn't have a program like this," Rodkey said. "When I came here, it was cool to be drug free. It used to be cool to do drugs but here you're getting rewarded for being drug free.

"It's really easy for me to say no. In this group, it's easy. I feel this program should be offered in every school."

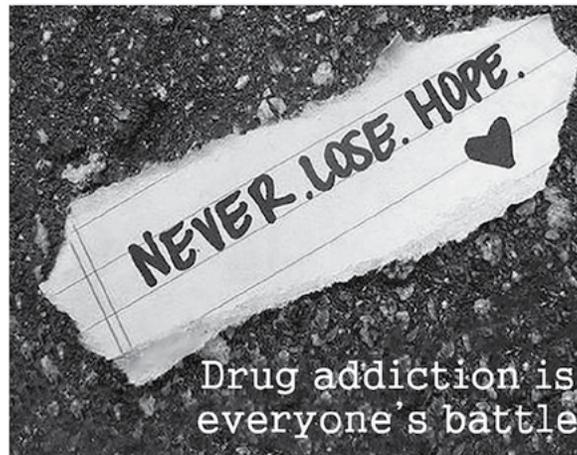
Rodkey said "Remembering Adam" has high participation by younger students but said it's more important for older students to take part because they are more likely to face choices.

THE EPHRATA REVIEW

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Never. Lose. Hope.

Drug addiction is everyone's problem. The nationwide epidemic is well known, but local stories of fatal overdoses and struggles with recovery go largely unnoticed. The Ephrata Review is publishing a monthly series that covers these local stories. Some are tragic, some are triumphant. The goal is to never lose hope.

Part 1: Beth's Story: An epidemic that hits close to home

Part 2: Laura's Ladder: Emerging from addiction

Part 3: Andrew's Actions ...and devastating death

Part 4: Secrets of addiction: What you didn't know

Part 5: Out of Tears: A parent's perspective on addiction

Part 6: Vic's Victory: A recovering drug addict shares his story

Never. Lose. Hope.

Drug addiction is everyone's battle

Drug addiction is everyone's problem. The nationwide epidemic is well known, but local stories of fatal overdoses and struggles with recovery go largely unnoticed. The Ephrata Review and Lititz Record

Express are jointly publishing a monthly series that covers these local stories. Some are tragic, some are triumphant. The goal is to never lose hope.

Part 1: Beth's Story

Commentary on an epidemic that hits close to home

February 13, 2016

"Beth's Story" is the first in a monthly series on the addiction epidemic that our society is facing. While names, locations, and dates have been changed to protect her family, Beth's story is true and sadly becoming too common.

The series is written by Janice Ballenger, who works at Retreat at Lancaster County, a premier 160-bed addiction treatment center in Ephrata. While working closely with patients suffering from addiction, she has a passion to raise awareness to what addiction truly is, namely, a chronic, treatable brain disease. There is a need to detach the negative stigma attached to addicts. There is help and there is always hope. One more "Beth" is one more too many lost to this horrific disease.

Not once have I made a New Year's resolution to become an addict. Not once did I dream that I would "grow up" to become a drug addict. How many holiday celebrations did I contribute anything worthwhile to? None. None that I can remember. I am a drug addict. I have never had a "Hallmark" moment.

You wouldn't have known by looking or chatting with me, a highly successful registered nurse, that I am an addict. I am Beth, who five years ago was living the dream, balancing a successful career and home ownership. Living in bucolic Lancaster County, everything was picture perfect. But that changed when I met my husband Sean. It was love at first sight. Sean was handsome, even if a little scruffy. I loved the smell of his hoodies. I loved him unconditionally and he was good to me. Life was good, until we started to smoke marijuana on weekends. Then we dabbled in cocaine, and eventually moved on to any drugs we could get our hands on.

I had a drug problem as a child. My mother dragged me to church every Sunday. I was drug by my ears when I was disrespectful. I was drug to the kitchen to help cook. Those

drugs were still in my veins, but they didn't show in my behavior. The cocaine, crack and heroin now consumed my every vein.

I wasn't born an addict, nor was it my New Year's resolution. When I took that first puff on a joint, never did I imagine it would lead me down a journey into a life of pain, despair, shame and hopelessness. I hated myself. I hated the terror of knowing that withdrawal was looming if money wasn't found, some way, any way, for my next fix. But in my blinded eyes, that was the only way to survive.

We had scraped together enough money for a tiny apartment on Main Street in Akron. But drugs and dealers were everywhere. I didn't want to leave our minimally furnished apartment, but we needed to escape our surroundings. Sean showed me an article that Lititz was voted, in an online survey by Budget Travel, as "America's Coolest Small Town," out of 924 towns in America. With their hand-twisted pretzels; quaint shops; seven-acre park; farmers market and Wilbur chocolate, Lititz sounded like the ideal place to move to.

We moved to another small apartment on Broad Street. This apartment had a green and pink bathroom and looked just like my late grandparents bathroom. We loved it. Sean learned about a newly formed group in Lititz, "ASAP — Action for Substance Abuse Prevention." We became involved in the group and participated during their National Night Out in August 2015. We attended a town hall meeting in November.

I had Sean and everyone fooled into thinking I was able to manage the drugs I was using. One evening I told him I was walking to a local corner store for an iced tea. The truth was that I had planned to meet with my dealer for some "good, cheap stuff." I didn't return home. Sean found me passed out on the front steps leading to our apartment.

Sean had been a patient husband. He was my soulmate. But he couldn't handle me anymore. Sean moved out, leaving a

note on the cluttered, filthy kitchen counter sink. It read: "Try and love an addict, and then see if you don't get addicted to trying to fix them. If you're lucky, they recover. If you're really lucky, you recover, too. Loving an addict consumed my every thought. Watching your physical deterioration and emotional detachment made me the most tired insomniac alive. I just wanted you back! Others don't understand why I was so focused on you, when you don't care about yourself. I'm not angry. I know you don't understand. You're lucky to not understand. I wish I didn't understand either. I don't hate you, I hate the disease. I hate your behavior. It is so hard for me to watch you; I can't even imagine how hard it is to be you."

He had printed out an article from the online group, Lititz ASAP. It read: "During the holiday season that is meant to be joyous, please remember those suffering with addiction and their families. 'Addict' means to be bound as a slave to the disease of addiction. Under it, Sean scribbled: "I saved every penny that I could to buy you that silver necklace for Christmas, and you sold it just for one bag of dope! I am breaking my slavery chains."

One New Year's Day, writhing on the cold bathroom floor, I realized that I hadn't showered in weeks, and had been wearing the same faded pink pajamas for weeks. Barely able to catch a breath between sobs, I desperately tried to remember Christmas, while visualizing my suicide. I didn't care anymore. My mind bounced back and forth, thinking of things I had read on the internet, "She deserved to die. A junkie doesn't deserve to live. They're a waste of skin, nothing more."

I couldn't stop the demons in my head screaming, "Lie, steal, go to any extreme for a bag of heroin." These voices forced me to call my dealer at 12:03 a.m. because my disability money just came through. My calls went unanswered. As I sat on the cold hard floor, rocking back and forth, the nausea, cold sweats, and body aches started

Beth continued on next page

Beth continued

to take full effect. I stared at the floor filled with blood and vomit. The room reeked from the smell of heroin diarrhea. Addiction is impatient, unforgiving and manipulative. My body had learned not to test it.

I had to get this monkey off my back. I crawled to find my laptop and posted on the internet, "Well, if anyone cares, if you know me, I have a drug problem. Drugs are the only thing I care about with a despairing passion. I am going to rehab. I aim to be clean and serene. I will not associate myself with anyone that will take my sobriety away. I've done every drug I can get my hands on. I've used and abused people for my addiction. I don't want to drink anymore. I don't want to smoke weed, I don't want to stick heroin in my veins, I don't want to smoke crack. Do not ask me to party. It pains me to let go of my ways, but it must be done. I must get out of this hamster wheel. Goodbye my faithful drugs and drug dealers. Goodbye to my old, worthless, junkie self. Goodbye and good riddance!"

I stumbled to a local rehab facility. Frightened from years of skid-row panhandling, complete with wine sores and feces-covered pants, while thinking of all that I had lost. There was nothing to live for anymore, but I was too afraid to die. Would I go to Heaven or Hell? I walked inside the front door. People welcomed me and I was handed a cup of hot coffee. They were honest enough not to pretend they didn't notice my shaking. They assured me it would get better. I met with many others, including psychologists, counselors, clinicians, doctors and nurses.

Going through the initial detox and moving on to the rehabilitation portion of the recov-

ery process helped me identify the core reasons behind addiction. Time management skills were provided to hopefully prevent relapse. Attending group and individual therapy sessions, I learned addicts are everywhere, many functioning as your children, spouses, friends, your favorite waitress, neighbors, your favorite actors and musicians. Some are quite obvious, while others are well hidden.

The facility helped plan for my unique needs, including individual and group sessions in my aftercare. I had to maintain sobriety the rest of my life. I needed my sisters and father back in my life. My therapist helped me throw away Sean's hoodie that I had always slept with, curling it in my arms while pretending he was still there.

Sobriety was the scariest drug I ever did. But it was the greatest high I ever experienced. After completing my 30 day inpatient program, I moved to a group home, equipped with a chronologically gifted sponsor. I returned to the nursing field, clean. My mother had died from breast cancer, and I desperately needed my two sisters and father to accept me. But they didn't want me around them. They were scared. They were bitter over the past. Even in recovery, I was still labeled a "junkie." I had shot heroin for 822 days, from Sept. 4, 2010, until Jan. 2, 2013, but I was clean for 24 months. That was okay though. I had accepted that those 822 days were the touchstone of my life.

My transition was plagued by constant mood swings, anxiety, lack of energy, irritability, trouble sleeping and vivid "drug dreams." Wrestling with the need to abstain, I was feeling good about my recovery and my new job back in nursing. Life seemed pretty good, living moment by moment.

On Dec. 2, 2015, I got to work a few minutes early. I opened the daily newspaper to shockingly see my daddy's obituary. He was dead! I read and re-read the article, crying as I looked at his picture, proudly wearing his Navy uniform. My intention had been to reunite with him, but that never happened. I called Sean but he didn't answer his phone. I didn't even have my sisters' phone numbers.

I ran out of work and went back into my hole, after stopping to buy some heroin. As I cooked it in the bottom of a busted up soda can, liftoff was approaching. As I squirted toilet water on the spoon, purple ink from the can's price tag dissolved into the heroin. The 10cc's drawn up into the syringe through the cotton was solid purple. I gagged. But with the overload of anticipated pleasure I shot it anyway. Pure poison going directly into my bloodstream. As the tingles beneath my skin started, my cravings subsided, giving way to a rush of excitement. The bitter taste in the back of my throat was well worth the warmth starting in my chest and spreading to every extremity. Any thoughts prior to liftoff had dissipated. Needing more to erase my pain, I continued "just one more shot." Sticking a needle into my vein, watching the blood register inside the cylinder, pulling the trigger, feeling the hot liquid moving up my arm, racing towards my heart, waiting for the rush of euphoria to explode, I was flying. One more shot was all I kept thinking.

My two sisters stopped by to inform me of our father's death. They found me in cardiac arrest and began CPR, keeping me alive until I was placed on life support. After two days of them holding my hands, recalling our happy memories, crying and praying, they pulled the plug. At the age of 38, I was dead, with my sisters finally by my side.

Part 2: Laura's Ladder Emerging from addiction

March 17, 2016

"Laura's Ladder" is the second in a monthly series on the addiction crisis that too many people are battling. The series is written by Janice Ballenger, who works at Retreat at Lancaster County, a premier 160 bed addiction treatment facility in Ephrata. Working closely with addicts, she has a burning passion to raise awareness to addiction and offer hope to all. Part I of this series, "Beth's Story," detailed Beth's life as a once-successful registered nurse who ended up dead at

age 38 from a heroin overdose. While some names and locations have been changed for the privacy of her family, "Laura's Ladder" is also a true story with local ties.

When Laura was only two days old she was adopted by a loving family that had been on the waiting list for years. Her adoptive parents preferred a baby boy, but when they met Laura, only a few hours old, there was an immediate bond. Scrambling to decorate her bedroom in pink, everything was going to be the best for their baby girl. She was loved deeply by her parents and

Grandma Mary. At the age of 12, Laura learned she was miraculously going to be a big sister. She was going to be a sister to identical twin boys, and she immediately fell in love with Luke and Larry. She loved that they both had brown hair, almost the same shade as her hair. They seemed like the perfect family. But with the twins getting so much attention, she felt like the black sheep of the family. She began overeating to feed her insecurity. As her weight increased,

Laura continued on next page

Laura continued

so did the bullying at school. She often heard "Here comes Laura, throw her a chocolate baura." One day a classmate squirted a bottle of glue in her mouth and yelled, "There, that will keep food out of your mouth for awhile." Laura ran home in tears. She didn't hate the bullies, she hated herself.

Her parents love was unconditional. They did everything they could to try to help her. After a diagnosis of depression and obesity, her parents decided to move so that Laura could attend Manheim Central High School. Aware of Manheim Central's football reputation, they prayed she would find an interest in cheerleading and lose weight. But the bullying followed her. One evening, while walking down Main Street to get snacks at the Dollar General, she heard someone yell her name. It was Mark, a rugged senior athlete, hanging out on a porch with his friends.

Mark told her he was truly sorry for the bullying. He said he had a few pills that could help her feel better about herself. Mark said there were a lot fewer calories in a pill than in her chocolate bars. Laura passed that comment off as a good intention because she trusted Mark. She swallowed a pill and they chatted for a bit. The more they chatted, the better she felt. She was feeling beautiful. She wanted more pills. Mark told her to meet him and his friends on South Charlotte Street later in the week and he would have more pills for her.

They met Saturday night. Laura took pills, smoked weed, and drank alcohol. Uncertain if it was Mark or the drugs that made her feel so good, she started seeing him every day. Laura discovered her mother had prescription pain pills in the bathroom. Figuring her mother wouldn't notice, she

switched the pain pills with vitamins. She began drinking mouthwash for the alcohol in it. Laura was acting erratically at home. Her parents chalked it up to a stage she was going through. They were certain she wasn't doing drugs or anything, because druggies were all skin and bones. Luke and Larry barely tolerated her.

Laura was in a toxic relationship. She wasn't climbing down the ladder of self-destruction; she was taking the elevator to the bottom.

For her 18th birthday she was given her dream car, a brand new, bright red Mustang. Within two weeks it looked like a grocery store had vomited in it. Laura never had to study and still got straight A grades. She was accepted at Millersville University. How she survived the summer following her high school graduation remains a puzzle, even to Laura.

"Mark started going out while I was working at Wendy's. He didn't have a car, so I would pick him up after my shift ended. He was always totally trashed. He didn't have gas money, but he had drugs and alcohol, and that was all I needed. I knew he was robbing convenience stores and stealing from his family to feed our habits, but I didn't care. One hot, humid Friday night in August, he screamed at me to drive to Chiques Creek. I just wanted to get my drugs, go home, and take a shower. Mark became violent. As I got into my car he slammed the door on my ankle, which now bears hideous scars, pins and plates. I convinced my parents that I had tripped on our steps. Grandma Mary came along to the hospital with us. She slipped me some cash to go buy something nice for myself. I immediately thought 'Score! Drug money!'

I was out of control. Drugs, alcohol and food controlled me. In my mind, the only person that truly cared about me was my grandma. I had the right to do drugs and drink. I wasn't even my parents' own flesh and blood!

"When my blood work revealed massive amounts of various drugs, my family was thrust into a world they never wanted to visit, let alone live in. They had front row seats, watching the life of an addict. It was a performance full of chaos, lies and feelings of helplessness. My parents thought that if I really wanted to stop being an addict, I would just stop. They didn't understand the assault inflicted on my brain and body by my daily use of opioids and alcohol. I didn't even understand it. I was now labeled a 'junkie'. Larry and Luke told everyone that I wasn't their real sister.

"But I had promised my grandma that I would become a guidance counselor. I would help others being bullied. So off to college I went, with my stashes nicely hidden in my suitcases.

Mark hitched a ride to see me on my fourth day of college. Wearing a new black striped top and black leggings that grandma bought for me, we climbed into my car and went off to escape reality. The rest of that Thursday is a blur. I remember waking up in Lancaster General Hospital's emergency room. Seeing my parents and brothers crying hurt me. But seeing my grandma sobbing uncontrollably broke my heart. Her tears made me want to die. I was told that EMTs had saved my life by the use of Narcan. I admitted that I was drinking close to a gallon of vodka a day, along with doing other drugs. Hearing myself say it out loud made me wonder how I was still alive."

My little brother:

As told by a grieving big sister

This is a local family's drug addiction tragedy as told by a sister who lost a brother to an overdose less than a year ago. It happened right here in our community, and it happens more often than many might think. Identities have been withheld to protect those involved.

I will tell my little brother's story to anyone who will listen. Heroin killed him. But I want people to know that he was so much more than his addiction. He was a father, a husband, a son, a brother, and a friend to many in the community. That being said, I can't tell my brother's story without admit-

ting that I have one also. He was not the only one in our family who has battled this disease called addiction.

My brother and I grew up in an all-American family nestled in the type of suburban neighborhood that is familiar to many residents of Lancaster County. Throughout high school, I maintained excellent grades and played sports. My brother struggled in school academically, but was never short of friends. He was impossible not to like. We were both reared in the same household with the same values instilled upon us by

loving parents.

During my first year of college, I fell in with the wrong crowd. I started using alcohol, progressed into marijuana, and then began to experiment with harder drugs. The transition from recreational weekend use to chronic daily use happened within a matter of months. Before long, I was addicted to my drug of choice: opioid pain killers. Vicodin, Percocet, OxyContin, whatever I could find. I dropped out of college, and short of ending up homeless, I hit rock bottom. After

Brother continued on next page

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a five-year addiction, I woke up one day and realized that I would die if I didn't find help for myself. Luckily, at the encouragement of a friend, I was able to gain sobriety via an outpatient program that incorporated counseling with a medication that helped quell the cravings. While this approach is not for everyone, it worked for me.

The only "happy" side to my story is that I curtailed my addiction before it progressed into heroin use, because that is where I would have ended up. Heroin has basically the same effect that opioid pain medications do, but at a much cheaper price. Heroin, unfortunately, is also much easier to find and its euphoric effects are exponentially greater. This is why people transition so quickly from pain medication to heroin.

Every morning I wake up with a heavy heart because the realization continuously sets in that my brother was not so lucky. We have similar stories, but with different endings. He followed the same path that I did — great start in life, but ended up hanging out with some unsavory influences. I cried the day he stood in my kitchen and openly admitted to me that he tried heroin. I cried because I was immediately overcome by the premonition that it wasn't going to end well

for him. I was stricken with fear because I knew what a monster my little brother was up against. Less than a couple years ago, he did amaze us all by successfully turning his life around. He landed a great job, married the love of his life, bought a house, and proudly announced a second child on the way. He even gave his testimony in front of a church of several hundred people, eager to share his experience with sobriety and deter others from the horrors of addiction he'd experienced.

That is why nobody saw it coming. I don't even think he knew what was happening before it was too late. He had lost his job and we suspect that because of the stress, he decided to tempt fate one more time. His wife found him unconscious and not breathing. Because he had been sober for so long, he underestimated the amount of heroin that his body could handle. Within a matter of minutes, my sweet, loving, charismatic little brother was gone. Though the EMTs were successful in bringing back his heartbeat, it was too late. His heart had been stopped for too long. His brain suffered multiple strokes, and after being on life support for five days, we had to say goodbye.

The day we said goodbye, my brother saved three other lives with his choice to

be an organ donor. Someone out there now has a heart of gold, so for that I am thankful.

I will never be angry with my brother for making that final mistake, because I understand how powerful and unforgiving addiction can be. No one wakes up one day and decides to do heroin. Drugs, especially heroin, do not discriminate. It can happen to any family. I dream about my brother constantly. His son talks about him all the time. His daughter was born a week after he passed away. She will only know her Daddy through the loved ones he left behind. I will make sure she knows that everyone always talked about his smile and his unassuming ways. I see the pain written all over my parents' faces, wondering if there was something they could have done differently. There is nothing they could have done differently. We, as human beings, are designed to seek pleasure, soothe pains, and self-medicate any way that we know how. Addiction is as old as the earth we walk on. We need to try to understand it and not just sweep it under the rug. For every person that turns their back on the reality of addiction, there is a family that is burying a loved one too soon. If I could give one piece of advice to anyone that loves an addict, it is to do just that: love them. And if you are an addict, don't give up hope. You are not alone.

Part 3:

Andrew's Actions ...and devastating death

April 21, 2016

"Andrew's Actions" is the third feature in a monthly series on the addiction crisis that our society is facing. The first series, "Beth's Story" detailed Beth's successful life as a registered nurse, and her untimely death. "Laura's Ladder" chronicled Laura's life as she climbed out of her addiction cesspool and is now a contributing member of our local community. The series is written by Janice Ballenger, who works at Retreat at Lancaster County, a premier 160-bed addiction treatment center in Ephrata. While working closely with addicts, she has a burning passion to raise awareness and offer hope to all.

This is one of the most difficult articles that I have written. As many of you know, I was a deputy coroner for the County of Lancaster, serving a four-year term from 2004 through 2008. Many also know that I was the coroner on call on Oct. 2, 2006, the day of the Nickel Mines Amish school murders,

which left five young Amish girls dead. I turned to writing my book of memoirs to stop my mind from re-visiting the scene. Through counseling, faith and writing, I was able to find my "new normal." I also started doing author talks and I have a few guest speakers with me during my talks. One speaker is Kathy Good-Brinton. We didn't realize it at the time, but Kathy and I were both at a scene I was dispatched to, in Lancaster City, for a suspected overdose.

The date was Monday, Feb. 13, 2006. I remember it like it happened yesterday. I entered the apartment and learned the identification of the body had already been made. Andrew Matthew Klunk, age 27, was dead. The scene and details will remain forever etched in my mind. I saw a young man seated in a floral printed recliner in the living room. He looked so peaceful, almost as if he was sleeping, but he was dead. His dark hair was neatly trimmed, and he was wearing a black tee-shirt, gray sweatpants and black and white sneakers. Next to

him was a wooden table cluttered with a can of Dr. Pepper, a pack of cigarettes, an overflowing ashtray full of butts, a can of Planter's Peanuts, 10 empty heroin bags, a lighter, a spoon, and a lava style lamp. But what stood out the most was a framed picture of a man proudly wearing a Navy uniform. Play station games surrounded his feet. The television was turned on. In his bedroom was a bloody paper towel. The bed's electric blanket was turned on. I wondered if it was left on from the night before or turned on for that evening. Only one person knew that answer, and he was dead. I finished my field investigation work and attached a toe tag. I prepared and signed a death certificate, never realizing how that one signature would impact my life down the road. As I drove home I kept thinking, "Why am I signing, way too often, death certificates listing 'Cause of death, pending toxicology reports.' It was becoming an ugly, way too common practice and I didn't see

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an end in sight.

Andrew's obituary shed a little more light on his shortened life. "He was employed as a cook for Qdoba Mexican Grill and enjoyed skate boarding, music and video games. Andrew had a great sense of humor, one which he inherited from his paw-paw. He received an associate degree from York Technical Institute in 2002 and held a 4.0 GPA. He will be sorely missed by all." Relatives were listed but I skimmed over them too quickly. Several months later Andrew's mother, Kathy Good-Brinton, contacted me through Facebook. She had received the death certificate and noticed my signature on it. Kathy and I attended school together and she wanted to share Andrew's story. Kathy's story saddened me to my core:

"Andrew's actions were caused by his disease of addiction. The destruction of his life and many others is unbearable. I never thought that as a mother I would bury my 27 year-old son before my own death. We lived in Lititz, where he went to John Beck Elementary; grade school at OMPH in Ephrata; grades 9 and 10 at Lancaster Catholic; grade 11 at Warwick High School; and at age 21 he received his diploma from Warwick.

"Andrew grew up in a loving family home, along with his older brother Matthew. He did all of the things children do. He played outside, swam, rode biked, played baseball, football and basketball. He had respect for others and loved spending time with his family, especially his grandparents. His early jobs as a newspaper carrier and working at McDonald's reinforced his respect for others and his admirable actions. Andrew had a heart of gold. He cared about himself and everyone. Every summer he went to the beach with his grandparents, where he loved to walk on the boardwalk and eat pizza. He adored and admired his paw-paw, even having his paw-paw's dry sense of humor.

"But Andrew had a dark side that robbed him of his good and loving traits. He suffered from severe depression. His actions turned into a new lifestyle that included lying, stealing and manipulation. After he

forged checks from my bank account to the tune of \$5,000 in three weeks and stole from his grandmother, I pressed charges. I suspected he might be smoking pot. One evening his girlfriend called me, desperately begging for help. I asked her if she meant that he was smoking marijuana. She screamed, 'NO! He is shooting up heroin and stealing my things!' He had hidden that devil very well. Andrew admitted that he had contemplated suicide since he was 14 years old! Yes, 14 years old!

"In January of 2004 the ugly side of addiction forced me to kick my beloved son out of our home. They call it 'tough love' and it was tough! I sensed this action hurt me more than it hurt him. Then the phone calls started. He would call saying he hadn't eaten in days. I offered to buy him food. Those offers were refused. He wanted cash; drug cash. He would scream '(Expletive) you!' and hang up, until the next call. As I reflected over the past years, I was his enabler too many times. There is a huge difference between helping and enabling. I never loved my son any less because of his addiction, I just hated his actions. At one point Andrew accepted that he needed help. He was ready to go to an extended inpatient rehab in another state. He met all of the criteria and I was overjoyed. My bubble burst when they demanded \$20,000 up front. Unbelievable! As I was pondering my options, Andrew was in Lancaster stealing from Home Depot. After spending one year running and hiding from the police for multiple charges, I received a phone call that he had been arrested and was in jail. This might sound horrible, but I was relieved. I finally knew where he was. After his release, nearly a year later, Andrew was a different person.

"He trembled when he saw a police car, just thinking about his life in jail. He vowed over and over never to go back to that horrible place. He followed his probation orders, got a full-time job, made new friends, and even got his own apartment. Every weekend he would visit and I cooked his favorite meals. He loved chicken pot pie (even though it was never quite as good as grandmas, despite my using her exact recipe). He devoured McDonald's food; pizza and Tang. Six months had passed since his prison

release. Life was good ... or so I thought.

"On Monday, Feb. 13, 2006, Andrew's boss called me saying he did not show up for work. I assured his boss that I would get a hold of him and added that he probably overslept. My calls went to Andrew's voicemail. By afternoon I had a gut feeling that something was wrong. In my last message I told him that I didn't care if he was using again, but please, please answer the phone or call me. At 6 p.m. I was given permission to break into his apartment, and I did.

"There sat Andrew, lifeless. As a mother and a registered nurse by profession, my first instinct was to check for a carotid pulse. He had no pulse. Andrew was cold and dead, very dead. I fell to my knees as I saw the empty heroin packs; the syringes and the tourniquet. My youngest son had lost his fight with the demons and the relentless disease of addiction.

I never denied how he died and have always been up front about his addiction. Some understood to a degree, and some totally related as they also had lost someone to the struggle. Others avoided me. That was a horrible feeling. Andrew is still my son! I will never stop talking about him. Please just say something, even as simple as 'I'm sorry for your loss.' We need to stop the negative stigma; the shame and detachment. I would give anything if 'Andrew's Actions' can save one family from an experience like this. It's been 10 years since my son's death and I continue to struggle at times. I will carry Andrew's actions to my grave."

Kathy continues to accompany me to my author talks and interviews, where she shares her condensed version of Andrew's actions. My heart aches for Kathy and her family, but I admire her courage to be open and honest about Andrew's actions. She has received a deserved amount of support and respect from so many people who can relate to her story. They appreciate her openness. She may be contacted via email at birdyinn@aol.com if you would like to reach out to her. We are burying our loved ones at an alarming and horrific rate. "Pending toxicology results" is being written on too many death certificates. We must end this crisis.

Part 4:

Secrets of addiction: What you didn't know

May 18, 2016

"Secrets of Addiction" is the fourth feature in a monthly series on the addiction crisis that our society is facing. The series is written by Janice Ballenger, who works at Retreat at Lancaster County, a premiere 160-bed addiction treatment center in Ephrata. While working closely with addicts, she has a burning passion to raise awareness and offer hope to all. It should be noted that none of the following stories are in any way related to, nor submitted by, any patients at Retreat. Also, none of these stories are being shared to be used as enablers, but rather to hopefully be used as preventive measures. Some names have been changed to protect their family's privacy.

It's not a secret that many people addicted to drugs and alcohol often try to keep their addictions a secret. Once their secret is exposed, these addicts will often tell you that they lived to use and they used to live. Very simply, an addict is anyone who craves something when they don't have it. Right now you might be craving some chocolate but you don't have any. Do most people panic in that situation? No. There is a huge difference between cravings, obsessions and addictions. Food addicts often hide their food and eat in secret. Porn and gambling addicts are all around us. Obsessions consume many reading this article. Would you give up your cell phone or your coffee?

Addiction is when these cravings and obsessions result in a negative impact on a life. This series is on drug addiction and the devastating effect it is taking on our society. Drug addiction is the continued use of a mood altering substance despite the adverse consequences. Carrying deadly secrets and the guilt and shame that addicts feel is like them carrying a backpack filled with rocks. It requires an enormous amount of energy to keep hauling these secrets. Sharing your secrets will lighten your load and facilitate your healing.

Secrets can become toxic when not revealed to anyone, ever. Why do so many people keep carrying secrets, even when they desperately want to tell someone and get some help? There are many reasons: fear of being rejected; protecting themselves and those they love; fear of getting in trouble with the law; fear of losing their job; but mostly, they are scared and filled with shame.

Filled with guilt, addicts that acknowledge their existence can begin the process of emotional detox. As they say in AA, "You are only as sick as your secrets." An addict is not a weak or bad person. An addict needs help to overcome their addiction. Too many people picture addicts as sad, homeless people who only live for their next fix. But they often want and need help; they just don't want to reveal their secrets. Following are some of the letters and messages I received since "Beth's Story" was published.

Ben wrote, "I parked my truck at the rec center, grabbed my pen and paper and began writing my suicide goodbye letter. The feeling that I had while writing this letter is impossible to describe unless you were ever in a place where the greatest scenario was finally dying and no longer hurting those you love. A gun to my head had zero influence on me. I had been living only for my next drink and the one after that. I had been booze smoking for years. A 'friend' taught me the trick of inhaling alcohol using my cigarette vape. That way it is absorbed instantly into my lungs and brain. I knew it poisoned me faster and there is no way to expel it. My vomiting had stopped. It was my drug method of choice, in addition to my shots and bottles of beer. So now I was an alcoholic and a smoking alcoholic. I pulled the trigger and woke up in an all too familiar place, the emergency room. My first thought was 'I can't even kill myself right, now what?!' I won't lie to you, I still drink. I'm trying to cut back. But now my secret is exposed and some have reached out to try to get me help. They tell me there's a good rehab near Akron. I might take them up on that, just not today. I need to go get a drink right now."

Anne's e-mail had me adding a few more names to my prayer list. "Why do I hit, yell and scream at my innocent, beautiful, loving eight-year-old daughter, but I treat my drug dealers like they're gold? To be honest, my drug dealers are my gold; they hold the only possible thing that can encourage me to live one more day. Sometimes the drug itself is not the high, but receiving his text that he has pain meds for me instantly make me feel better. I think alcohol and drug abuse addiction is the only disease that tells you that you don't have a disease! I love my daughter but that doesn't stop me from

having my secrets. She doesn't know I hide my stashes in her piggy bank or that my pills are in my Altoids container and my lip balm tube. A neighbor didn't steal her Girl Scout cookie money, I did. My inhaler isn't really for asthma. It conceals pills. I don't want my daughter to bury her mommy, but I can't stop using."

Sara shared, "My 25-year-old best friend is a butt chugger. I caught her soaking her tampons in vodka before inserting them into her body. She drinks the hand sanitizers in public restrooms. I Googled 'drinking hand sanitizer' and learned it contains 62 to 65 percent alcohol. If it was pure liquor, it would be 120 proof! Only a few swallows are needed to become intoxicated. It can cause diarrhea; blindness; memory loss; brain, liver and kidney damage. I yanked the sanitizer from my apartment and I've sent letters to our local establishments begging them to remove their containers. Excessive alcohol consumption kills at least six Americans a day. I don't want her to be one of those six."

John's father, Bill, was a distinguished veteran. He began drinking to erase the horrific sights he witnessed. Bill tried hiding his alcohol problem, but John knew they weren't using 30 bottles of mouthwash a week.

John shared, "One day I was trying to get a pen to write. As I disassembled it to check the ink level, out fell marijuana joints! I talked him into going to the VA, where he was given a discharge paper with his diagnosis: alcohol dependency; cocaine abuse; marijuana abuse; bipolar disorder; GERD and tobacco abuse. He was sent to a rehab for five days. Five days! That's all our government would give him, along with a recovery plan: 'Bill will find a group; attend meetings; offer help at the meetings; develop a healthy lifestyle and get a job.' But my dad had his own plan. I returned from work to find he had killed himself. He left a suicide note apologizing for all of his secrets and told me how much he loved me, and still loved our country. I am angry at myself for not noticing his secrets."

Secrets to look for in suspected addiction include: dilated pupils; restlessness; twitching; paraphernalia (rolled up dollar bills with residue on them); mood swings; abscesses on the body from injecting heroin; serious tooth decay; isolation; changes in behavior;

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Secrets continued

abandoning old interests and not replacing them. Check your household product ingredients. Many addicts sniff aftershave and hairspray. Dramamine may cause a euphoric state, as may the fumes from a gas oven.

Liz had one of the best kept secrets: "My parents knew I smoked cigarettes in senior high school.

I held a 4.0 GPA and excelled in sports, so they had no worries. They didn't worry when Amazon delivered my package, not knowing it contained a 'stash lighter.' They were proud of me for keeping a flashlight on my nightstand, not knowing it contained my pills in the battery compartment. That flashlight and my personal deodorant, with my pills hidden under the deodorant roller, went with us on our family camping trips.

My Mountain Dew had mom's codeine cough syrup mixed in with it. I inhaled the fumes of our mothballs. No one questioned why I was carrying a large purse, when I never carried purses anywhere. We had great camping trips!

"Off to college I went, the perfect daughter. My parents were so naïve. My new room-mate introduced me to Jager Bombs, an often deadly combination of Jagermeister and Red Bull. As my addictions progressed, so did my bizarre behavior. I learned that drinking fresh dog urine would cause me to vomit, as well as giving me a great high. Another great high was playing

'vodka eyeballing.' We poured vodka into our eyeballs directly from the bottle. Yes, it was painful, but it was an instant high. Then heroin became my daily friend. I trusted my dealers, but one of them was cutting

fentanyl in with my heroin. Both are major respiratory suppressants. They can, and one batch did, shut down my lungs within minutes. Fentanyl is 80 percent stronger than morphine. My parents should have buried me but I ended up in a rehab facility and today, by the grace of God, I have finished college and I have been clean for 11 years!

"Parents and friends, don't be naïve. Don't always believe us when we say everything is okay. Question why we're wearing long sleeved shirts when it's 95 degrees outside. Don't think you can hide anything from us. You can't. Mom, when you broke your arm and called the doctor asking why your pain pills weren't working, it was because I had switched them with Vitamin C pills. Please don't hate us. Hate the disease but please try to help us. Our secrets may kill us."

Part 5: Out of Tears: A parent's perspective on addiction

June 23, 2016

"Out of Tears" is one story in a monthly series on the addiction crisis facing our society. The series is written by Janice Ballenger, who works at Retreat at Lancaster County, a premiere 160- bed addiction treatment center in Ephrata. Working closely with addicts, she has a burning passion to raise awareness and offer hope to all. While "Out Of Tears" is a true story, some names and locations have been changed to protect the family involved. Too many grandparents are raising their grandchildren because of addiction. Ballenger has been flooded with stories from grandparents who are raising their grandchildren. This case is just one of the many gut- wrenching stories shared with her. Reach out and help these struggling families if you can. Get the parents into rehab so that they can become a part of their children's lives. Don't end up burying your children. Never. Lose. Hope.

Men don't cry. I vividly remember falling off of my bike when I was about five years old and my mother yelling, "John, boys don't cry!" Well, I have cried more times than I can remember. I cried at my wedding; when Jane and I settled on our first house in Rothsville; when I first held

our beautiful newborn daughter, Holly; when I held my granddaughter, Amy; and many other times during my life. Those were tears of joy. Slowly, those tears of joy

turned into tears of startle, sadness and disbelief. I am out of tears. I am numb, and I've shut down emotionally from dealing with Holly's crisis and eventual death from alcohol addiction. Jane told me, "We must pray for Holly, but we can't make her walk with God, only she can make that decision." I had no response. Living in constant fear, sorrow and frustration, all I do is cry when I can. They say crying is cathartic and crying bouts last an average of six minutes. They say tears most often are shed between 7 and 10 p.m. They say crying has positive results: releases stress, lowers blood pressure, removes toxins from your body, all meaning you are human. Well, I want to know who "they" are because I don't feel human! "They" don't know that I've cried too long at times that my body ran out of water and I became dehydrated.

Looking back, I wondered over and over what we had done wrong. We have always been very active in our church. Responsibilities and moral ethics were drilled into her. I cried when I saw her in her beautiful purple senior prom dress. I cried when she stumbled in the door, drunk, at 4 a.m., with vomit on her dress. Jane grabbed the Bible and began praying. Two months later Holly was packing for college. I asked her if there was anything she had forgotten. Casually she answered, "Yes, I forgot to tell you that I'm pregnant and no, I don't know who the father is." Once again, out came

the Bible. This time no tears came. I was angry. I started punching her wall, which left damage to my hand, but not even a scuff on her pink wall. Jane yelled "You're pathetic!" I didn't know if she meant me, Holly, or both of us.

Abortion was mentioned, but quickly shot down by Jane. "We will build a nest for her broken wings," Jane proclaimed. Despite arguments, I insisted this nest required professional help. We knew she had been drinking, which we figured was normal. We were just grateful that she wasn't doing any of those "bad drugs" we read about. We met with a counselor where Holly admitted she was a functioning, pregnant alcoholic. Holly admitted she was drinking at least a case of beer daily. The counselor stated that Holly met the criteria for a diagnosis of "Alcohol Use Disorder" and that most people with AUD can benefit from treatment. The sobering fact is that most alcoholics deny their problem and don't seek treatment, but again she reinforced the fact that alcohol dependency is largely treatable.

Holly shouted at the counselor, "I hate what I did to them, but wouldn't you drink your problems away if you had parents like mine? I know they love me, but they love me too much. Dad even tries to dress like my friends. He did my homework for me, believing me when I said I was too tired. I wasn't tired, I was drunk! They always gave

Tears continued on next page

Tears continued

me anything I asked for. People think alcoholism isn't a disease, but it is. They made it too easy for me not to drink!"

The counselor made one phone call and Holly and her college bags were taken to a rehab facility where she went through detox and four weeks of rehab. That was the trade off for our paying her college tuition and hopefully having a healthy grandchild enter our traumatized family. I will always give Holly credit for completing rehab and keeping her drinking under control until the birth of our granddaughter. While Holly was in rehab we purchased a new house in Lititz. It was a cute house that would be large enough for our new family. I started gaining weight and always wore a baseball cap. Of course Jane did not approve of this. She felt we had to look more presentable in our new neighborhood. I didn't care.

Holly had baby names ready and a relatively easy delivery. I cried when I held baby Amy, who weighed five pounds, four ounces, had a head full of brown hair, and was healthy. Holly held baby Amy briefly and then said she needed to rest. But in less than three hours after Amy's birth, Holly ran out of the hospital. We knew she left to go drink, but would she come back? Shifting from awareness to action, we had critical decisions to make. With emotions ranging from humiliation, stress, happiness, anger, resentment, and fear, we took baby Amy home with us. We certainly weren't expecting to be raising a baby at our ages, but we loved both of them. After spending every moment searching and waiting for Holly to return or to get that dreaded phone call, Jane announced that we were taking this matter to our church family. We needed emotional help. Amy needed comfort and

support. Our church turned out to be the blessing we needed.

Church members knew of many other parents raising grandchildren. Through them we found a support group in Leola. We shamefully admitted we were living paycheck to paycheck, but learned we were not the only family doing that and there was no shame in it. We listened to horror stories of children stealing from their parents and living on the streets; many said their children were all skin and bones. But they all felt the same way we did. Their grandchildren deserved better, so they did what they had to do for their grandchildren's sake. They connected us with SNAP, CHIP, Parent Center, ThinkFinity, AARP, Casey Family Programs and many other resources to help us. "GrandFacts" told us that in Pennsylvania alone approximately 8.6 percent of children under the age of 18 live with their grandparents, and 38 percent of those children have no parent present.

Sadly, we accepted the fact that the many times we thought we were helping Holly by giving her money without any questions, we were actually enabling her to purchase alcohol. We unknowingly allowed her to become a functioning alcoholic.

Jane and I were adjusting to our new roles. We had searched, prayed and cried for Holly for three years, to no avail. Amy was still young enough to think this was all normal. One Saturday summer afternoon we were sitting outside, enjoying watching Amy play with her new Frozen character doll. Our door bell rang. We both tried not jumping to answer it. There was Holly, wearing a smelly, torn hoodie, pulled up and nearly covering her face, reeking of alcohol. She stumbled towards Amy, who ran into her bedroom crying and screaming, "Make that ugly girl go away!"

While Jane prayed with Amy, I tried reasoning with Holly, "Please try to understand that Amy doesn't know who you are. Let us take you back to rehab. We've heard people do relapse, you can do this again and become a good mother for Amy." More tears fell. Holly was obviously too drunk to listen to anything that I was saying. She turned toward the front door and slurred, "Forget it! Forget about me! I know where a train comes through at 5:30, and after that you will never see me again. I'm done!"

I yelled to Jane that I would be back soon as I followed Holly to the train tracks. I tried everything I could think of to stop her. She had beer cans stashed in her bag and was chugging them as we walked. I tried to get the police to have her committed, as she had implied self injury, but they said I was over-reacting and left. Holly started throwing her empty cans anywhere she wanted, including at me. We got to the train tracks and she finished her beers. It was 5 p.m. My alcoholic daughter was about to commit suicide and she was going to let me watch. The disease had won. For a split second I thought about sitting next to her, but then I thought about Jane and Amy. I wished I had Jane's Bible with me.

After my final attempt of pleading with her, I told her that we loved her and would take good care of Amy. With my head hung, I turned and walked away. That day, walking away from my emotions, and knowing what was about to happen, was the hardest thing I have ever done. I kept thinking about the times we thought that only drinking alcohol wasn't really that bad. I couldn't fight this battle anymore, nor could Holly. I was out of tears.

Janice Ballenger can be reached at janiceballenger@yahoo.com.

Readers share their stories of drug addiction

The following two letters were submitted by local readers. Their names have been removed to protect the families involved:

Letter No. 1.

Janice, this is my story. I need to share it.

I was adopted at the age of one month old. I state this because I find it interesting how many people I have met over the years of active addiction and recovery that start their stories with those same three words: "I was adopted." It was a hard concept for me to wrap my head around while I was growing up. I was raised in Lancaster County by the most beautiful parents in the world. No matter how hard they tried to give me the "perfect" life, they could not erase the feelings of abandonment and rejection that being adopted left me with. I was left with a void that I could not fill.

At the age of 20, I was put on Percocet and Demerol for an illness. I immediately fell in love with the way I felt after taking these pills. The void was filled. I felt like I could conquer the world. I didn't realize at the time that I was flirting with the devil and soon to become his slave. The doctor realized after some time that I was abusing the pills and cut me off. I spent the next few years driving from county to county, state to state, going to emergency rooms and doctor appointments just to get enough pills to keep me from getting sick. That "wonderful" feeling that I first felt was long gone. I was no longer taking pills to get high. I was taking them to avoid the painful withdrawals my body would go through when I didn't have enough pills. I began stealing prescription pads and forging scripts. A script of 100 pills would only last me two days. That may seem extreme, but after I kept taking pills, my body demanded more and I had to keep increasing my dose or else I would be physically sick.

After my first arrest, my family and I decided that it was best if I went to detox and rehab. I, of course, felt as though I didn't belong in a detox with a bunch of junkies. I

was appalled when the counselor referred to me as a "junkie." I stayed in that rehab for 30 days, and while I was there I met someone who was also from Lancaster County. We went home the same day and he explained to me that I was going through way too much trouble to "get high." I went home with him and shot heroin for the first time. I then realized that I was a junkie long before I was introduced to the needle.

I spent the next 11 years shooting heroin in any vein I could find. I was in and out of many treatments centers and detox units. For the first few years I had great enablers, my parents. I was stealing from my family! I had turned into my own worst nightmare. I started going to jail and that became a revolving door for a period of time. My mom went to counseling to learn how to deal with me, and that was a turning point for me. It didn't seem like it was at the time, but it was. I would have never believed that my parents would ever kick me out of their home. I would have never believed that my parents would have ever turned me in to my parole officer to get me put in jail, but they did. This helped me reach my bottom. I became homeless and was living on the streets of Lancaster. Those people you see standing on the corners with signs; that was me.

My existence became waiting for daylight to figure out what hustle I was going to use that day to earn the \$250/day I needed to support my habit. Then I would cop enough drugs to keep from being sick. I would wait for morning to come and do it all over again. I remember begging God to take me. It was a horrible way to live. I used to watch people driving to work in the mornings and cry, wishing I could have a "normal" life.

I am happy to report that I am now one of those people driving to work every morning. After countless detox facilities, rehabs, hospitals, and jails I finally reached my bottom. I recommitted my life to God and got clean 15 years ago.

I have since gone to college and earned

my bachelor's degree in network administration. I am in the process of applying for a pardon from the governor for my felony charges so that I can move further in my career. I have been blessed by God and thank Him every single day for keeping me clean. It is only through the grace of God that I am alive and able to write this to you!

Thank you for writing the articles you are writing. So much needs done to help fight this disease of addiction. Awareness is a big step.

Letter No. 2

We live on the outskirts of Lititz. I have read all your articles and can so identify with all of your stories. I am hoping all parents read them also.

My daughter, years ago, was addicted to pain medications from a doctor for a severe illness. You know after a while of being on the pain medications, the body wants something more and better. As parents, or I should say me as the mother, who was co-dependent, became addicted to her addiction. The addicts are very good at manipulations and lies. It was only after some very deep counseling that I had finally learned the word "no."

"No" is one of the hardest words in this situation. After several jail times and lots of rehabs, not letting her come home anymore, street living and half-way houses, by the grace of God she was set free from the hands of heroin.

Just wanted to let you know how much the articles have helped, and they are so interesting and real. Keep up the good work, because heroin is so at-hand, and some parents are closing their eyes to the epidemic and saying my child would not do that because he or she comes from a good home. Hello! An addict does not grow up from being little and saying "when I grow up I want to be a drug addict." Only the grace of God can carry the both of you through this painful experience, and it does destroy or affect the whole family.

Part 6: Vic's Victory

A recovering drug addict shares his story

July 21, 2016

Vic's Victory: As told by a life-long Ephrata resident

In the decades that spawned the Vietnam War; Star Wars; lava lamps; Pac Man; Rubik Cubes and Swatch watches, Vic was among many doing things other than having an interest in the above. A lifetime resident of Ephrata, he recently reached out to offer hope to all as he graciously shared his personal story:

First of all, my parents were caring and loving. My dad didn't have much schooling, so the two things he wanted us to do were graduate and get a haircut. My parents had nothing to do with my decisions as to what I did. What I did was my fault. My parents just drank alcohol a little bit, not very much. I read Janice's article, 'Beth's Story,' in the Ephrata Review and felt so bad for Beth's family, so I wanted to share my story and how God and AA saved me. If I can give one person hope, my purpose in life will be fulfilled.

I was born an epileptic in Ephrata. My parents took my brother, sister and me to the United Methodist Church. But in 1972 they divorced. Dad remarried and our step-mother made us go to the Church of the Nazarene. I didn't like it at all. My 'new' parents took us out to eat at Kip's Bar and Restaurant on Friday nights. They would sit at the bar and drink while we sat in the back and ate. Back in those days, that was not considered unusual. Around 1975 the friends I was hanging out with had been drinking for years and I didn't know it. When I found out, I decided to try drinking alcohol. I started stealing beers out of my parent's refrigerator. I was drinking more and more, and now was adding wine and whiskey along with my beers. One night a friend offered me a joint of marijuana, so I tried it and I liked it. This all continued, but I somehow managed to graduate in the 1970s from Ephrata High School.

After graduation I got a job at Moyer's in Ephrata and started drinking different beers at different bars all over town. Then I became bored with that. So I began testing other drugs like acid, cocaine, uppers, downers, lots of speed, and all sorts of drugs. You name it, I did it. Just some of the drugs I did at least once included:

Marijuana; Columbian; Thai Sticks; Killer

Weed, weed treated with embalming fluid; Panama Red and Red Buds.

Hashes: Hash Oil, hash treated with opium; Lebanese Blonde; Black hash with opium. Acids: LSD; Purple Haze; Orange Sunshine; Blue Barrel, a 4-way window pane of LSD and crack cocaine; Match Head Tick; Mescaline.

Barbiturates: Valium; Seconal; Yellow Jackets; Quaaludes; Percocet; Darvocet; Codeine tabs; Morphine; Vicodin.

Amphetamines: Brown and Clear; Black Beauties and others. I learned later that amphetamines and meth were given to the German soldiers in WWII for their stimulant and performance-enhancing effects. I also injected anything that I could find, including crystal meth, cocaine, and heroin.

I would hide behind the bins at Moyer's to do our drugs. By 1978 I was drinking an entire bottle of whiskey, doing drugs and smoking two to four pack of cigarettes a day, along with multiple visits to the emergency room for seizures. On New Year's Eve 1978, I went to a party, and did we party! Sadly, two of my friends were found dead the following day. Those were the first two of 15 friends that died during my years of addiction. In 1979 I moved into a local mobile home park. But I still went to outrageous parties with kegs of beer and did a lot of sacrilegious things. I got kicked out of my trailer.

I don't remember too much about the years between 1980 and 1983. The only thing I do remember is being told, in 1980, that John Lennon had been shot. I lived in a motel in Ephrata. I had to find new drug dealers, as most of my former ones were dead. I was spending a lot of money to feed my addiction. In 1983 I moved into an apartment across from a supermarket with a woman that I knew. Any checks I got from Moyer's would be spent on drugs, alcohol, rent, and maybe a little food, and in that order. The following year I moved back to the mobile home park with a female that I knew, where the partying continued. Our front door was a revolving drug door. I honestly don't know how I kept my job at Moyer's.

The woman that I knew somehow separated from me after a few years. I would drink a half case of beer in an hour, along with a gallon of vodka and doing many bags of pot, cocaine, speed, everything. I wore

long sleeved tops to cover my veins and was constantly battling nosebleeds from snorting cocaine. I had to look at the newspaper to know what day it was. Because of the speed, I would be up for many, many nights with no sleep and nothing to do except the same old routine: drugs, alcohol, and now I was reading a Bible I had taken from a motel room.

May 20, 1989, weighing 90 pounds, I woke up in the emergency room, with my Bible in my hand. My last beer had been drunk under the bridge at Moyer's. I told them about my addictions. My withdrawal started and I was moved upstairs to the "rubber room" in the hospital. From what I remember, my withdrawal was not pleasant. They tried to get me to eat and they gave me my epilepsy medication. Some people get down on their knees and pray for forgiveness. I couldn't do that because I was too sick. I do remember thinking, "God, if I ever drink or do drugs again, you can commit my soul to Hell."

After several days my Bible and I were transferred to The Terraces (where the former Foodergong Lodge was). Following my discharge I was taken in by Millie Eisemann. My withdrawals continued until they were almost gone, other than the flashbacks, which remained for several years. I didn't have a "sponsor." Christ was and is my sponsor. Staying in their hospitality room, I constantly read my Bible, reading over and over Psalm 16:7 – 11, dwelling on "I will praise the Lord, who counsels me, even at night my heart instructs me. I keep my eyes on the Lord with Him at my right hand, I will not be shaken."

Another member of the Church of the Brethren took me in and I began attending church regularly. I thought of life as like lying on a sidewalk. You can lay on it and stay down or you can get up and walk. I chose to get up and stay up. In 1991, with Millie Eisemann by my side, I found and accepted Christ as my savior. I was even baptized! Twenty-six years later, I am still addicted, but I am addicted to my church and Christ. I am still clean from my addiction to drugs and alcohol. I didn't write this to brag, boast or anything else. I wrote it just to let those with a drug and/or alcohol addiction know there is hope. I did it, so can you!

Janice Ballenger can be contacted via email at janiceballenger@yahoo.com.

up to \$125 in coupons inside
 Cast your vote

The Readers' Choice ballots appear in LNP today and continue through Thursday



HEROIN CRISIS

IN PLAIN SIGHT

Facing few options and a powerful urge, addicts across the county are shooting up in public; witnesses are asked to call the police



A heroin addict shoots up on a street in Lancaster. LNP is not identifying him, but he allowed a photographer to take pictures.

SUSAN BALDRIGE
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It was the middle of a sunny spring afternoon, in the middle of a downtown Lancaster street, when the cravings came back.

The man eased a needle into a vein in his left arm.

Next to him, a young woman — probably in her early 20s — used the cord of her hoodie as a tourniquet on her bruised, reddened arm to make the veins more prominent as she awaited the next hit of heroin.

The couple engaged in casual conversation with two others nearby, all seemingly unaware of the hustle and bustle of daily life that was going on around them.

The scene, witnessed by an LNP staffer and photographer, has become routine in the city, in the suburbs, and even in the rural swaths of farmland in Lancaster County.

Heroin use — an addiction that was once satisfied in condemned

“It’s not a sense of right or wrong, is this place public or not. It’s sort of like when you are really hungry. That’s all you can think about — only much, much stronger.”

— Jack Porewicz, addiction counselor and recovery specialist

houses, dark alleys and cheap hotel rooms — has moved to sidewalks, convenience store bathrooms and parked cars, providing a startling view of the epidemic to the often unsuspecting public.

“It’s jarring when you see it,” said New Holland police Chief Donald Bowers.

And many scenes are.

In survival mode

Police across Lancaster County say they are receiving more reports from witnesses who stumble upon heroin addicts shooting up in public places.

Since the beginning of the year, heroin users have been caught either shooting up or carrying needles in public parks and in grocery store parking lots, newspaper records show. Two men died of heroin overdoses at convenience stores in Leola and Columbia.

HEROIN, page A4

CRIME

Suspect fatally shot man, police say

A 30-year-old Christiana man faces homicide charge

DANN EPHIN
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Lucas A. Newnam

A Christiana man has been charged with homicide in Friday night’s fatal shooting of a man in a rural part of eastern Lancaster County.

Lucas A. Newnam, 30, was captured sometime Saturday morning following an overnight search, state police said.

But state police would not say where or when he was captured, only that it was without incident.

Police said Newnam shot Julius Dale, 26, of Coatesville, Chester County, during an argument around 6:10 p.m. Friday at 304 Creek Road, Sadsbury Township, then fled.

Dale died at the scene, Lancaster County Coroner Dr. Stephen Diamantoni said Saturday. He declined to provide further details, citing the ongoing investigation.

A message left Saturday at a phone number shared in listings for a Julius Dale and another Dale in Coatesville wasn’t immediately returned.

The home where the shooting happened is on a dirt lane out of sight of Creek Road in the woods about 100 yards west of the Chester County line.

Initial reports were that a man had been shot inside a residence and a male shooter had fled the scene into woods with a weapon. The man may have fled on an all-terrain vehicle, dispatchers said.

At 9 p.m. Friday, at least one helicopter could be seen over woods in the area. Police set up a perimeter

HOMICIDE, page A7

WHAT WE KNOW SO FAR

• The suspect: Lucas A. Newnam, 30, of Christiana.

• The victim: Julius Dale, 26, of Coatesville.

• Police say Newnam fatally shot Dale during an argument Friday evening in Sadsbury Township.

• Dale died at the scene, according to the Lancaster County coroner.

• Newnam was arrested Saturday morning after an overnight search.

• The suspect has a criminal record of violence.

MEDIA

Tell the Watchdog about your block

Column addressing neighborhood concerns to appear again Sundays

STAFF

Is your street in disrepair? Are you the victim of a scam? Is the stop sign at the corner of your street missing? Are those bothersome campaign signs still posted throughout your neighborhood months after the election?

Tell the Lancaster Watchdog team about your issue, and you will get answers.

The Watchdog column, a popular feature in LNP dating back to 2008 but on hiatus since 2014, will begin appearing again



LANCASTER WATCHDOG

on Sundays beginning in June. It will be written by a team of reporters.

The goal is to make Lancaster County a safer

COLUMN, page A5

SUNDAY MAGAZINE



• Veteran recounts his military experience and the work to preserve a local monument, a look back at great moments from past pool seasons, salsa experts share their secrets and more. Exclusive for home subscribers • Inside

ALSO INSIDE

Cochranville Gold Star family keeps fallen son’s memory alive every day

• Lancaster Living, page B1

No state gold for L-L boys track and field — but close

• Sports, page C1

DEVELOPMENT

Landis Homes eyes a \$49M expansion

Apartments, cottages to be replaced with new facilities in project aimed at growth

TIM MEKEEL
 TMEKEEL@LNPNEWS.COM

Landis Homes takes the wishes of current and prospective residents seriously.

How seriously?

Seriously enough that it will raise seven apartments, demolish 36 cottages and construct \$49 million worth of new facilities to fulfill them.

Where the cottages and apartments now stand, on the north side of the East Oregon Road campus, Landis Homes intends to build 80 larger-size apartments plus a learning-and-wellness center.

“This is part of listening to our constituents through a

planning process,” said Linford Good, vice president of planning and marketing for the retirement community.

Besides current and prospective residents, Landis Homes also weighed input from its employees, its volunteers and the Mennonite Church, with which the retirement community is affiliated.

Ron Barth, chief executive officer of LeadingAge PA, an association of nonprofit senior-service providers including Landis Homes, sees the Landis Homes project as part of a trend toward larger accommodations and more

LANDIS HOMES, page A6

Special Report: Heroin in Lancaster County

Riding a White Horse into Hell

September 7, 2014

Susal Baldrige

sbaldrige@lnpnews.com

Adam is the last person you'd think would put a heroin needle in his arm.

Good-looking, athletic and charming, Adam was a popular kid in his suburban Lancaster County high school. His Mennonite parents raised him to honor God, his family and his community. They taught him the dangers of drugs. So did the schools.

And yet he stuck a heroin needle in his arm. Soon, he was addicted, swept up in the heroin epidemic that is washing over every corner of Lancaster County.

Heroin arrests have more than doubled in the last five years. The majority of those arrests are now in the county, not the city.

People, mostly young people, are dying here of overdoses. In fact, Lancaster had more people die of heroin-only overdoses than did the entire city of Philadelphia last year.

Lancaster General Hospital's emergency room has seen a near doubling of heroin overdose cases in just the past two years, from 43 in 2012 to 82 in the past year.

"Heroin is now the No. 1 abused drug in Lancaster County," said John Burkhart, who heads the county-wide drug task force. "It's the most dangerous drug and it's everywhere, in every single town and borough in Lancaster."

Lancaster County is not alone in this heroin epidemic, although it seems particularly hard hit because of the easy access to New York City, Philadelphia and Baltimore.

Although Lancaster, York and Dauphin counties have only 10 percent of the state's population, they had 20 percent of deaths from heroin-only overdoses last year.

Pennsylvania has an estimated 40,000 users, making it the third highest state for heroin use.

Last year, 124 people around the state died of heroin-only overdoses.

Of those, 13 were in Dauphin County, six were in Lancaster County and six in York County.

Already this year, York County has had 19 heroin overdoses.

Nationwide, the most recent government numbers show heroin users nearly doubled between 2007 and 2012.

It's called junk, dope, horse, H, but heroin by any name has lost the scary stigma among young people that it had in the 1960s.

More opium available than ever before

What is most worrisome is that there seems to be no end in sight.

The worldwide supply of poppies, grown to be turned into opiates and then heroin or painkillers, is at a record high, and not just in Afghanistan but in Latin American countries like Mexico, according to a 2014 United Nations report.

That is one of the reasons heroin use is exploding. It is cheap.

To make matters worse, there has been a noticeable increase recently in the amount of bulk heroin coming into Lancaster County.

Burkhart said two to three years ago, the task force was seeing just tiny bits of bulk heroin, 10 grams or less, the size of a Fig Newton cookie, during their raids and arrests. But last year and the first half of this year, larger amounts were confiscated — 100 grams or more each time (the size of a bar of soap) and packaging supplies were discovered, too.

That amount, 100 grams, amounts to 100 to 200 doses of heroin.

Burkhart fears Lancaster County might become a distribution hub for heroin.

"Not just users are everywhere," said Burkhart. "Dealers, too."

Spurring crime increases

A review of recent police reports show heroin arrests were made in Manheim, East Lampeter, West Lampeter, Little Britain and Fulton townships; Lititz, New Holland, Elizabethtown, Mount Joy and Columbia boroughs; Lancaster city and the Park City Center parking lot.

"We're definitely seeing the heroin in Elizabethtown in the last couple years," said police Lt. John Emrick. "And I would venture to say that a lot of our retail thefts are related to people hooked on heroin or prescription opiates like oxycodone."

Oxycontin is the brand name for a popular prescription painkiller that contains oxycodone. But oxycodone is an opiate that is used in many different prescription drugs.

With the crackdown and cost of these drugs, many people are switching to heroin.

Police all over the county say they are

noting an increase in heroin and an increase in burglaries, shoplifting and outright robberies, which they believe are a product of people desperate to fund their habit.

Just this summer, a driver police said was high on heroin and alcohol crashed into a car driven by recent high school graduate Meredith Demko, killing her.

Hitting the middle class

The U.S. Centers for Disease Control and Prevention released a study that shows heroin use now is predominately among white, middle class young people and spread nearly equally between males and females.

A generation ago, heroin was mainly used by poor, innercity black youth, according to the study.

Nowadays, heroin has become the drug of 20-something white kids with a few bucks in their pocket, and it's become an attractive and affordable escape from reality.

"I come from a good family," said Adam, 26, a muscular, fair-skinned young man. (Adam did not want his real name used to protect his parents, who haven't told anyone about their son's addiction.) "I don't blame them at all. They have done everything for me. It started because I was used to being the popular kid all the time growing up. But when I graduated, I was just another kid."

A friend gave Adam some Oxycontin in college. It boosted his confidence and he loved the way it made him feel. He became addicted to the pills but they got to be very expensive. Adam had to start selling them to make enough money to buy more pills for himself.

Coming home to Heroin

But it wasn't until he graduated and came home from his large urban university in another state that he discovered heroin. Right in his own backyard. Right in the rural farmland of Lancaster County.

"My friend and I noticed there was so much heroin around. We said to each other, 'Let's try this stuff that everybody's talking about.'"

Many of the people using heroin started just like Adam — with a little pop of a painkiller. Which made them feel euphoric and wonderful because painkillers are mostly opiates that stimulate the pleasure sensors in the brain.

Heroin continued on next page

Heroin continued

Then they got addicted. Then they couldn't afford the \$80 price tag on a single pill. And then, conveniently, heroin arrived in mass quantities with a similar but better high — and it was much, much less expensive. About \$10 for a "hit" or a "bag."

It was a no-brainer, except that few people have a clear understanding of how addictive and destructive heroin is, until it is too late.

Picking off loved ones

"There is no happy ending to heroin," said Mark, whose son died last year with a heroin needle still in his arm. "It's jail or death. My son did both."

Mark did not want his son or himself identified in this story because he said his son's death caused so much pain in the family, he didn't want them to have to revisit it. Others wanted to have only their first names used or they wanted their names completely changed so they could not be implicated in any illegal activity they describe.

Mark is still working as a professional in a well-known Lancaster business. But, he's

not sure what life has left for him after his cheerful, 20-something son died of a heroin overdose.

"I know my son would never have done this. He would never have taken heroin if he knew how much his family is suffering now."

"It's frightening because it seems to be a little more potent, which is when you run into overdoses," said New Holland police Chief Donald Bowers.

John Fiorell, Southern Regional Police chief thinks that's all part of the supplier's plan. Put out a highly potent dose so people get hooked right away and they need that high dose to keep getting high. Therefore they need more heroin.

"We think heroin use has been growing for about five years," said Gary Dennis, who is in charge of the state's drug and alcohol programs. "We're now seeing it in every school district in the state."

A problem for everyone

Which means the drug has spread so far and so wide here that no one is insulated from exposure to heroin, no matter what

their upbringing.

Which explains how a nice young man from what he describes as a "Christian family" ends up with a heroin needle in his arm.

"At first I snorted it," said Adam, "and I was hooked right away. I had to get it. I would do anything. I stole, stole from my parents. I'm not proud of that."

He said more and more people he knew were injecting heroin and saying how much better the "rush" was, how much higher the high.

"I wanted to try that but I didn't even know how. So a friend injected me the first time and then I could do it myself after that."

Adam still has a scar from all the times he shot heroin into his veins.

After a couple relapses and more than tens of thousands out of his family's pockets for detox and rehab, he has been clean for the last several months.

No matter what his future, he will always have the scar. "When I look at it, it's a good reminder," he said. "Of what I went through. What I've put my family through."

Refraction and Reflection

An essay from behind the lens

September 7, 2014

By Dan Marschka

Many of us commit our lives to health, safety and security. We want to live in a warm, dry place. We hope for a comfortable retirement.

Imagine the adventurous side of yourself approaching the edge of a canyon while admiring a beautiful vista. Now imagine yourself setting aside your inhibition and jumping from that precipice.

What is the meaning of that urge, that curiosity to jump? Why would anyone, even for a moment, feel compelled to disregard self-preservation?

I was conflicted as I followed addicts to take the photos for this project about heroin addiction. My responsibility as a photo-journalist requires that I witness events. I interpret subject matter for others with as little personal bias or influence as possible.

On one particular day, I was following an addict I'll call Jonathan to his next buy after he had collected enough money to buy a dose. He warned me when we were close

to his supplier that I should stay back until he returned. This probably wasn't a safe place for me.

He returned minutes later and we walked to an area concealed from view. He told me not to worry about people unless I saw someone in a uniform. I took in our surroundings, the community continuing around us. I thought about children — my children and family.

I continued to take photographs while Jonathan attempted to shoot the brown fluid into his arm. He missed a vein and stabbed himself again and again, but the needle separated from the syringe with a half-inch of the needle still protruding from his skin.

Swearing profusely, he extracted the needle, jammed it back into the syringe and began again with anxious desperation. He poked between the knuckles on his hand and bent the needle. More anger. His arm was a grotesque canvas brushed with splotches of blood. He looked for another entry point in his skin. Success — finally. Brutal. Revolting. He poured some water on his seeping wounds and gathered his things.

We walked for a while afterward and I wondered if he was high. Did it work? He paused. "No, no, no," he said. "I don't get high. I get well." The irony of that statement summed up how I was seeing this process. Even though I separated myself from the assignment in the moment, the quiet reflection afterward brought distress.

Addiction is a disease, but the concession made to enter this world is done willingly. And once addicted, you are consumed by a compulsion to live life in a cycle of self-destruction and increasingly dangerous tolerance. These addicts are sons and daughters draining emotions and resources from families and loved ones.

These are people walking beside you in the crosswalk, at the grocery store, in school, at work, in town and in the suburbs. After the plunge, they need wings of recovery to glide safely home. According to this addict — who had first jumped off his proverbial cliff more than 15 years ago — he is well. He is not healed. And without change, he will continue to fall.

Withdrawal – Profiles of addiction: Jonathan

September 7, 2014

Jonathan is a very punctual person. He turns up for lunch a few minutes late but he has already called to announce that. And he's considerate and he's polite. It's easy to see he grew up with some manners. Even though he tries to enjoy his lunch, he isn't feeling well.

Jon is sick and he's itchy.

Every once in a while his dirty fingernails scratch over his pale chest and shoulders, looking for relief.

He says it feels just like he's getting the worst flu, but it's not the flu. Jon needs heroin.

Jon (not his real name), 32, is smart and articulate. He's also a heroin addict. It's a drug he tried when he was a teenager, living in a suburban, middle-class development in Ephrata. It's a drug he has no intention of quitting.

He said it's been 12 hours since he shot up and heroin is calling him in the rude way it always does. Stomach cramps, nausea, sweating, body aches.

And it's also tempting him with the promise of a glory he can barely remember but always seeks — that elusive high that came from the first dose, the first stick of the needle.

The urge is not too hard to answer this

day. John panhandles for an hour and gets nearly \$20. That's way more than he needs for a bag of dope.

Soon enough he's on his Happy Trail, a graffiti tagged area near a park, with his backpack of supplies.

Jon drops down on the grass, takes out his tin cigar box and "washes" the used needle with tap water. He empties white powder from a glassine envelope square into the bottle cap which has a bit of brown cotton in it, the size of a baby lightning bug.

Jon said the cotton is to siphon out any impurities in the drug. "What they cut it with," he explains.

What he doesn't explain is how he deals with the impurities in the needle. Except to say that this one is dull from use and he's pretty sure he has Hepatitis C from sharing needles. He is not at all interested in being tested for AIDS.

"What's the point?" he asks.

Jon doesn't really want to quit heroin, even though he's homeless, he has no money and no contact with his family. He hasn't seen or spoken to his mom in five years.

And the truth is he can't quit it. Unless he wants to go through the excruciating, exhausting, subhuman experience known as heroin withdrawal.

The fear of withdrawal is there every day

for heroin addicts. Like Jon, it gives them a pretty powerful motivation to stay high and a pretty twisted view on the drug they shoot up several times a day.

"I don't shoot heroin to get high," said Jon. "I shoot it to get well."

And yet, Jon is not well at all. He's so thin. He does not eat much or have a place to sleep because of his drug use.

Recently he was sleeping on a stone wall and three youths decided he was an easy target to harass and beat. He still has marks on his head and face from the punches.

When he shoots heroin, it's often difficult to find a vein. He puts the needle in his arm and fishes around again and again to hit one.

It's a very difficult thing to witness.

He believes most of the veins in his arms are ruined from heroin use.

"They're stiff, like rubber hoses," he explains.

Lately he has been shooting heroin into the veins in his hands, which are swollen and puncture-marked.

"I kind of want to stop," said Jonathan. "And I kind of don't want to. I don't know how to have fun without drugs."

Update: Jon's friends report he is now in Lancaster County Prison.

—Susan Baldrige

Confession – Profiles of addiction: Billy

September 7, 2014

Here's a tragic irony in Billy's life.

His mom knew he was in a bad spot to get well from heroin.

After all, the small New England state where he lived was crawling with heroin. In fact, five of the governors of states there banded together to fight what they are calling an "epidemic of heroin" in that region.

Vermont's Gov. Peter Shumlin had spent his entire State of the State address detailing how bad the heroin problem was there.

So Billy's mom sent him out of state. She found a place she was sure he would be safe.

A treatment facility in the beautiful farmlands of Lancaster County.

Which is where he learned how to inject the drug instead of snort it.

"I think there's more heroin here than even back home," said Billy, who became homeless recently after his recovery house did a drug test and found out he was still using.

Heroin users today are mostly like Billy — white, middle and upper class, equally male and female, according to statistics from the Centers for Disease Control and Prevention.

John Burkart, who heads the county drug task force, said people who experiment with the drug don't seem to realize how addictive it is, that they are entering a trap.

"We see heroin here in Lancaster that is 72 percent pure, which is high," said Burkart. "And it's cheap. If people were abusing oxycodone, they were paying \$1 a milligram, sometimes \$80 a pill. Heroin is much cheaper and readily available."

Which is exactly how Billy (not his real name) started on heroin.

He smoked marijuana in high school and a few of his friends urged him to try Ecstasy and then snort some painkillers, like Percocet, which kids refer to as blueberries because of their shape and color.

An avid lacrosse and soccer player, Billy tried not to let the drugs interfere with the sports he loved. But when he graduated and went to college, his addiction grew.

"I stole from my mom. I pawned her jewelry and spaced apart all the earrings so she wouldn't notice right away," said Billy, 25.

He didn't do it without shame and guilt, however.

"My mom is so sweet. She's an elemen-

Billy continued on next page

Billy continued

tary school teacher. No one in my family even smokes cigarettes. I'm by far the black sheep," Billy said. "By far."

He began to use Oxycontin about four years ago, he thinks. But that got really, really expensive.

"I got up to a \$150 a day habit," he said. "I owed my dealer \$4,000. I stole my mom's credit card to fill up my dealer's gas tank."

Another friend urged him to try heroin.

"It was fantastic, wonderful. I fell in love with the feeling. And it's cheap. A bag costs

\$10."

He started snorting heroin whenever he could get it.

But the worst part, Billy said, is withdrawal.

"You're so sick, you feel like you're dying. You want to die. It's like the worst flu you've ever had, it's horrible."

Billy went through that this year, when he finally confessed to his family that he was using heroin and needed to go to rehab.

But even during rehab, Billy relapsed and started using again. He had started injecting the drug to get a better high.

The treatment facility told him he had two choices — let them destroy the drugs they found on him and the paraphernalia. Or get out.

Billy — smart, funny, talented Billy, from a loving and supportive family — became homeless this month.

"I want to stay sober. I'm trying to stay sober," he said. "But there's so much heroin here. It's everywhere."

Update: Billy's family sent him to another rehab facility in a different state.

—Susan Baldrige

Redemption – Profiles of addiction: Caeli

September 7, 2014

Caeli wanted to visit her family so badly once, she promised her mother that she would clap her hands the entire time she was in the house — so they would know she was not stealing anything.

This time.

"But truthfully, I would steal with my feet if I could have," said Caeli. Caeli is Latin for "of the heavens" and it's pronounced Chaley. During the five years she was using heroin, Caeli would have done anything for the drug.

And she did.

"They say it's a conscious decision to put the heroin in your arm. That's true. But the addiction is so strong that it seems as if the addiction takes over and it's forcing you to put the heroin there."

Now 24, Caeli doesn't understand what made her start in the first place. Growing up, her life was pretty great.

She had loving parents who were high school sweethearts, the family took vacations to the beach, they ate dinner together every night.

They live in an upscale neighborhood in Lancaster Township. Her parents are both professionals. She went to private school. The only trauma Caeli can remember is her first memory — of a baby brother being born and dying two weeks later of kidney failure. She doesn't blame her addiction on that.

"I always had this feeling that I didn't

belong," she recalled. "I was always an all-or-nothing kind of child, like if there was a wrinkle in my sock, it was over.

"One side of me was a bright, precocious shiny penny, while the other side was very unhappy. Drugs gave me a chance to get out of myself and find a level of perfection."

At 18, Caeli had a friend who introduced her to crack. She became addicted and overdosed and went to a recovery house in Maryland. Which didn't work for her at all.

She continued using.

"Once I started injecting heroin, there was no way to turn back. I went to 15 rehabs and recovery houses," Caeli said.

"I did things in exchange for drugs that were horrible. I stole from my family. I stole my little brother's video games."

Caeli let friends grow and sell marijuana out of her apartment, and she now has a felony.

At the time there was no question — it was all worth it.

"Heroin was amazing. It was like a fountain of warmth shooting out of the top of your head, covering you in a velvet blanket. It was like you were a better everything but it was also the most vile black hole."

The euphoric feeling heroin gives, plus the fear of withdrawal, keeps heroin users continuously searching for their next bag of drugs. Caeli thinks there might be another reason.

"It's hard to live with yourself after some of the dirt you've done." Getting high helped cover the shame.

After relapsing so many times, Caeli had given up hope.

"I thought the end of addiction would be death. I think heroin is passive suicide."

Luckily for her, she had to go to the hospital for other medical conditions associated with her heroin use — hepatitis C and MRSA.

"I'm really grateful for Lancaster General. They treated me like a patient who deserves respect and they had empathy," she said. A counselor in the hospital suggested Methadone. It's a treatment not everyone agrees with but it was finally the thing that got Caeli to stop using heroin.

"People think you get high from Methadone. You don't. It just makes me feel like myself. The self before I did drugs."

She hasn't used heroin in over a year and she is repairing her relationships with her family. Nearly all the friends she did heroin with are dead or in jail, but she's building a new life with new friends.

And then there is her dog, Gremlin, whom she adopted from a local shelter.

"I swear he would try to stop me from using and if I was using, he would become really protective over me," Caeli said. "He's a much more mellow dog now that I'm clean."

One of the most important relationships Caeli is working on is the one with herself, she said.

"I'm not dating or anything. I have to just work on staying sober. And I'm slowly forgiving myself, a little bit at a time."

—Susan Baldrige

Addiction fuels crime, police say

Increase in users accompanied by an increase in illegal acts, authorities say

April 19, 2015

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It was an easy way to make some bucks to buy heroin.

Jere Madonna, 33, went around his neighborhood and took orders for groceries. Then he and a friend went to a local grocery store with empty bags from that store. They filled up their carts and walked out — without paying.

They sold the groceries to their neighbors for half price, pocketing the cash for dope they shot into their veins. Their neighbors were glad to get cheap groceries and it cost the guys nothing — except the risk of getting caught and going to jail.

It was their heroin solution for one day. The next day they would need more heroin and would pull a new illegal scheme to get it. Maybe they would shoplift or break into a home — or worse.

Driven by heroin

It's not just that people are using heroin in Lancaster County like never before.

There's the stealing, panhandling, robbery, home invasion, bad checks, prostitution and violence that go with it.

Local police say right now their hands are full with the crimes that feed heroin habits and it doesn't look like it's slowing down anytime soon.

"Heroin is a far greater problem than ever, so there is little question that a higher percentage of crimes are

now driven by heroin," said Lancaster County District Attorney Craig Stedman. "We don't keep stats on whether the crime was driven by heroin, but all I can say is there is no doubt that we are seeing more of them."

Even though overall crime rates are dropping here and across the country, Stedman said more crimes are motivated locally by heroin than ever before.

Heroin is cheap — it costs as little as \$5 a bag — but it's not unusual for addicts to use 25 to 30 bags a day.

That adds up.

The cycle of heroin

Madonna knows about the cost. He was

a heroin addict for 10 years and sometimes used more than 35 bags a day.

He's been in jail 11 times but never for a drug charge — only the crimes he committed to pay for drugs.

Law enforcement officials say although they arrest people, like Madonna, for crimes associated with heroin use, when the offenders get out of prison they go back to using and committing crimes to pay for it. It's a vicious cycle that cannot be cured, they say, by just putting people in jail.

Madonna agreed to be interviewed from prison because he wants to be an example of heroin's effects, saying he hopes his story will keep someone from trying it.

At his last sentencing, he asked the judge to give him the maximum, so that maybe — once and for all — he could kick his habit.

Madonna said he started using drugs as a young teen. By the time he was 19, he was hooked on heroin and was officially a criminal.

He's been convicted or pleaded guilty to theft, retail theft, theft of moveable property, conspiracy to commit retail theft, disorderly conduct, criminal mischief, damaging property, criminal conspiracy, receiving stolen property, robbery with a threat of imminent bodily injury and simple assault.

A vexing problem

So what's the solution?

In his budget, Gov. Tom Wolf has proposed a \$2.5 million increase in behavioral health services that would help address the mental health part of addiction and \$5 million more for the Department of Drug and Alcohol Programs to launch new programs specifically targeted at treating heroin addiction — including treating those in prison.

Now, a federal grant pays for a pilot program that gives some Pennsylvania state prison inmates, who are addicted to heroin, a shot of the drug Vivitrol before they are released.

Previously it was only available to female inmates, but the program is being expanded to 175 male inmates in Allegheny, Dauphin, Lehigh and Philadelphia counties.

To be eligible, inmates must have completed a drug treatment program within their institution, be free of liver disease and be within 18 months of their parole eligibility date.

Vivitrol is supposed to suppress cravings for heroin for 30 days and keeps the user from experiencing a high if they do use.

After 30 days, the former inmate must enroll in an outpatient treatment program that is licensed to provide Vivitrol, for additional doses.

But each injection is expensive — \$1,000 a dose.

That's why it's being done on a very limited basis and the program is being monitored to see if it's successful before it is expanded.

Theft and burglary

"It's the number one problem in our jurisdiction — heroin and crimes related to it," said East Lampeter Township Police Lt. Robin Weaver. "We have Walmart in our jurisdiction and we are out there almost every day (for a theft incident). We can see that it's related to heroin if we arrest them and find heroin, or they tell us or we can just see that they are addicted to drugs."

The police chief of Columbia Borough, Jack Brommer, said there's no question an increase in petty thefts and burglaries in his town is tied to drugs — specifically heroin.

A few months ago, Brommer said, a heroin addict burglarized a house in Columbia and stole the resident's car. Then the addict drove around committing more crimes, using the stolen car as transportation until he was caught. The addict said he was "dope sick" — withdrawing from heroin — and he needed a fix to get well.

"One issue we do see is people not taking the necessary steps to protect themselves," said Brommer. "Entry is made through unsecured premises. People should keep doors and windows locked and have adequate lighting."

Madonna said he too broke into houses and stole for drug money. The one he feels the worst about is when he broke into his own brother's house and stole from him.

Reaching the bottom

At one low point in Madonna's addiction, he prostituted out his girlfriend, the mother of his child, for heroin money, he said.

"I'm not proud of it," he said. "And she didn't always have sex with the guy. One time she just had to let someone look at her

Addiction continued on next page

Addiction continued

(naked) and he paid her.

"I don't want to say you're not in your right mind when you are on heroin, but you aren't who you really are when you're on it."

He said his girlfriend was jailed for crimes related to her heroin use and the baby is being cared for by a grandmother.

Southern Regional Police Officer Chris Pfeiffer said, "It makes me upset when I see what could be productive citizens doing these kind of things for heroin. These are the people who would never have stolen from their mom, or stolen someone's cell phone. But their body is telling them what to do. The drugs take over everything."

A common heroin-related crime Pfeiffer now sees is access device fraud — stealing someone's credit or debit card and using it to buy merchandise that can be sold or traded for heroin.

Police need more help

But police don't think they can solve the heroin problem by themselves.

"We can't arrest our way out of this problem," said Weaver. "It's a bigger, more complicated social issue."

Brommer adds, "The reality is the problem needs to be addressed from many different angles."

He pointed to more treatment options for

addicts, more prevention programs.

Madonna gets out two days a week for work release and said he walks by heroin dealers but does not buy it.

He said he is determined to stay clean this time and that he's "sick and tired of being sick and tired."

But even if Madonna is successful, there will be more addicts to take his place in jail.

"I would say at this point in time the heroin use is on the upswing," said Brommer, "and we can expect an increase in incidents such as burglaries and thefts because of it."

Others also don't see heroin use slowing down.

"Not right now," said Weaver. "Not here."

FIRST RESPONDER

Officer revives overdose victim with heroin antidote for first time in Lancaster County

August 28, 2015

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When Sgt. Eric Schmitt of the Ephrata Police Department heard the 911 call for a cardiac arrest last Friday night, he jumped in his cruiser and sped to the scene.

Police in Ephrata carry an automatic external defibrillator in their cars for these kinds of cardiac emergencies and Schmitt had his. Schmitt was also carrying doses of the heroin antidote Narcan tucked into a pocket on the defibrillator.

And that night he became the first police officer in Lancaster County to use the drug to save someone from a heroin overdose.

Since July, Schmitt and other police officers across the county have undergone training to use Narcan. The training comes in response to escalating heroin use here.

"I was just in the moment," Schmitt said in an interview. Afterward, "I went to the hospital and he was there sitting up in bed and he thanked me and the other officers. I was a little bit surprised because I've dealt with this gentleman in the past and he doesn't like police."

Schmitt said he's seen many similar cases in which the victim doesn't survive; he was glad this situation was different.

Fellow officers Yevgeniy Kertsman and John Hirneisen were about one minute ahead of Schmitt when he pulled into the Wal-Mart parking lot in Ephrata.

"They were assessing the person, a white 28-year-old male who was not breathing, or at least not breathing very well," said Schmitt. "When I pulled up, they were removing him from the vehicle and were laying him on the ground."

This was no cardiac arrest. But the officers had seen heroin needles and paraphernalia in the truck. And a friend of the victim's was there to describe what had happened.

Immediately, Schmitt pulled out a dose of Narcan — in nasal spray form — and administered it to the unconscious man.

"It's not instantaneous," said Schmitt. "Eventually he started coming around, but I had another one ready just in case."

By that time, the ambulance service had arrived and EMTs administered oxygen and took the man to the hospital.

Every officer in Lancaster County has been given Narcan, also known as naloxone,

to use in case of a heroin overdose. Capital BlueCross bought \$50,000 worth of the drug for police departments here and in 20 other counties across the state.

Lancaster is the third county in the state to complete training; use of Narcan started about a month ago. York and Delaware counties already equipped their first-responders with Narcan.

Gary Tennis, secretary of the state's Drug and Alcohol Programs, said between 150 and 200 lives have been saved by police officers carrying Narcan in those counties.

But not every overdose victim can be saved.

Last weekend, two other people — a 25-year-old and a 32-year-old — died of suspected heroin overdoses, said Lancaster County Coroner Dr. Stephen Diamantoni.

"There was drug paraphernalia at the scene and their urine tested positive for opiates," said Diamantoni. "But we won't know for sure until the toxicology screens come back in a couple of weeks."

Diamantoni declined to say more about the apparent overdose victims until the causes of death have been established.

No Quick Fix Overdose antidote in Lancaster:

Huge demand. High cost. Almost impossible to find.

September 13, 2016

SUSAN BALDRIGE

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For heroin addicts, the availability of the overdose-reversing drug naloxone is a matter of life and death.

Every second counts.

But an LNP investigation found the antidote is extraordinarily scarce here. In a survey of 30 pharmacies across Lancaster County last week, only two said they carry naloxone.

Those fortunate enough to find it face another harsh reality: Naloxone is incredibly expensive, selling for as much as \$739.99 for a package of two doses.

These facts emerge as heroin use has surged, and first-responders are being equipped with the overdose-reversing drug.

"There's definitely a shortage of the drug," said Dr. Michael Reihart, a Lancaster General Hospital emergency room physician. "There has been for a couple years," he added, "ever since they've been supplying EMTs, and now police carry it."

The cost and scarcity of the antidote are yet more challenges confronting addicts, their families and the agencies trying to tamp down the scourge of heroin.

Efforts are underway to solve those problems.

A deadly wait

Heroin overdoses occur in seconds, not minutes. Naloxone can reverse the effects and prevent death — but only if the antidote is administered quickly enough.

In April, Pennsylvania directed all state police troopers to carry naloxone, sold under the brand name Narcan, and then allowed local police and families of addicts to administer it.

This has worked out well for hundreds of overdose victims treated by police carrying the drug. By the end of August, 239 lives were saved across the state because of naloxone, according to state health officials.

THE NUMBERS:

\$739.99: Top price for two doses of the heroin antidote naloxone

2: Number of Lancaster County pharmacies known to be carrying the drug

24: Number of hours it could take to get a dose of naloxone from the pharmacy

239: Number of Pennsylvanians who have been saved by naloxone

But naloxone's effectiveness led to its widespread use, and its widespread use has led to scarcity.

Of the two local pharmacies carrying the drug, one had only one dose on hand. A single 0.4 milligram dose was available at Smithgall's Pharmacy on West Lemon Street in Lancaster last week.

Williams Apothecary, on East Chestnut Street in the city, carries the drug primarily to supply nursing homes that use it to treat elderly patients who overdose on the pain drug oxycodone.

The pharmacist at Williams Apothecary was aware of the new state law making Narcan available to individuals but has never filled an individual prescription for it. The pharmacist said such a prescription could be filled there, but it would have to be "verified" first — adding at least a day to the process.

Every other pharmacy contacted — 10 Rite-Aid stores, four Walgreens stores, four Wiley's Pharmacy stores, six grocery store pharmacies and four independent drug stores — did not stock the drug, either in its either injectable or nose spray form.

What the state says

The secretary of Pennsylvania's Department of Drug & Alcohol Programs, Gary Tennis, praised the wider availability of naloxone recently.

"I strongly recommend a family member should have it if someone is being treated with opioids for pain. They might not have

the mental capacity to know they are over-medicated," Tennis said.

"For families of heroin addicts, having naloxone is a life-and-death matter," he added.

After being told about the scarcity of the drug, a spokesman for Tennis told LNP: "We advise the public to first call the pharmacy and check to see if they have it on hand and, if not, ask them if they can order it."

Most pharmacists here told LNP they could order naloxone but it would take at least 24 hours to get it — hardly reassuring to addicts or their families. Some pharmacists said the drug wasn't available at all from their usual sources.

Paying the price

Reihart, the LGH emergency room physician, said he uses naloxone regularly, sometimes daily, to revive people overdosing on heroin or opioids.

"When I reach for it, it's there," he said. "But for the general public, I'm not surprised this a problem. And the demand for it has increased. That's why the price keeps going up."

And it has — a lot.

In the past few months, the wholesale price of naloxone has doubled. Prices for the drug here last week ranged from \$203 for several doses without a syringe to \$739.99 for two doses in an auto-injector kit.

(The Pennsylvania Department of Drug and Alcohol Programs has on its website, getnaloxonenow.org, an educational video to teach people how to administer naloxone.)

The drug's cost might be covered if an addict has health insurance that includes prescription drugs, but the cost would not be covered by a family member's insurance.

Reihart said officials at LG Health are organizing an plan to fight the growing epidemic of heroin in the area.

And, aware of the barriers the public has in accessing naloxone, they also are working on "creative community options" to remove those obstacles, he said.

There is Hope

Emerging from darkness: People who have struggled with drug abuse talk to LNP about their trials, triumphs

December 20, 2015

SUSAN BALDRIGE

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Life was pretty rough for Mary after two years of heroin addiction.

Raised in Lancaster County's affluent suburbs, she had resorted to living in a car — homeless, broke and sick.

She had contracted hepatitis and developed an abscess on her arm from sharing dirty needles.

She was on the brink of death.

But Mary survived.

She survived her near-fatal health problems.

And she survived the intense cravings for a substance that is killing record numbers of people across the county, the state and the nation.

But Mary did not break free of heroin's grip on her own.

She had a plan, she had support, she had counselors, and she had access to medication that helped her kick the physical addiction.

On her own, she had built the type of program now being advocated by government researchers and private addiction specialists.

Her message for other addicts and their families now is simple.

"There is hope," said Mary, who is now 23, working full time and taking college courses.

Hooked in days

Mary started shooting up heroin six years ago, before opiate use in Lancaster County had grown into the epidemic it is now.

You can find the stories of the latest overdose victims on the obituary pages of LNP on almost any given day. The number of overdose deaths from heroin this year is certain to surpass that of any other year on record, Lancaster County Coroner Dr. Stephen G. Diamantoni has said.

They are people like Mary. Some are older. Many are younger.

"I knew nothing about heroin except it was bad," said Mary, who LNP is not identifying because of concerns she will lose her

job if details about her past become public.

"My boyfriend at the time had been doing it. I tried it to see what the big deal was."

She understood pretty quickly.

The drug took away her anxiety and made her feel carefree, an escape from all the awful things she had gone through in her youth. Mary said she is a survivor of child sexual abuse, and of parents who introduced her to drugs when she was a teenager.

"It wasn't but a few days of using and I was already hooked," Mary said. "I wanted it. I felt sad without it. Heroin is the only thing that feels that good and that bad."

Soon Mary and her boyfriend were living in a car, panhandling and getting arrested. At one point, she ended up in a hospital with an infection — and had a friend sneak heroin to her to satisfy her cravings.

She overdosed in the bathroom and nearly died.

Mary had hit rock bottom.

Hope after hardship

Leah, a local businesswoman, described her 13-year-old son's escape to heroin after being the victim of sexual assault.

"I was a wreck for years. I wanted to go to bed, pull the covers over my head and never get up," she said in an interview with LNP. "I was absolutely panic-stricken every day, wondering how my life got this horrible."

The newspaper is not using Leah's last name because it would disclose the identity of her son, a victim of sexual assault.

Though the abuser had been jailed, Leah's husband had started drinking to cope with the stress.

At one point, she came home to find her husband passed out on the floor after drinking too much, and her son overdosing on heroin.

Leah had to call two ambulances.

Her family had hit rock bottom.

But, like Mary, they climbed back.

Escaping addiction

Mary didn't trust herself to stay clean, even after stays at two separate rehabs. She knew from experience that heroin is

one of the toughest addictions to beat.

Relapse is common.

So she built a plan. One that included medication to ease the biological cravings for heroin, the support of a church group, meetings with a 12-step group and intensive counseling.

"I absolutely need all those things to stay on track," said Mary, who attended Manheim Township High School as a teen.

She said the medication — in this case methadone — made her feel normal again. "For once I felt that I could actually beat the addiction," she said.

The use of such medication coupled with support and counseling make up the kinds of programs now being advocated by the government and private addiction specialists.

"She was ahead of her time," said Dr. Joseph Garbely, medical director at Caron Treatment Centers in Wernersville, Berks County, after hearing about the program Mary put together for herself.

Abstinence ineffective

Dr. Mary Jeanne Kreek, a professor at Rockefeller University who for more than 50 years has been studying the effects of drugs on the brain, agrees that such programs are crucial to overcoming addiction.

"The brain changes, and it doesn't recover when you just stop the drug because the brain has been actually changed," she said in a published report.

"It's hard to find a person who has completely normal brain function after a long cycle of opiate addiction, not without specific medication treatment," she said.

"It's time for everyone to wake up and accept that abstinence-based treatment only works in under 10 percent of opiate addicts," Kreek said.

Practice guidelines published by the American Journal of Addiction Medicine now include recommendations for the treatment of opioid use using methadone, buprenorphine, naltrexone and/or naloxone.

And this year the federal government increased access to medication-assisted therapy as part of what it called a "well-rounded treatment program."

Hope continued on next page

Hope continued

Caron and many other facilities that treat opiate addiction embrace the kind of multidimensional program that has kept Mary clean for almost three years, which includes medication.

Almost 60 percent of patients enrolled in a Caron Treatment Center monitoring program tested free of drugs one year later.

"We believe recovery is a journey of the body, mind, spirit," Garbely said.

Caron also offers group and individual therapy to address underlying psychological trauma and other issues that may have turned someone to heroin in the first place.

It offers a spiritual approach to recovery and supports a 12-step program for addicts.

It also emphasizes the education of family members of addicts.

"It's really important to address the whole family," Garbely said.

Support is key

Leah, too, discovered that support is key.

And not just for addicts, but for their families.

"I was sick, too," she said. "I had to learn to say I am not living like this."

After 10 years of living with the addictions of her husband and son, she walked out.

She found hope in Al-Anon, a nationwide network of groups for friends and families of addicts. There are several chapters in Lancaster County.

"What's so cool about the meetings is that you are loved unconditionally," she said, "no matter where you are in your journey."

She said she learned from those meetings that addicts don't get better when someone is doing their work. Indeed, the two addicts in her family started to do things for themselves — including getting help — after she left.

Here for a purpose

Mary is now healthy, working full time, going to college and supporting herself and her two rescue dogs.

"Before heroin, I was too lazy to figure

out what I believed in. Once I got clean, I realized I'm on this earth for a purpose," she said in a recent interview.

She works as a nursing aide, tending to elderly patients. She sees a counselor regularly.

"I keep a journal, writing thoughts and feelings," she said.

She's working to achieve another dream — becoming a registered nurse. Although she's struggling financially to do it, she's already completed one semester at the Pennsylvania College of Health Sciences. She has to take off for a semester so she can save up money for more schooling.

But she takes this setback like she does many others in life, with gratitude for what she has.

"I have no family, I have no money, but I'm free and working toward my goals," she said.

"There's a better life out there, but sobriety is not just about staying off heroin," she said. "It's about your whole life, the rest of your life."

HOPE FOR CHANGE

Devastated families want stricter DUI laws — now

February 15, 2016

SUSAN BALDRIGE

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There was enough grief in the room to last a lifetime.

And it will.

Parents from across the state gathered in Lancaster County recently to talk about their sons and daughters, their future grandchildren, their once happy lives — and how all were lost to drunken or drugged drivers.

Many of their names are, by now, familiar.

Meredith Demko, 18, killed by a driver who was drunk and high on heroin.

Miles and Charlotte Hannagan, 19 and 16, from Chester County, killed by a driver who was drunk, high on prescription drugs, texting and speeding.

Rodney Miller, 45, a volunteer firefighter from York, killed by a repeat hit-and-run driver while he was directing traffic around a crash.

Their families met here to try to make sense of their losses, but also to join in a common purpose: to keep others from join-

ing their ranks, the families mourning tragic and senseless deaths.

They have formed a new organization, Pennsylvania Parents Against Impaired Driving, with the mission of putting pressure on state lawmakers to pass legislation that could prevent impaired drivers from getting behind the wheel.

"You have to hope your kids' death didn't happen in vain," said Maggie Hannagan, who was badly hurt, along with her husband, Paul, in the horrific Valentine's Day crash last year.

"We want to change the laws so other parents don't have to sit here," said Paul Miller, father of Rodney Miller.

Legislation to save lives

The group met in the dining room of Chris and Susan Demko. Their daughter, Meredith, was killed on July 8, 2014, when Thomas Gallagher Jr., then 29, hit Demko's vehicle head-on on Lamppost Lane in West Lampeter Township.

Gallagher had two previous DUIs, and his license had been suspended since 2003.

His blood alcohol level was nearly three times the legal limit of .08 percent, and he had heroin in his system.

He pleaded guilty to third-degree murder, among other crimes.

The Demkos and other members of the grassroots group plan to lobby state legislators in the coming weeks on stalled legislation that they say would make roads safer.

The legislation would:

- Require a first-time DUI offender to have an ignition interlock device in his or her vehicle that tests blood-alcohol level to start the vehicle.
- Increase penalties for repeat DUI offenders and DUI offenders who kill.
- Strengthen penalties for DUI offenders who drive on suspended licenses.
- And mandate training for alcohol servers to recognize signs of intoxication.

"The interlock bill is a no-brainer," said Chris Demko. "It will save lives, no question."

Laws continued on next page

Law continued

Pennsylvania considered lax

There was a time when Pennsylvania was considered tough on drunken and intoxicated drivers. But as other states have progressed on enforcement and prevention, Pennsylvania has slipped to the bottom, 47th out of 50 in 2015, according to a Wal-letHub nationwide study.

In Lancaster County, 91 of the 270 deaths from car crashes between 2010 and 2014 were alcohol-related, according to data obtained from the state Department of Transportation.

Glen Rudy, of Lancaster, lost his oldest daughter, Crystal, to a drunken driver in 2007. "We've been given a life sentence," Rudy said.

Debra and Ken Iwaniec of Westmoreland County are still mourning the loss of their son, Kenton, a state trooper. A woman with four times the legal limit of alcohol and oxycodone in her system, driving with her 4-year-old son in the car, hit Iwaniec head-on and killed him in 2008 on Route 41.

He was 24 and had only been a state trooper for three months.

"There's not a day that you do not cry," said Debra Iwaniec.

Inaction in Harrisburg

The families say they are frustrated by inaction by the Legislature despite the support of local lawmakers and law enforcement officials.

Bill Patton, press secretary for the House Democratic caucus, said that "efforts to combat drunk driving are always taken seriously by legislators. The family members who have lost loved ones are some of the most powerful voices on the issue. Any advocacy by the parents' group is welcome. Legislators listen to them and respect their views."

State Sen. Lloyd Smucker, R-West Lampeter Township, and state Rep. Keith Greiner, R-Upper Leacock Township, were among three elected officials named "2015 Legislators of the Year" by Mothers Against Drunk Driving for legislation to crack down on drunken drivers.

Smucker's legislation focuses on offenders with more than two DUI convictions within a 10-year period.

Upon a third conviction, such a driver would face up to seven years behind bars and fines of as much as \$15,000. In the case of a fatal crash, his bill would allow prosecutors to charge a repeat offender with third-degree murder and add the presumption of recklessness or negligence, which could result in increased penalties.

Legislation sponsored by Greiner seeks to add a requirement that anyone convicted of DUI with a blood alcohol level of 0.10 or more be required to install an interlock device on his or her vehicle. The device requires breathing into a tube, which measures blood alcohol and prevents the vehicle from starting if the result is an illegal level.

"The expansion of interlock devices is long overdue," said Lancaster County District Attorney Craig Stedman, who has been supporting interlock legislation for several years. "The majority of DUI offenders in Lancaster County aren't required to use one. (The devices) not only avert repeat DUI offenses, they save lives, preventing more tragic losses, like Meredith Demko."

But those bills are stalled in the Legislature. The interlock bill passed in the Senate in September but it's gone nowhere since then.

"There's a lot of frustration on the part of the Senate in general about how much time the budget has taken away from other important initiatives like this," said Jenn Kocher, spokeswoman for Senate Majority Leader Jake Corman. But, she added, if the House passed the bill or made only small changes, it would most likely make it to Gov. Tom Wolf's desk this year.

That would be at least a small triumph for the grieving parents.

"I never got to say goodbye," Maggie Hanagan said about the deaths of her son and daughter during sentencing of the drunken and drugged driver who crashed into them.

"Death would have been easier than living without them," she said. "Everywhere I go and everything I do, I long for the family I once had."

In Plain Sight

Facing few options and a powerful urge, addicts across the county are shooting up in public; witnesses are asked to call the police

May 29, 2016

SUSAN BALDRIGE

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It was the middle of a sunny spring afternoon, in the middle of a downtown Lancaster street, when the cravings came back.

The man eased a needle into a vein in his left arm.

Next to him, a young woman — probably in her early 20s — used the cord of her hoodie as a tourniquet on her bruised, reddened arm to make the veins more prominent as she awaited the next hit of heroin.

The couple engaged in casual conversation with two others nearby, all seemingly unaware of the hustle and bustle of daily life that was going on around them.

The scene, witnessed by an LNP staffer and photographer, has become routine in the city, in the suburbs, and even in the rural swaths of farmland in Lancaster County.

Heroin use — an addiction that was once satisfied in condemned houses, dark alleys and cheap hotel rooms — has moved to sidewalks, convenience store bathrooms and parked cars, providing a startling view of the epidemic to the often unsuspecting public.

"It's jarring when you see it," said New Holland police Chief Donald Bowers.

And many scenes are.

In survival mode

Police across Lancaster County say they are receiving more reports from witnesses who stumble upon heroin addicts shooting up in public places.

Since the beginning of the year, heroin users have been caught either shooting up or carrying needles in public parks and in grocery store parking lots, newspaper records show. Two men died of heroin overdoses at

Public continued on next page

Public continued

convenience stores in Leola and Columbia.

Health officials say the intense addictive pull of a purer, more powerful heroin forces users to feed their cravings on a moment's notice — wherever they are.

"It's not a sense of right or wrong, is this place public or not," said addiction counselor and recovery specialist Jack Pacewicz. "It's sort of like when you are really hungry. That's all you can think about — only much, much stronger."

Pacewicz, who counsels addicts at his Empowering for Life program in Leola, knows how strong the craving is. He is a former addict.

"You are in this mode with that part of your brain that is saying, 'Survive, survive, survive. Do it immediately,'" he said.

He said the heroin epidemic is playing out in full view of the public now because of the sheer number of addicts in the county.

"You didn't have this epidemic before," he said. "Now you have a whole new generation of addicts."

In East Lampeter Township, a suburb of Lancaster, heroin addicts are becoming more obvious about getting their fixes, said Lt. Robin Weaver.

"I think they simply don't care," Weaver said. "They need to get that high as quickly as they can, whether it's at a convenience store, in a bathroom, in a car, a hotel room, out in the public. They're not really concerned about where they are."

Not just a city problem

In Conestoga, a village south of Lancaster, the police chief said his residents are seeing more heroin use and becoming more conscientious about reporting it.

"We're getting information from more and more people who are seeing it around," said Southern Regional police Chief John Fiorill.

Police chiefs here all say their departments have seen a dramatic increase in drug use among drivers — whether the drug is heroin or a prescription opioid.

One user said he thinks police are less likely to notice someone shooting up if they are going by in a car.

In Lancaster, vacant lots and condemned houses are the typical haunts for drug users, said police Capt. Jarrad Berkihiser, who is in charge of patrols in the city.

"But of course anywhere they can use the drug, they will," he said. "Some don't care if they are in the public view. When I was on patrol, I'd catch them in cars and parks. It's not shocking to us anymore."

On a recent weekday morning, after only a few minutes of searching, an LNP reporter and photographer discovered a heroin addict shooting up on a downtown street, near a day care center and a church.

"I do it wherever I am," said the young man, who is not being identified by LNP but allowed a photographer to take pictures of him. "At McDonald's. In a car. Doesn't matter."

No place for a fix

On a recent afternoon along North Queen Street in Lancaster, a woman in her early 30s stood holding a cardboard sign as passersby continued about their business in the bustling downtown.

Her sign read: "Homeless, no money, please help if you can, God Bless."

She is a heroin addict. She carried a backpack and two blankets over her shoulders.

The woman, who spoke to LNP on condition of anonymity, said many heroin addicts shoot up in public because they are homeless like her and have no place to go.

She was hitting the streets to panhandle after sleeping outside the night before. She said she wanted to make enough money to pay for a hotel room.

"I don't use heroin in public," she said. "I usually do it in an alley or in a restaurant bathroom."

Authorities acknowledge many heroin addicts are homeless and forced to shoot up in full view of the public.

"Many addicts are out of their homes and

have burned bridges with those close to them," said Brett Hambricht, a spokesman for the Lancaster County district attorney's office. "And as we know, shelters are doing all they can to accommodate as many people as they can."

Danger to the public

What would you do if you happened upon a heroin addict shooting up on the sidewalk? In a park? In a public bathroom?

What should you do?

Police officials interviewed for this story said witnesses to drug use should call 911. But some also acknowledged their officers may not be able to respond in time, or may be unavailable because they are responding to a more urgent call for help.

Ephrata police Chief Bill Harvey said the public use of heroin poses a health risk to the innocent, too, because addicts sometimes discard needles. People should avoid touching them.

"We got a call a few months ago where there were some needles found behind a convenience store," Harvey said. "We tell people don't touch them, they're a biohazard, call police, and don't pick up the syringes to bring them in because they may have traces of narcotics in them and you could be charged with possession."

Other police officials said that arresting drug users does not go far in solving the heroin epidemic, partly because the criminal penalties for such behavior are not serious enough.

So the addicts are put right back out on the street.

"Coupled with the fact that heroin is so readily available and users are not spending much time or no time in jail, you have this relaxed attitude," said Bowers, the New Holland police chief.

"I will tell you, (the) greatest tragedy is that I hinged my hopes on education, but it doesn't seem to be working," he said. "And as the weather gets warmer, I think we're going to see more of it."

DA: 'Cultural decline' fuels drug abuse

County official discusses causes of epidemic during public meeting

CHRISTOPHER PRATT
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The county's top law enforcement official partly blamed "cultural decline" and "the breakdown of the family" for the rising drug abuse epidemic that is worrying health officials here and across the nation.

"One of the reasons this is such a big problem is because of the breakdown of the family over the years," Lancaster County District Attorney Craig Stedman said Thursday at a public meeting on the heroin epidemic.

In 2015, 80 people died in Lancaster County from overdoses of heroin or other drugs.

Speaking at Ephrata High School, during a meeting organized by the county's Anti-Heroin Task Force, Stedman also blamed President Barack Obama for characterizing marijuana as harmless.

"We've got a cultural decline. Let's call it the way it is," Stedman said. "It's in songs. It's in popular culture. We have a president who ... said what's the big deal essentially about smoking a little marijuana."

Besides looking for solutions, the public meetings are meant as forums for open discussion about the root causes of the crisis,

enforcement of drug laws, and addiction treatment.

Stedman, a Republican, acknowledged marijuana isn't as harmful as heroin, but emphasized the danger it presents as a gateway drug.

"We're sending out a message to our society: What's the big deal about marijuana? It's a harmful drug. And by our leaders saying that it's harmless, doesn't make it harmless. It's still extremely dangerous," Stedman told the audience. "Is it as bad as heroin? No. But, it's part of the problem, and we're facing a huge task in that we're fighting (for the) moral compass of our country."

In a 2014 article in *The New Yorker*, Obama was quoted as saying he didn't think marijuana was more dangerous than alcohol. He also told the magazine it's a "bad idea, a waste of time and not very healthy."

Referencing a study from The Center for Rural Pennsylvania, Stedman said that most heroin addicts used marijuana before they used heroin.

Besides Stedman, people working in recovery as well as prevention and addiction also addressed the meeting.

One was David Highfill, a 26-year-old

who now works for a recovery program in Lancaster. Highfill, who has struggled with addiction, described spiraling out of control years after first experimenting with opioids — present in some commonly prescribed painkillers.

"You make these choices that build up. And then before I know it, I'm homeless, shooting dope in inner-city Baltimore," Highfill said.

When he explained that addicts relapse often and need compassion, Highfill drew applause from the audience.

Dr. Mike Reihart of Lancaster General Health said, "Addiction is a disease just like cancer." It spares no socioeconomic group, he said.

Responding to an audience member's question about what to do if you know an addict, Stedman said his office will soon bring an outreach coordinator on board to help schools, businesses and nonprofit groups. "We'll hopefully be able to help you in that way," he said.

Some 15 organizations were on hand at the meeting to talk about their resources. The task force's next meeting is to be held at 7 p.m. June 7, at Columbia High School, 200 N. Fifth Street, Columbia.

BEASTS OF THE EAST
D-1 All-Stars punch ticket to World Series
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WHAT TO WATCH FOR IN PARADE MAGAZINE
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INSIDE Sunday



The Meadville Tribune

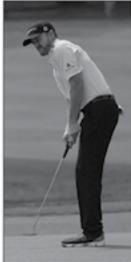
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 This evening: Showers, 75
 Tomorrow: Storms, 77

Deaths
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HOPE & Education

Seminar aimed at addressing escalating prescription opioid and heroin scourge

By Lorri Drumm
 MEADVILLE TRIBUNE

The Crawford County Courthouse is the place to be Monday as county residents are urged to gather for a free, open-to-the-public seminar aimed at addressing and overcoming the escalating prescription opioid and heroin crisis that is devastating families here and across the country.

The Crawford County Task Force on Heroin and Opiate Prevention and Education (HOPE), in collaboration with Meadville Medical Center, hosts the free seminar on Monday at 6 p.m. at the courthouse, 903 Diamond Park. Before and after the seminar, 25 community service providers will staff educational and resource tables at the courthouse with information about local drug addiction prevention and treatment programs. The event will take place on the second floor of

Crawford County drug overdose deaths

Year	Deaths
2014	16
2015	28 (record high)
2016 to date	19

Source: Crawford County Coroner Scott Schnell



A Meadville police officer holds a container with small bags of heroin confiscated from a drug bust on Liberty Street in May.

SEE SEMINAR, PAGE A2

YOU CAN GO

A free, open-to-the-public seminar with Dr. Andrew Kolodny, one of the nation's leading experts on the opioid and heroin epidemic, is Monday at 6 p.m. at the Crawford County Courthouse. Before and after the seminar, 25 community service providers will staff educational and resource tables at the courthouse with information about local drug addiction prevention and treatment programs.

INSIDE: Online resource guide offers support for addiction, Page A2

ALSO: Lawmakers crossing state to hear about drug crisis, Page A2

Clinton's pledge: Steady hand at 'moment of reckoning'

PHILADELPHIA (AP) — Promising Americans a steady hand, Hillary Clinton cast herself Thursday night as a unifier for divided times, steeled for the challenges of a volatile world by decades in politics that have left some Americans skeptical that she understands their lives.

"I know that at a time when so much seems to be pulling us apart, it can be hard to imagine how we'll ever pull together again," Clinton said as she accepted the Democratic nomination, becoming the first woman to lead a major

U.S. political party. "But I'm here to tell you tonight — progress is possible."

Clinton took the stage to roaring applause from flag-waving delegates. But her real audience was the millions of voters who may welcome her experience but question her character.

Clinton acknowledged those concerns briefly, saying "I get it that some people just don't know what to make of me." But her primary focus was portraying herself as the

SEE CLINTON, PAGE A7

INSIDE: DNC Notebook: Democrats brace for more email revelations, Page C2



Democratic presidential nominee Hillary Clinton speaks during the final day of the Democratic National Convention in Philadelphia on Thursday.

Associated Press

Huge crowd at Polish shrine hears pope hail their faith

CZESTOCHOWA, Poland (AP) — Pope Francis blessed hundreds of thousands of faithful Thursday at a shrine in Poland, paying tribute to a beloved native son, St. John Paul

where being Catholic is often equated with being Polish.

Francis, who had never set foot in Eastern Europe before this week's five-day pilgrimage to Poland, gazed

in apparent awe for several minutes as he studied the Jasna Gora monastery shrine's iconic image of the so-called

SEE POPE, PAGE A2

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Facing the problem

Education events aimed at curbing opioid, heroin epidemic

August 2, 2016

By Lorri Drumm

A courtroom in the Crawford County Courthouse was filled Monday evening, but it wasn't for a high-profile trial. The issue was the prescription opioid and heroin epidemic, and the courtroom was the setting for more than an hour of education on the subject for approximately 150 people in attendance.

The Crawford County Task Force on Heroin and Opiate Prevention and Education (HOPE), in collaboration with Meadville Medical Center, hosted the free seminar. One of the nation's leading experts on the opioid and heroin epidemic, Dr. Andrew Kolodny, chief medical officer of Phoenix House, a nonprofit drug and alcohol addiction treatment organization, shared more than an hour of his expertise on the subject of opioid addiction.

Charts and graphs covered the wall of the courtroom behind Kolodny as he showed evidence of how the opioid epidemic has spread throughout the country in the past 20 to 30 years. Kolodny also noted the imbalance of what segment of the population has been most affected by what he called "the over-prescribing of prescription opioids."

"To call this a predominantly white issue is an understatement," Kolodny said. "This is a strikingly-white issue. We just don't see other races of people being nearly as affected."

Kolodny's explanation for the large number of white people between the ages of 20 to 34 being addicted to prescription painkillers was "racial stereotyping."

"A doctor is going to be less likely to prescribe prescription pain medicines to a young black man, but he will give them to a young white man," he said. Kolodny explained that once that young white man is addicted, it will become difficult to keep getting more prescriptions, raising the odds of that man turning to pills on the black market, or the cheaper alternative, heroin.

Kolodny spoke of the beginning of the opioid epidemic in 1996 when prescription

opioids were put on the market. "The culture of prescribing pain medication changed in 1996," Kolodny said. "Pharmaceutical companies and others wanted to create a blockbuster drug that doctors could use to prescribe for common conditions."

The push that began in 1996 for doctors to prescribe the new opioid painkillers wasn't all about money, Kolodny said. "There were good intentions mixed in," he said. "A lot of people really were convinced that doctors had been allowing people in pain to suffer needlessly and needed to prescribe the opioid painkillers more frequently." In addition to his leadership of Phoenix House, Kolodny is a senior scientist at the Heller School for Social Policy and Management at Brandeis University in Massachusetts, where he researches prescription drug monitoring programs. He is also the executive director and co-founder of Physicians for Responsible Opioid Prescribing, an organization with a mission to reduce morbidity and mortality caused by overprescribing of opioid analgesics.

Kolodny concluded his program by offering suggestions, not solutions, for how to decrease the number of people suffering from addiction and dying from drug overdoses in record-breaking numbers every year.

"We have to control the epidemic by making sure everyone has access to every form of treatment they need," he said. "We also must prevent new cases of opioid addiction by reducing the overprescribing of these medicines."

Crawford County's drug-related overdose deaths in 2015 reached an all-time high of 28 individuals, according to county Coroner Scott Schell. That number nearly doubled the 16 drug-related deaths the county saw in 2014.

The numbers show no sign of declining this year. So far this year there have been 19 confirmed drug-related deaths in the county, with four cases pending test results, according to Schell. He recently noted there have also been eight suicide deaths so far in 2016 and two of those cases involved narcotics.

In response to the escalating issue of opioid addiction, Meadville Medical Center has worked steadily to improve treatment, educate staff and enhance resources for those in need, Meadville Medical Center Chief Medical Officer Denise Johnson said in an interview with the Tribune last week.

"We are focusing on pain management and how to use other modalities to treat pain," Johnson said. "We're also increasing our resources and providing more patient services."

Johnson urges anyone seeking information or help dealing with addiction to go to the hospital's new website atmmchs.org/treatment for direct access to a new comprehensive list of treatment providers, support group resources and an interactive calendar with drug and alcohol support meetings.

Crawford County Court of Common Pleas Judge and HOPE Chairman Mark Stevens welcomed Monday's group to an opportunity not to hear about solutions but to gather information and become informed. "This is a big deal," Stevens said. "This is an issue that we see every day in our emergency rooms, schools churches, courts and elsewhere."

Stevens thanked MMC and others in helping to bring together a variety of resources all in one place. "We have amazing resources in our county," he said. "You just have to find them."

Before and after the seminar, 25 community service providers staffed educational and resource tables at the courthouse with information about local drug addiction prevention and treatment programs.

Stevens urged everyone at Monday's event to take the information they heard and spread the word to their friends and family as the community battles the epidemic together.

Lorri Drumm can be reached at 7246370 or by email at lorrid@meadvilletribune.com.

Law enforcers speak to lawmakers on drug scourge

August 2, 2016

By Keith Gushard

SENECA, Venango County — Oil City Police Chief Robert Wenner was blunt in telling state lawmakers Monday how they should combat Pennsylvania's growing drug epidemic.

"We need to address the professionals," Wenner said, referring to the health care field. "We need you to make those professionals accountable — to help us on that end and we'll continue (the fight) with the illegal behavior."

Wenner was among a half dozen Venango County officials testifying Monday before a joint committee of a dozen state House and state Senate members about Pennsylvania's drug crisis. The hearing, held in Venango County at UPMC Northwest in Seneca, was the first of eight scheduled hearings across Pennsylvania and the only one scheduled for northwest Pennsylvania.

The part of the drug problem stems from excessive prescription writing of painkillers

by health care professionals, according to Wenner and Shane Judy, a pharmacist and a member of the Venango County Overdose Task Force, who also was among those testifying.

Shifting addicted people from one addictive drug to another one in their rehabilitation treatment — whether a prescription or an illegal drug like heroin and shifting them to a methadone treatment — just doesn't work, Wenner said. "Keeping people high has never worked. It never will work. We've already lost a generation" to drug abuse, Wenner said. "The people who are dying (of drug overdoses) are career addicts — six to 12 years in addiction. They've been through recovery and failed."

Wenner, Marie Plummer of Venango

County Drug and Alcohol Office and Shawn White, Venango County's district attorney, advocated for longer alternative treatment programs for drug offenders to help them break the cycle of addiction.

Pennsylvania also needs to look at legislation that would restrict both the number of pills and the strength of the medication, according to Joyce.

Maine has enacted legislation that limits the amount of pain medication to no more than the equivalent of 100 mg of morphine per pill in most chronic pain management scenarios, Joyce said. Palliative care — often associated with cancer care — is excluded from the limit, he said.

Maine's law also limits the amount of pills to a 30-day supply.

Some patients can get a three-month supply at one time in Pennsylvania, Joyce said. Maine's law also requires no more than a seven-day treatment for acute pain without a medical followup, Joyce said.

This month, Pennsylvania is rolling out a new prescription drug monitoring program, or PDMP, through the state's Department of Health, which Joyce says will help. Under PDMP, pharmacies and health care practitioners who dispense controlled substances are required to electronically report prescription dispensing information. When a controlled substance is dispensed, the information must be reported to the system within 72 hours. This dispenser reporting requirement went into effect on June 24.

The PDMP stores the information in a secure database and makes it available to health care professionals and others as authorized by law.

According to the Department of Health, it will increase the quality of patient care by giving prescribers and dispensers access to a patient's controlled substance prescription

medication history, which will alert medical professionals to potential dangers for purposes of making treatment determinations. It also will help regulatory and law enforcement agencies to detect and prevent fraud, drug abuse and the criminal use of controlled substances.

State Rep. Kerry Benninghoff, a Republican from Centre County and chairman of the House Majority Policy Committee, said the Legislature is willing to not only listen but also take action.

"Our overall goal is to break the cycle," Benninghoff said. "We have some individuals who are already addicted. We'd like to keep them from having future problems, get them into treatment and break the cycle (of addiction) from the beginning."

That means educating not only the public or family members affected by addiction situation, but health care professionals, too, Benninghoff said.

"If you're having an emergency room visit, there's no reason to give somebody a 30-pill or 60-pill prescription," said Benninghoff, who is both a former hospital orderly and a two-term elected coroner in Centre County. "Give them enough to get them through the weekend and so they then see their primary care physician. If you have a prescription drug overdose problem, they (medical professionals who write prescriptions) are part of the problem, and we do need to get that under control."

At the conclusion of the statewide tour in September, the joint committee will make legislative and policy recommendations for consideration when the House and Senate reconvene this fall for a special session on Pennsylvania's opioid crisis.

Keith Gushard can be reached at 724-6370 or by email at kgushard@meadvilletribune.com.

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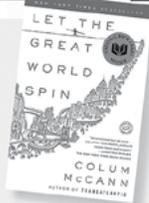
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CONFRONTING AN EPIDEMIC

Heroin's heavy toll



James McKee Travis Mohr Jaclyn Matott Amber Lewis Dustin Lewis

Parents who lost children to overdoses
talk about the steep descent into addiction



ERMIN GUTENBERGER/GETTY IMAGES

First in an occasional series

By RILEY YATES
AND PAMELA LEHMAN
Of The Morning Call

Travis Mohr found sobriety after heroin came close to taking his life. Every year at the anniversary of the day he got clean, his parents hosted a celebration at their Whitehall Township home to recognize another 12 months of having their son back.

But last year, as his fourth year in recovery neared, Mohr told them that he wasn't sure he wanted another party.

Four days after that milestone passed, his father found the 27-year-old dead in his room from heroin.

Twice, Darlene Lewis of Northampton has had her heart broken by the drug. Her 30-year-old son killed himself by jumping off a bridge while struggling to kick his addiction. Less than a year later, her younger daughter overdosed at 27 in Allentown.

It's no secret that Pennsylvania and the rest of the nation are in the throes of a heroin epidemic, fueled by cheap and easy access to the drug. Few feel the pain as much as the parents of overdose victims who tried and failed to rescue

their children. Four of those families shared their stories with The Morning Call in the hope their reflections would help others.

Though each account was different in its details, the overall narratives were depressingly similar, and offer insight into the steep descent heroin addicts experience — and the heavy toll it takes on their families.

The parents still struggle to understand how their children, who started as kids who had promise, became so drug dependent that they would lie

Please see HEROIN NEWS 12

Heartsick
over heroin,
local families
cry out
for action

By PAMELA LEHMAN
Of The Morning Call

Braving a storm that whipped sheets of rain across the parking lot, people ran from their cars to Whitehall High School, eager to voice the frustrations they'd experienced in trying to get help for a family member addicted to heroin.

Many of the moms and dads, grandmothers and grandfathers, brothers and sisters, and friends of those caught in heroin's grip wore T-shirts bearing photos and dates of death of their loved ones.

The 80 or so chairs in the large room filled up quickly. And as experts began speaking, the audience continued to swell. Dozens more chairs appeared and filled quickly. But they weren't enough, forcing people to stand in the back holding wet umbrellas.

Any doubts about the pervasiveness of the heroin epidemic evaporated when a

Please see FAMILIES NEWS 12



EMILY MAINE/THE MORNING CALL

John Cramsey, whose 20-year-old daughter Alexandra died Feb. 21 along with her boyfriend in a suspected heroin overdose, says the community needs help stopping drug dealers.



CHRIS KNIGHT/SPECIAL TO THE MORNING CALL
A 2017 AHL All-Star Game banner is raised Saturday at PPL Center following an announcement the game would be coming to Allentown.

PPL CENTER

All-star opportunity in 2017

Phantoms will host AHL Classic, rewarding fans, boosting region.

By STEPHEN GROSS
AND TOM SHORTELL
Of The Morning Call

In their first two years in the Lehigh Valley, the Phantoms quickly became one of the American Hockey League's most successful teams.

Attendance ranked seventh or better in the 30-team league both

years, and the franchise won an award from the AHL for outstanding fan experience at home games for the 2014-15 season.

To recognize the Phantoms, the AHL affiliate of the Philadelphia Flyers, the league gave them a much bigger reward for their third season — the team will host the 2017 All-Star Classic on Jan. 29-30 at PPL Center in Allentown.

"The facility here is second to none in the American Hockey League and we look at the amenities around it that can help to support an event of this magni-

tude," David Andrews, the president and CEO of the AHL, said at a news conference Saturday announcing the event.

"This is a perfect place for us to come," he said. "The fan support here for the last couple of years has been outstanding and this is really something that we feel we can almost reward the fans."

An All-Star Phantoms Fest/Tailgate Party will be held Jan. 28 to kick off the festivities.

Mike Stershtic, president of

Please see ALL-STAR NEWS 4

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Morganelli targets dealers in recent heroin deaths

Northampton County DA aims to charge those who sell the drugs in overdose cases

January 6, 2016

By Pamela Lehman and Riley Yates

Of The Morning Call

Facing a spike in heroin overdose deaths, Northampton County District Attorney John Morganelli on Tuesday announced criminal charges have been filed against one man for allegedly supplying the drug and issued a warning to dealers that authorities will be going after them, too.

Morganelli said Forks Township police have charged Daniel Joseph Fisher Jr., 28, with drug delivery resulting in death and a separate drug delivery charge. Fisher, of Fox Ridge Road in the township, is in Northampton County Prison on other drug offenses.

Morganelli said similar drug delivery charges will likely be filed in other cases under investigation.

"Those who deal in this poison are also on notice that we will continue to identify those of you who have sold heroin that have killed individuals and you will be prosecuted vigorously," Morganelli said.

Police said Fisher sold heroin to Thomas O'Brien Jr., 26, who was found unresponsive Aug. 20 in the bathroom of Follett Corp. in Forks, where he worked. O'Brien died several days later and his cause of death was acute heroin intoxication, authorities said.

According to court records, when the sale occurred, Fisher was free on bail in a pending heroin case in which authorities said he was caught with 236 packets of the drug during an undercover sting in Lower Nazareth Township.

Fisher pleaded guilty in that case in Sep-

tember — less than a month after O'Brien's death — and he later received a one-to two-year jail sentence from Judge Paula Roscioli.

"That was a lot of drugs and a lot of heroin," Roscioli told Fisher when he pleaded guilty, according to a transcript. "You weren't using all of that."

"I do have a significant habit," responded Fisher, who agreed to check himself into a rehab facility, saying that he was still abusing heroin.

"His criminal acts are one thing that I need to deal with, but I don't want to see him dead, and there are people dying left and right from overdoses," Roscioli said.

According to Morganelli, O'Brien family members told police they had confronted a man they only knew as "Dan" about selling drugs to O'Brien, who had long struggled with heroin addiction. "Dan" was later identified as Fisher and authorities were able to uncover text messages between the men about heroin deals.

O'Brien was found passed out in the bathroom with several empty heroin packets and two needles. Police said they reviewed surveillance video that showed Fisher leaving Follett Corp.

just moments before O'Brien was found.

Morganelli said the case underlines the dangers of heroin and hoped it would send a message to users about the risks, as well as warn dealers that they will also be targeted by law enforcement.

"It's clear that the trafficking of heroin has reached all parts of Pennsylvania in alarming ways," Morganelli said. "The citizens must recognize that heroin is a dangerous drug and use of heroin is similar to playing Russian roulette."

Over the past few days, Morganelli said there were three deaths—one 26-year-

old victim and two victims age 25 — in Northampton County that may be related to drugs, although authorities were still awaiting toxicology results.

Northampton County Coroner Zachary Lysek last month said there were 44 drug overdose deaths in the first three quarters of the year, 50 percent more than all of last year. Fifteen of those deaths were directly attributable to heroin; it's unclear how many others involved prescription opiates.

On Sunday, Nazareth police and the county's drug task force warned people that "bad heroin" may be for sale in the area. But police would not say what evidence they had to suggest dangerous heroin is being sold.

Although Lehigh County officials recently announced that all police departments would be equipped with naloxone, an opiate antidote that can quickly reverse heroin overdoses, Morganelli said some Northampton County police departments are "hesitant" to provide it because of liability concerns.

Morganelli said he had some concerns with officers administering the medication rather than a trained medical professional like a paramedic. He said his office was working to make naloxone available to departments that requested it.

Morganelli said heroin is a drug of choice for those who become addicted to prescription painkillers and later find heroin to be a cheaper and easier drug to obtain.

"Heroin is not as expensive as it once was and we are seeing a supply and demand issue now," he said. "We're hoping the message gets out that this is not only a danger to use, but to sell as well."

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Overdose hospitalizations surge across state

People in their 50s OD'd from pain meds more than any other age group, report finds.

January 28, 2016

By Sam Kennedy
Of The Morning Call

Hospitalizations for pain medication overdoses quadrupled in the Lehigh Valley over the decade and a half ending in 2014, according to the Pennsylvania Health Care Cost Containment Council.

Heroin overdose hospitalizations, meanwhile, more than doubled, PHC4 reported in a research brief published this week.

"These statewide and regional hospitalization findings stress the alarming impact this current drug problem is having on communities across the commonwealth," said Joe Martin, PHC4's executive director. "Whether urban or rural, this issue is an equal opportunity offender."

The trend lines for Lehigh, Northampton, Berks, Schuylkill and Carbon counties mirrored those of Pennsylvania, where the biggest surge in overdose hospitalizations occurred in the vast rural parts of the state.

For example, the 10 county north-central region, which ranges from Tioga County in the north to Mifflin County in the south, experienced a 322 percent increase in hos-

pitalizations for pain medication overdoses from 2000 to 2014, and a 509 percent increase in hospitalizations for heroin overdoses.

PHC4, an independent state agency charged with collecting, analyzing and reporting information that can be used to improve the quality and contain the cost of health care, estimated the hospitalizations resulted in \$12.2 million in payments.

Of the 929 admissions for overdose of pain medication in 2014, 28 percent were for patients ages 50 to 59 — the largest percentage of any age group.

Of the 919 admissions for heroin, 40 percent were for patients ages 20 to 29.

According to state and local public health and law enforcement officials, the overdose epidemic has only gotten worse since 2014.

So many people died of drug overdoses last year that Lehigh County Coroner Scott Grim had to request extra money to pay for all the autopsies. By the end of September, the coroner's office had performed 84 autopsies on overdose victims — the same number performed in all of the previous year. The dead ranged in age from 15 to 64.

Northampton County experienced an even greater surge in fatal drug overdoses, according to Coroner Zachary Lysek: 44 in the first three quarters of the year, 50 percent more than recorded all of the previous year.

Fifteen were directly attributable to heroin; it's unclear how many others involved prescription opiates.

As the death toll has mounted, public officials have searched for ways to respond.

Last month, officers from 15 Lehigh County police departments were equipped with naloxone, an opiate antidote that can almost magically reverse heroin overdoses.

The naloxone program, funded by \$17,000 from insurer Capital BlueCross and the Dorothy Rider Pool Health Care Trust and administered by the Lehigh County district attorney's office, provides each officer a small kit that includes rubber gloves and two nasal atomizers. Naloxone is administered through the nose.

Act 139, signed into law by Gov. Tom Corbett in 2014, gave first responders the green light to use naloxone. The act also allowed family members and friends of opiate addicts to buy naloxone, but only after securing a prescription from a doctor.

Taking Act 139 a step further in October, Pennsylvania Physician General Rachel Levine, with Gov. Tom Wolf at her side, signed a statewide standing order for naloxone. Essentially, the standing order is a prescription that anyone can use to buy naloxone at any pharmacy that stocks it.

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OVERDOSE EPIDEMIC

Governor seeking new ally in fight against heroin overdoses

Wolf wants medical school students to take a course on addiction.

February 23, 2016

By Laura Olson
Call Washington Bureau

WASHINGTON — As Gov. Tom Wolf heads back to Pennsylvania from a weekend gathering of governors, he's taking with him a new tactic for the state's efforts to combat a nationwide epidemic of heroin overdoses.

In addition to the steps his administration has taken to expand access to a drug that can reverse an opioid overdose, Wolf is seeking to replicate how Massachusetts has drafted medical and dental schools into

the fight.

Those Massachusetts schools now will require their students to take a class on pain management and addiction to graduate. Doing so will provide a new generation of doctors with more guidance on how to avoid overprescribing pain medications, Massachusetts Gov. Charlie Baker said.

In Pennsylvania, the approach could reap broad benefits due to the large number of U.S. doctors who come through Philadelphia for medical school, an internship or a residency program, Wolf said.

"I don't think this is something you need to legislate," Wolf said. "I think medical schools, like the rest of us, are waking up to this problem and they want to make sure their graduates are prepared for what

they're going to see out there."

The two governors talked about that approach during a White House roundtable on state-based efforts to stem the national rise in prescription drug abuse, which can lead to addiction and a risk of overdoses as patients seek stronger and cheaper drugs such as heroin.

Heroin and opioid overdose are the leading cause of accidental death in Pennsylvania, killing more individuals than those involved in fatal motor vehicle accidents, according to Wolf's office.

A first-of-its-kind report last year from the U.S. Drug Enforcement Agency described heroin abuse as "truly ubiquitous," and toxicology results indicated the presence of

Overdose continued on next page

Overdose continued

heroin in nearly all of the 58 Pennsylvania counties that reported overdose deaths in 2014.

The typical overdose victim in Pennsylvania is a middle-aged white man, according to the DEA report, which listed both rural and suburban counties as having the highest rates of drug-related deaths.

State legislation signed into law by then-Gov. Tom Corbett in 2014 gave first responders the green light to use naloxone and allowed family members and friends of opiate addicts to buy naloxone after securing a prescription from a doctor. Wolf's administration took an additional step in October, when Physician General Rachel Levine signed a statewide order that serves as a prescription anyone can use to buy naloxone at a Pennsylvania pharmacy.

Since the state police started carrying naloxone last April, more than 600 lives have been saved by state and local law

enforcement officers, according to Wolf's office. However, talking with reporters on Monday, he acknowledged a grim caveat to that statistic.

"I don't know how many of those are the same person," Wolf said.

Lehigh County officials announced in December that all police departments would be equipped with the antidote.

Some Northampton County police departments have been hesitant to provide the drug because of liability concerns, according to District Attorney John Morganelli, but his office is working to make naloxone available to departments that request it. Police in Bethlehem will be implementing a naloxone program, Mayor Robert Donchez said recently.

In addition to the naloxone program, Wolf's administration has worked on ensuring that overdose survivors are taken to a licensed drug-treatment provider to help prevent future overdoses.

During Monday's roundtable, Wolf and Baker drew praise from Michael Botticelli, director of the Office of National Drug Control Policy, who said they're doing "extraordinary work" at the state level.

"These are two governors who have done a lot to expand treatment in their states," said Botticelli, adding that the administration's \$1.1 billion budget request would send additional help to states for opioid prevention and treatment programs.

The event with Botticelli took place as the National Governors Association's winter meeting in the nation's capital was wrapping up. During the weekend gathering, the governors called for emergency funding to help bolster those programs more quickly.

They also called on the Centers for Disease Control and Prevention to speed up work on guidelines for doctors on how to safely prescribe opioids.

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Senate to vote on opioid abuse legislation

Toomey includes provision in bill addressing how Medicare patients get their drugs.

March 7, 2016

By Laura Olson

Call Washington Bureau

WASHINGTON — The U.S. Senate is poised to vote as soon as this week on a bill to tackle the heroin and opioid abuse epidemic, which includes a provision from Pennsylvania Sen. Pat Toomey addressing how Medicare patients access highly addictive drugs.

The provision from Toomey, a Lehigh Valley Republican, would prevent Medicare beneficiaries from going to multiple doctors and pharmacies to obtain multiple prescriptions and large quantities of pills, which could be abused or sold.

Similar policies already have been adopted by Medicaid and private insurers. The amendment was co-sponsored by Democratic Sens. Bob Casey of Pennsylvania and Sherrod Brown of Ohio.

"More Pennsylvanians will die this year

from heroin overdoses and misuse of opioid painkillers than from the flu or homicides," Toomey said in a written statement. "It is a problem that desperately needs a solution."

The broader Senate bill, which is sponsored by Republican Sen. Rob Portman of Ohio and Democratic Sen. Sheldon Whitehouse of Rhode Island, seeks to improve prescription drug-monitoring programs and to make naloxone, which reverses overdoses, more available.

Pennsylvania is among states that have seen a dangerous increase in opioid overdoses.

A first-of-its-kind report last year from the U.S. Drug Enforcement Agency described heroin abuse as "truly ubiquitous," and toxicology results indicated the presence of heroin in nearly all of the 58 Pennsylvania counties that reported overdose deaths in 2014.

The typical overdose victim in Pennsylvania is middle-aged, white and male, according to the DEA report, which listed both rural and suburban counties as having the highest rates of drug-related deaths.

State officials have taken steps to make naloxone more available throughout Pennsylvania. Since state police started carrying naloxone last April, more than 600 lives have been saved by state and local law enforcement officers, according to Gov.

Tom Wolf's office.

A group of Democratic senators, including Casey, pressed for \$600 million in emergency funding for addiction prevention and treatment programs. The proposal failed on a procedural vote involving budget rules, with Toomey among those in opposition.

"This is certainly a setback, but I'm going to continue to push for this funding to ensure that professionals treating those struggling with heroin have the tools they need," Casey said in a written statement. "The heroin crisis requires resources from Congress, not just more rhetoric."

The Obama administration also expressed disappointment that the bill moving through the Senate does not include more funding for abuse prevention and treatment options.

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Overdose deaths surge in Pennsylvania

Mortality rate over last 35 years climbing fastest for state's young white women.

March 12, 2016

By Sam Kennedy
Of The Morning Call

Pennsylvania has seen a 14-fold increase in drug overdose deaths over the last 35 years, with the death rate of relatively young white women climbing fastest, a new study has found.

The analysis, published Thursday in the journal PLOS ONE by the University of Pittsburgh Graduate School of Public Health, was the first to examine in detail accidental overdose deaths in the state over time, according to the study's authors.

"Our latest analysis reveals that drug overdoses are the biggest problem facing our nation in terms of years of life lost — more than car crashes, or cancer, or HIV — and we as a society need to work together to solve it," co-author and Pitt Public Health Dean Donald S. Burke said in a news release.

The research team broke down overdose deaths in Pennsylvania from 1979 to 2014 by sex, age and race using the Mortality and Population Data System, a repository of detailed death data from the National Center for Health Statistics housed at Pitt Public Health.

"Pitt Public Health has the most comprehensive mortality database in the nation, which can be easily cross-referenced with

U.S. Census data to shed light on myriad public health issues," Burke explained.

Among the team's report:

- Pennsylvania ranks in the top 20 states for overdose mortality.
- Overdose deaths were concentrated in southwestern Pennsylvania, the Philadelphia area and northeast Pennsylvania near Scranton.
- 35-to-44-year-olds had the greatest increase in overdose deaths rates, growing almost 22-fold since 1979, but 25-to-34-year-olds may be overtaking them, with the highest death rate in 2014 — 40 deaths for every 100,000 people.

- Accidental overdose rates are higher in men than in women, though women saw a more dramatic increase in recent years.

Compounding matters, most women who enter substance abuse treatment programs also are responsible for children and tend to be more reliant on public insurance, the authors noted.

"Our county-level findings provide possible avenues for targeting interventions to areas and people with the highest drug overdose mortality," said co-author Jeanine

M. Buchanich, deputy director of Pitt Public Health's Center for Occupational Biostatistics and Epidemiology. "It also points to issues on the horizon that public health officials could prepare for — such as overdoses in younger age groups and rapid overdose increases in areas centered on smaller cities with fewer resources."

The overdose epidemic is already being felt in the Lehigh Valley.

So many people died of drug overdoses last year that Lehigh County Coroner Scott Grim had to request extra money to pay for all the autopsies. By the end of September, the coroner's office had performed 84 autopsies on overdose victims — the same number performed in all of the previous year. The dead ranged in age from 15 to 64.

Northampton County experienced an even greater surge in fatal drug overdoses, according to Coroner Zachary Lysek: 44 in the first three quarters of last year, 50 percent more than was recorded in all of the previous year. Fifteen were directly attributable to heroin; it's unclear how many others involved prescription opiates.

Non-fatal overdoses are also a growing concern, according to a report published by the Pennsylvania Health Care Cost Containment Council in January. It found hospitalizations for pain medication overdoses had quadrupled in the Lehigh Valley over the decade and a half ending in 2014, and that heroin overdose hospitalizations more than doubled.

The trend lines for Lehigh, Northampton, Berks, Schuylkill and Carbon counties mirrored those of Pennsylvania, where the biggest surge in overdose hospitalizations

occurred in the vast rural parts of the state.

"These statewide and regional hospitalization findings stress the alarming impact this current drug problem is having on communities across the commonwealth," said Joe Martin, PHC4's executive director. "Whether urban or rural, this issue is an equal opportunity offender."

As the devastation has mounted, public officials have grappled for ways to respond.

On Friday, U.S. Health and Human Services Secretary Sylvia M. Burwell announced the allocation of \$1.8 million to expand substance abuse services at five health centers in Pennsylvania — though none is in the Lehigh Valley. The award is part of \$94 million in Affordable Care Act funding for 271 health centers in 45 states, the District of Columbia and Puerto Rico.

"The opioid epidemic is one of the most pressing public health issues in the United States today," Burwell said in a news release. "Expanding access to medication-assisted treatment and integrating these services in health centers bolsters nationwide efforts to curb opioid misuse and abuse, supports approximately 124,000 new patients accessing substance use treatment for recovery and helps save lives."

In December, officers from 15 Lehigh County police departments were equipped with naloxone, an opiate antidote.

The naloxone program, funded by \$17,000 from insurer Capital BlueCross and the Dorothy Rider Pool Health Care Trust and administered by the Lehigh County district attorney's office, provides each officer with a small kit that includes rubber gloves and two nasal atomizers.

Act 139, signed into law by Gov. Tom Corbett in 2014, gave first responders the green light to use naloxone. The act also allowed family members and friends of opiate addicts to buy naloxone, but only after securing a prescription from a doctor.

Taking Act 139 a step further in October, Pennsylvania Physician General Rachel Levine, with Gov. Tom Wolf at her side, signed a statewide standing order for naloxone. Essentially, the standing order is a prescription that anyone can use to buy naloxone at any pharmacy that stocks it.

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CONFRONTING AN EPIDEMIC

Heroin's heavy toll

Parents who lost children to overdoses talk about the steep descent into addiction

First in an occasional series

April 10, 2016

By Riley Yates and Pamela Lehman

Of The Morning Call

Travis Mohr found sobriety after heroin came close to taking his life. Every year at the anniversary of the day he got clean, his parents hosted a celebration at their Whitehall Township home to recognize another 12 months of having their son back.

But last year, as his fourth year in recovery neared, Mohr told them that he wasn't sure he wanted another party. Four days after that milestone passed, his father found the 27-year-old dead in his room from heroin.

Twice, Darlene Lewis of Northampton has had her heart broken by the drug. Her 30-year-old son killed himself by jumping off a bridge while struggling to kick his addiction. Less than a year later, her younger daughter overdosed at 27 in Allentown.

It's no secret that Pennsylvania and the rest of the nation are in the throes of a heroin epidemic, fueled by cheap and easy access to the drug. Few feel the pain as much as the parents of overdose victims who tried and failed to rescue their children. Four of those families shared their stories with The Morning Call in the hope their reflections would help others.

Though each account was different in its details, the overall narratives were depressingly similar, and offer insight into the steep descent heroin addicts experience—and the heavy toll it takes on their families.

The parents still struggle to understand how their children, who started as kids who had promise, became so drug dependent that they would lie and steal to get a fix. Petty crime and rehab were typical, and some ended up homeless or in prison. To save their children, the parents swung from tough love to coddling and lived in dread of that phone call in the middle of the night.

Then, one day, their greatest fears were realized.

"There's no getting through it. There's no getting over it," said Barbara J. Matott, whose 22-year-old daughter, Jaclyn, died in 2014 of an overdose in Easton. "You just

TAKING A TOLL

Heroin-related deaths are skyrocketing across the U.S. A few numbers to consider:

78 The number of Americans who die every day from an opioid overdose.

200 The percentage increase in fatal overdoses involving opioids since 2000.

1.5 The number of people who die from drug overdoses, for every one car-accident victim.

500,000 Roughly the number of people who have died from drug overdoses from 2000 to 2014.

Source: The Centers for Disease Control and Prevention

HEROIN'S MARK ON THE VALLEY

Heroin deaths have been reported in the Lehigh Valley's urban, suburban and rural communities, claiming people from all walks of life. Here is a snapshot of accidental overdose deaths from heroin or other opiates in 2014 and 2015.

15 Youngest victim

63 Oldest victim:

38 Average age

more than 30 Number of Lehigh Valley communities affected

99 Accidental deaths in the two counties from heroin and other opiates (an additional 76 were from multiple-drug overdoses that may have included opiates)

Sources: Lehigh County and Northampton County coroners' offices

learn to try to incorporate it and figure out who you are.

"She was everything to me," Matott said of her only child. "Who am I now?"

Jaclyn was one of 59 people who died of accidental overdoses involving heroin or other opiates in Northampton County in 2014 and 2015, a Morning Call review of coroner's records shows.

In Lehigh County, 40 people died over the same time period. Another 76 died from overdoses that were tied to multiple drugs, though county Coroner Scott Grim would not provide additional details of the substances involved.

Those who overdosed were as young as 15 and as old as 63, and their average age was 38. Seventy-one percent were men, and 8 in 10 were white. They lost their lives in the cities, in the suburbs, and in the countryside, and in at least 18 of Northampton County's 38 municipalities and 13 of Lehigh's 25 municipalities.

They included high school dropouts and graduates, college students and college grads, an ironworker, a retired chemist, a pharmacy technician, truck drivers, factory

hands, contractors and barbers, their obituaries show.

And the deaths keep coming. In just a nine-day span in February, there were 10 suspected fatal drug overdoses in Lehigh County alone, Grim said. Toxicology results were pending, but authorities said there have been 41 suspected drug-related deaths this year in the county. Northampton County recorded 24 opiate-related deaths in January and February, coroner Zachary Lysek said.

The numbers have to be brought down, said Carolyn L. McRae, whose son James McRae overdosed in Easton at 44 years old.

A longtime heroin addict, James McRae lost both of his legs and one of his arms to an infection five years before he died. Yet it still wasn't enough to break him from the drugs that killed him in 2014.

"The times that we're living in," his mother mused, "people need to be more aware and pay more attention, so that we can save as many as we can." Here are the stories of James McRae, Travis Mohr, Jaclyn Matott, and Dustin and Amber Lewis.

Heartsick over heroin, local families cry out for action

April 10, 2016

By Pamela Lehman

Of The Morning Call

Braving a storm that whipped sheets of rain across the parking lot, people ran from their cars to Whitehall High School, eager to voice the frustrations they'd experienced in trying to get help for a family member addicted to heroin.

Many of the moms and dads, grandmothers and grandfathers, brothers and sisters, and friends of those caught in heroin's grip wore T-shirts bearing photos and dates of death of their loved ones.

The 80 or so chairs in the large room filled up quickly. And as experts began speaking, the audience continued to swell. Dozens more chairs appeared and filled quickly. But they weren't enough, forcing people to stand in the back holding wet umbrellas.

Any doubts about the pervasiveness of the heroin epidemic evaporated when a former addict who now works as a counselor asked the packed room of 200 people if they knew someone affected by drug and alcohol addiction: Nearly everyone raised a hand.

The crowd listened respectfully to the first couple of speakers. But like the howling storm outside, people let loose their emotions and frustrations.

About 20 minutes into the February meeting, Lehigh County Deputy Coroner Andrew Kehm told the audience his office understands all too well the toll heroin is taking. The toughest part of his job, he said, is knocking on a door to tell family members the bad news.

He said the addiction is burdening police, hospitals and the courts. He said it affects taxpayers too, considering that an autopsy for an overdose victim can cost \$2,500 to \$3,000.

That's when John Cramsey's anger boiled over. Just four days earlier, he lost his daughter, 20-year-old Alexandria Cramsey, and her 22-year-old boyfriend to suspected heroin overdoses, part of a wave of 10 possible drug-related deaths during a two-week span in Lehigh County.

"You're telling me my daughter's life isn't worth \$3,000?" Cramsey shouted.

He told the nine-member panel of prosecutors, law enforcement officials, counselors and a doctor that the community needs

help to fight heroin dealers.

"They're selling poison," Cramsey shouted.

Others joined him, shouting, "You've got murderers out there!" and "Why can't they find out where it's coming from?"

The forum, scheduled to run for two hours, stretched to more than three hours, highlighting heroin's reach in the Lehigh Valley, where accidental overdose deaths were reported in more than 30 communities in 2014 and 2015, according to a Morning Call review of coroners' reports, and show no sign of waning. Since the Whitehall Township meeting, two others—in Coplay and Bethlehem — were held and each brought dozens of desperate family members.

The audiences expressed frustration with police for failing to get dealers off the streets, doctors for prescribing addictive painkillers, and the system for making it difficult for families to find and then afford treatment for their loved ones.

At the Whitehall meeting, Lehigh County District Attorney Jim Martin said despite their best efforts, law enforcement officials cannot "prosecute the problem away."

"We'll never win the war on drugs as long as billions of dollars are being made in the drug trade," Martin said. "Drugs and overdoses are killing an awful lot of people. There are a lot of wasted lives."

Martin's chief deputy district attorney, Bethany Zampogna, acknowledged that many addicts move to heroin after being prescribed addictive painkillers. She said the only way to solve the heroin problem is to address addiction.

"See the pressure we have here?" Zampogna said of the packed house. "We have some people saying the dealers should be in jail, and others who say you shouldn't incarcerate addicts."

While the bigger problems persist, some progress has been made.

By the end of 2015, officers in 15 Lehigh County police departments were trained to use naloxone, a life-saving antidote that dislodges opiates from receptors in the brain. It's not clear how many may be trained in Northampton County, which doesn't track that information. Pennsylvania schools now have access to naloxone nasal spray. And since 2014, Pennsylvania has allowed family members of opiate addicts to buy the medication in case of an emergency.

Another panel member — Dr. Matthew Cook, an emergency room physician with Lehigh Valley Health Network — said equipping police with opiate antidotes is important to counteract an overdose. But he noted that the effects of naloxone only last about an hour while a typical heroin high can last three to four hours. And, he said, an antidote does not prevent the long-term effects many people suffer from a heroin overdose.

Those treated with an opioid antidote may still suffer brain damage and organ failure, Cook said. He told the crowd about one patient in his 20s who passed out after shooting heroin in a kneeling position next to his bed with his head resting on his arm. The man wasn't discovered for several hours and although the overdose was treated with an antidote, the man's limbs had been deprived of oxygen and blood for so long, his legs and one of his arms had to be amputated.

Cook said most new heroin users he sees in the emergency room are white men between the ages of 18 to 25.

State Rep. Daniel McNeill, D-Lehigh, who brought the Whitehall and Coplay panels together, said he was floored by the overwhelming response.

"This is something that's got a hold of me now," McNeill said. "I've gotten dozens of phone calls from people saying they really need help."

The calls have reached every level of government. In March, the U.S. Senate answered them with legislation intended to combat the epidemic. The Comprehensive Addiction and Recovery Act would expand the availability of naloxone by making grants available to law enforcement agencies and first responders, improve prescription drug monitoring, and shift resources to identify and treat inmates suffering from drug addiction.

The bill has not been taken up by the U.S. House.

There also are several pending bills in the state House seeking to limit opioid prescriptions in emergency rooms; tighten regulations on sober living houses for former addicts; and impose a 10 percent "impact fee" on the sale of opioids in Pennsylvania.

For many families, the biggest impediment to help has been the cost of rehab. Lehigh County Drug and Alcohol Administra-

Families continued on next page

Families continued

tor Layne Turner had an answer for those in Whitehall, saying his program is the “best kept secret that’s not a secret anymore.”

His office, he said, doesn’t turn addicts away, prompting several in the crowd to ask for his phone number.

“No matter what the funding or need, we will make sure that person gets help,” Turner said. “We will do anything and everything.”

As the meeting wore on, the crowd grew more impatient. Problems were highlighted but few tangible solutions offered.

Bill Leiner Jr. of Coplay shouted from the back of the room about “gaps in the system” that allowed addicts — such as his 21-year-old daughter—to fall through the cracks.

He sobbed as he told the crowd that heroin had turned his daughter into “a zombie.” He said she recently had disappeared and he feared for her safety, so he went to authorities for help. But his concern, he said, fell on deaf ears and he soon realized the only way to save her was to find her himself.

After a few days, he found her in an Allen-

town building he described as a “rat’s nest,” full of drug addicts, garbage and dirty mattresses. He was hoping to persuade her to go to rehab, but she said she wasn’t ready.

Leiner spent several hours parked in his vehicle outside the building. Each time a potential buyer would arrive, Leiner said, he’d get out with his cellphone to pretend to take a photo and then watch the user hurry off.

“This is what people are complaining about because the cops can’t fight this themselves, it’s too big and overwhelming for them to tackle,” Leiner said. “This is why the community needs to come together.”

In Bethlehem last week, Diane Warner told a similar story of pain, frustration and anguish in dealing with her 26-year-old son’s battle with heroin. There was joy at his homecoming after treatment and despair when he “went away again.”

Her voice quavered as she recalled what her son, Mark, told her late last year: “Mom, it’s so hard to get clean. Your body hurts so bad.”

She began to sob.

“On Feb. 11, 2016, my son died of a drug

overdose and every day we struggle to get through another day,” Warner said.

The audience applauded, with some offering a “thanks” or a “bless you.”

“I wish more people were here to hear the pain and suffering that families go through,” she said.

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FINDING SUPPORT

East Penn School District residents are invited to a panel discussion on the substance-abuse problem with Lehigh County administrators, representatives from the law enforcement community, medical personnel and drug treatment providers at 6:30 p.m. April 20, at Emmaus High School, 500 Macungie Ave.

For help overcoming addiction:

- Lehigh County Drug and Alcohol Administration: 610-782-3555
- Northampton County Drug and Alcohol Division: 610-829-4725; emergencies 610-252-9060

Heroin landed James McRae in prison, cost him his limbs, home, finally his life

April 10, 2016

James McRae was one of five children of Carolyn and her husband, the late Rev. Clyde R. McRae, a well-known minister, West Ward community leader and former president of the local chapter of the NAACP.

More than two decades later, Carolyn McRae still remembers how her husband was floored when their son first admitted his addiction to them.

“He wasn’t mean. He wasn’t a vicious type of person,” she said of James. “I don’t believe he wanted to wake up every morning and know he needed a fix.”

Carolyn McRae, 69, remembers her son as a fun and lovable man of faith who always charmed congregants at their church. The family never tried to hide his addiction from others and believed it helped them better understand the struggles sometimes faced in their community, she said.

Once when she was volunteering at Easton’s Safe Harbor homeless shelter, James saw her and waved, beaming and happy to see her, though he was staying there at the time.

“We weren’t ashamed of him. Everybody knew,” his mother said. “Maybe we were

ashamed of some of the things he did.”

James was a convict and carried a criminal record that included theft and drug offenses and a three-year stint in state prison for stabbing his then wife in the leg during a 2003 argument. After his release, he was the victim of an assault that nearly killed him, his mother said, when he was stabbed in the heart while riding the El train in Philadelphia.

The scare gave the family hope that James would finally beat his demons.

“I just knew if anybody can live through that, he’s a changed man,” Carolyn McRae said. “So we brought him home and, unfortunately, he started using again.”

Racked by congestive heart failure, James’ health only got worse.

It was an attack of bilateral pneumonia in 2009 that left her son a triple amputee, Carolyn McRae said. By the time he was hospitalized with the lung infection, she said, her son’s body had already begun to shut down, and the doctors warned he might not survive the night.

“He was getting high so he didn’t realize how sick he was,” she said. “He was high and he didn’t pay attention.”

James lost his legs from the knee down and his left arm from near the elbow. His mother said he could no longer shoot up drugs, but continued to feed his addiction through prescription pills.

“Of course he abused them,” she said. “If he didn’t, he wouldn’t be dead.”

James overdosed Aug. 21, 2014, from a five-drug combination that included morphine and oxycodone, another opiate, according to a coroner’s record.

A friend who was staying at his Elm Street apartment found him lifeless upon returning from the food bank, where he had gone to get James supplies, said a police report obtained through a right-to-know request.

Carolyn McRae said she had known her son’s days were drawing to a close. The last time they saw each other, he had come by her house on a scooter he used to get around. He’d just finished a stint at the hospital and looked unhealthy and wasn’t breathing right, she said.

“There were times you didn’t know what to do, you would become so frustrated,” she said. “Before he died, I cried for a week, because I knew it was ending.”

Travis Mohr helped addicts in recovery

April 10, 2016

Travis Mohr seemed to be doing so well, especially considering where heroin had once taken him.

At 27, he was off drugs. Four years earlier, his parents believed he had, thankfully, hit rock bottom. He agreed to go to a rehab facility in Philadelphia, then spent a month at a sober living house in San Diego.

Donald and Cynthia Mohr traced Travis' start with drugs to his school years, before he graduated from Whitehall High School. He fell while skateboarding and was prescribed painkillers after doctors discovered he had a degenerative spine. Eventually, he was stealing medication from his mother, who suffers from debilitating back problems.

"Percocet, he took that," Cynthia Mohr said. "Opiates, OxyContin, he took that."

It hadn't been easy before he got clean. His mother's jewelry went missing. Some rare coins. A few of his father's tools. A bicycle.

Later, when he was sober, Travis was driving with his father when they passed a hitchhiker on the road.

"He said, 'Back in the day, I'd pick him up, and I'd beat the crap out of him and take his money,'" recalled Donald Mohr, 69.

Travis had overdoses that he survived. In one, his mother found him unresponsive in his room. He was without oxygen so long he suffered brain damage that ruined his short-term memory.

He'd also been hospitalized for a bacterial infection he'd caught from shooting up after he contracted MRSA in both of his arms. The contagion was spreading to his

chest, and doctors said that if it hadn't been caught, Travis might have died.

Before he finally agreed to get help, his addiction had gotten so bad that his father was willing to lie to try to save him. To get his son away from drugs, even for only a few days, Donald Mohr said he told police that Travis was suicidal and threatening to harm himself. An involuntary mental health commitment would, after all, at least temporarily keep him off heroin.

"Do I feel bad about that?" asked Donald Mohr, a retired pipe fitter. "Hell no. I got to enjoy four more years of him."

His son at last decided he wanted to change. And he did so, attending support groups for drug addicts after rehab and becoming an active spokesman on the dangers of heroin.

Six months into recovery, Travis had a relapse in which he overdosed again. Afterward, Donald Mohr remembered taking his son to 90 Narcotics Anonymous meetings in 90 days.

"He used to come home and he'd say, 'Dad, one month.' 'One month, one day.' 'Two months,'" the father said. "He was very proud of that."

The message took hold. They got their son back. Slowly, he started to work again, and to get better jobs. He began speaking at rehabs and jails about his struggle to recover. He became the one making sure others made it to their support group meetings.

"He was clean. He was happy. Everything was going good," Donald Mohr said.

The Mohrs said they aren't sure when their son relapsed. Sometime between his third and fourth year of sobriety. He'd gotten

work at night at a factory, which kept him from meetings, they said. Apparently, he'd gotten back in with drug users.

July 4 came and went last year without the pool party the parents usually hosted on their son's sober date. Looking back, it was one of a couple of signs that Donald Mohr said he now questions himself for not catching.

On July 8, Travis died. That morning, Donald Mohr had taken the dog out and called to his son that it was time to get up. When he got back, he hollered for Travis again. Then again.

When he tried the bedroom door, it was locked. Donald Mohr took the door off of its hinges with a screwdriver, and found his son.

"He was laying on the floor. I reached out and I touched him, he was cold," said Donald Mohr, who called 911. "They were trying to get me to do CPR on him. I said, 'There's absolutely no way, he's stone cold.'"

Donald Mohr went upstairs to tell his wife.

"Then he didn't want me to go down," Cynthia Mohr remembered. "But I said, 'I want to see him. I'm going down.' I felt him, saw him laying there."

Travis' funeral drew more than 300 people, his mother said. Since his death, they've received letters from other parents thanking Travis for helping spur their children into recovery.

It's the only silver lining, the parents said—that their son was able, if far too briefly, to beat his addiction and reach others.

"The one thing we have is the four years of being clean, which I understand a lot of people don't get," Donald Mohr said. "That to me is just a gift."

Jaclyn Matott promised to stop using heroin

April 10, 2016

Jaclyn Matott told her mother about her addiction in early 2013 just after her 21st birthday, when she confessed she was broke, though Barbara Matott had recently given her more than \$700.

The money? It all went to heroin, her daughter said.

"It's just a shock," said Barbara Matott, 46, of Belvidere, N.J. "You're numb. You don't know what to say. You're screaming. You're yelling. You're crying. You don't know what to do."

Less than two years later, Jaclyn overdosed.

Barbara Matott, a single mother, said she tried to do right by her daughter, her only child, who loved animals, Disney movies, laughing and having fun. A typical kid.

When Jaclyn was little, her mother moved them from Belvidere to Easton so they could own a home where the girl could keep the cats she loved. They relocated again before Jaclyn started high school, taking an apartment in Upper Macungie Township, where she could attend Parkland High School.

Parkland would offer fewer pitfalls than Easton, her mother believed.

But Barbara Matott said in all that time, she never worried about heroin. During her daughter's freshman and sophomore years, she caught the teen with vodka, or a bag of marijuana, but thought she was only experimenting as many youths do.

How it went from there to heroin, Barbara Matott said, she cannot understand. But looking back, she remembers Jaclyn being prescribed painkillers after getting a cut to

Jaclyn continued on next page

Jaclyn continued

her leg that didn't seem to heal.

Her daughter would joke about how much money she could get selling the pills at school. At the time, Barbara Matott thought the teen was just testing her. Now she wonders whether Jaclyn was using them recreationally.

Even after admitting her addiction at 21, her daughter insisted it was under control, Barbara Matott said.

"Mom, it's not that big of a deal," she remembered her saying. "I'm going to stop."

But she never could.

In the less than two years that remained, Jaclyn went to rehabs on the Jersey Shore and in Palm Beach County, Fla. Her mother, a customer service representative, struggled with insurance and her limited finances to get her daughter help, though it always proved inadequate.

Jaclyn couldn't stay sober.

During the course of her addiction, she got a MRSA infection that hospitalized her for more than a month. When she was home, she stole from her mother, including the wedding band that Barbara Matott's

fiance had given her. When she was elsewhere, she'd call asking for money, telling her mother hard-luck tales—an empty gas tank, a friend in need — and asking her to send the funds by Western Union.

"The stories that they could come up with, I look back now and I think how could I be so stupid?" the mother said. "But I just think I was stupid. I just wanted it to be true."

Her daughter, a diabetic, would often wind up in hospital emergency rooms for what she'd tell her mother was a diabetic episode. Her cravings were bad enough that she was willing to turn to prostitution to feed them and when her mother refused her money, she'd threaten to sell herself to men, Barbara Matott said.

Through it all, Barbara Matott said, she hoped her daughter would manage to see the light and decide her life had to change. But no matter what her mother tried, Jaclyn couldn't.

"Tough love to enabling, back to tough love, to enabling," Barbara Matott said of her efforts. "It's crazy. You lose your mind. It's not just the addict who loses their mind. It's everybody associated. It's like shrapnel."

Nothing really sticks out in the weeks

leading to Jaclyn's death, the mother said. The last time she saw her daughter was Oct. 19, 2014, when Jaclyn came to Barbara's home in Belvidere. She seemed happy.

Jaclyn was waiting for a ride, and a black limousine pulled up to take her away. Barbara Matott also was headed out and they hugged and both said, "I love you."

The two cars took the same route until they reached a fork, where they separated. Mother and daughter looked over at each other, smiled and waved. And then Jaclyn was gone.

She was found unresponsive two days later at a home on West Berwick Street on Easton's South Side. Her mother was driving to work when she got the phone call from authorities.

"I said, 'Just tell me she's OK. You got her, she's OK,' " Barbara Matott said. "She was like, 'I can't tell you that. I'm so sorry.'"

"I don't think I even cried or anything. I was just stunned," she said.

Since her daughter's death, friends have told her that she did everything she could to save her.

"But it doesn't matter," Barbara Matott said, "because I don't think I did."

Dustin and Amber Lewis followed same troubled path

April 10, 2016

Dustin Lewis had struggled with drugs since his teens.

Though his addiction was curbed in August 2014 by the heroin substitute Suboxone, his problems continued. He couldn't find a job to support his family. He was angry with himself that his daughter had to watch him cycle in and out of jail and rehab. It had all taken a toll on his parents, whom he had stolen from to support his habit.

One day, Dustin told his mother that God had given him a choice he had to quickly make. Darlene Lewis tried to soothe her 30-year-old son, telling him God didn't expect him to act rashly. They prayed over it.

At their home in Northampton, Darlene Lewis kept a religious-themed daily calendar, and the next morning, her son flipped the date as he always did. The message Aug. 13, 2014, showed a floating angel and the words, "No river is too wide for an angel to help you cross."

Dustin left the house that day with only a small cross in his pocket. His daughter's mother saw him walking across the Coplay-Northampton bridge on her way to work and tooted her horn at him as he casually waved back.

A witness later told Darlene Lewis that her son walked without hesitation to the middle of the bridge and climbed over the railing. He jumped, his body recovered the next afternoon by rescue personnel scouring the river.

"I know people think a suicide is a selfish act, but Dustin felt like he was a burden," said Darlene Lewis, 58. "I think he felt like God wanted to take him home."

Amber Lewis, wasn't much longer for the world. Eleven months after her Brother Dustin's death, Amber overdosed July 6 in the locked bedroom of an Allentown home, where she was discovered with several bags of heroin and a needle.

Darlene Lewis and her husband are now caring for Amber's children, 3-year-old Mad-

ison, who was born addicted to heroin, and 6-year-old Gabriel. For the first few weeks of her life, Madison thrashed and shook in the ICU as she was slowly weaned off the drug.

During a recent interview, Darlene Lewis cradled and kissed a giggling Madison, and sighed as she looked at a pile of mounting bills from Amber's and Dustin's funerals. Her home includes a corner shrine to her children where she keeps cherished photos, Dustin's ball cap and Amber's favorite sunglasses.

"I never thought I'd be burying my children," she said.

She hopes the next generation will avoid that fate. At the funerals, she said, she took her grandchildren to the caskets to show them what heroin does.

"I made them look at their bodies and swear to me that they wouldn't allow drugs to take their lives like that," Darlene Lewis said. "I told them death is the only place

Path continued on next page

Path continued

drugs are going to take you.”

Darlene Lewis said she still wasn't sure how her daughter had been drawn to heroin and hadn't realized how badly she had fallen into her addiction. Even as Amber watched her brother degrade from his drug use and said how much she hated it, she was lured by heroin.

In the days before her daughter's death, Darlene Lewis couldn't trust her to stay in her home. Their limited conversations were about the children.

“I didn't want to get pulled into the drama of her using,” she said.

They had to break down the bedroom door to find Amber, 27, unresponsive and cold. She'd gotten kicked out of yet another rehab and had sought shelter with a relative in Allentown.

For her funeral, the family displayed poster boards with pictures of her in happier times. Recently, Darlene Lewis tried to pack those posters away, but Madison became upset, so they were left out for her to see.

In the family's dining room, Madison

pulled up a step stool to touch those images.

“Mommy, mommy,” Madison called out as she leaned forward to kiss a photo of herself and her mother sticking out their tongues.

Darlene Lewis said she wants her grandchildren — and anyone else it may help — to understand what happened to her children and to know it was preventable.

“If I can save just one person by telling their stories, then it's worth it,” Darlene Lewis said. “I'm not staying silent.”

Heroin antidote available to high schools

To counter overdose crisis, Narcan nasal spray will be distributed to qualified nurses.

April 13, 2016

By Sam Kennedy

Of The Morning Call

State officials are taking the fight against heroin and other deadly opiates to public high schools.

On Tuesday, Gov. Tom Wolf announced that his administration, in partnership with Adapt Pharma, has moved closer to making the lifesaving medication Narcan available at no cost to public high schools throughout Pennsylvania.

Specifically, the departments of Health, Drug and Alcohol Programs, State and Education have begun the application process for 642 public high schools to obtain a free two-dose carton of Narcan, or naloxone, which is an opiate antidote that can reverse overdoses almost immediately.

“The opioid addiction and overdose epidemic affects people in every walk of life in every corner of our state — and this includes our young children in our schools,” Wolf said in a news release. “By expanding access to this overdose-reversal drug, we are doing our best to ensure that the first responders to the scene of an overdose can save lives. ... It is our responsibility to ensure that struggling Pennsylvanians can receive our help when they need it.”

Pennsylvania—like the rest of the nation, in the throes of a heroin epidemic fueled by cheap and easy access to drugs—is the

first state to implement what will serve as a model program in partnership with Pennsylvania-based pharmaceutical company Adapt Pharma, maker of Narcan nasal spray, according to the Wolf administration.

“This program is already having an impact nationally as school nurses in other states are looking to Pennsylvania as a delivery model,” Health Secretary Karen Murphy said. “We firmly believe quick access to Narcan in school buildings will save lives and give young people suffering from addiction a chance for a healthy and productive future.”

In order to be eligible for this program, a public high school must submit a completed application to the Department of Health that includes a standing order from the school physician allowing the school nurse to receive and administer Narcan; a policy adopted by the school board on Narcan administration; and a statement indicating the school nurse has completed the Department of Health's approved training.

Once approved, schools will receive a single carton of Narcan nasal spray, which will be distributed through state health centers beginning in early May.

Evidence of the overdose epidemic is evident throughout the Lehigh Valley. Fifty-nine people died of accidental overdoses involving heroin or other opiates in Northampton County in 2014 and 2015, a Morning Call review of coroner's records shows.

In Lehigh County, 40 people died over the same time period. Another 76 died from overdoses that were tied to multiple drugs, though county Coroner Scott Grim

would not provide additional details of the substances involved.

Those who overdosed were as young as 15 and as old as 63, and their average age was 38. Seventy-one percent were men, and 8 in 10 were white. They lost their lives in the cities, in the suburbs, and in the countryside, and in at least 18 of Northampton County's 38 municipalities and 13 of Lehigh's 25 municipalities.

They included high school dropouts and graduates, college students and college grads, an ironworker, a retired chemist, a pharmacy technician, truck drivers, factory hands, contractors and barbers, their obituaries show.

The death toll shows no sign of letting up, either. In just a nine-day span in February, there were 10 suspected fatal drug overdoses in Lehigh County alone, Grim said.

Toxicology results were pending, but authorities said there have been 41 suspected drug-related deaths this year in the county.

Northampton County recorded 24 opiate-related deaths in January and February, coroner Zachary Lysek said.

“We are in the midst of the worst-ever overdose death epidemic and the worst public health crisis in the last 100 years,” Department of Drug and Alcohol Programs Secretary Gary Tennis said. “Whether someone at school is suffering from addiction or experimenting with an opioid for the first time, we must do all we can to protect and save overdose victims.”

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Feds fuel opioid crisis, health officials say

Coalition of medical experts says reimbursement standards abet overuse of painkillers.

April 14, 2016

By Sam Kennedy
Of The Morning Call

Heroin has been around for decades. The Velvet Underground lead singer Lou Reed penned an ode to the drug in 1964. So why is a nationwide overdose crisis of historic proportions happening only now?

The answer—or at least part of it—may be found in how the federal government uses reimbursement rates to reward and punish hospitals, according a growing chorus of public health officials including the Pennsylvania Department of Health.

On Wednesday, the Health Department announced it had joined dozens of health care organizations, medical experts and consumer advocacy groups in petitions demanding changes to arcane pain management rules. The coalition believes the rules, which reduce reimbursements based on patients' complaints about pain, inadvertently promote addiction since many people get hooked on opioid prescription painkillers, such as oxycodone, and some graduate to heroin.

"As health professionals we have a duty to relieve pain and suffering, but these existing pain management rules are ultimately caus-

ing harm to patients and fueling an addiction epidemic," state Secretary of Health Karen Murphy said in a news release. "Prescriptions for opioid painkillers have risen dramatically over the past 20 years, leading to an epidemic of opioid addiction, rising heroin use, and a record high rate of overdose deaths."

The petitions were sent to the Joint Commission, an agency that accredits health care organizations, and to the Centers for Medicare and Medicaid Services, or CMS.

In recent years, the use of opioid painkillers has increased in response to a campaign that called for pain to be treated as if it were a vital sign like temperature, breathing rate, blood pressure and pulse. In 2001, the Joint Commission introduced new standards requiring health care organizations to ask every patient about pain, leading to the use of pain scales and policies requiring aggressive pain management.

In the letter to the Joint Commission, petitioners wrote that mandatory pain assessment in all patients and in all medical settings is "unwarranted and can lead to over-treatment and overuse of opioid analgesics."

A recent study, for example, found that physicians prescribed opioids, often in high doses, in more than half of 1.14 million nonsurgical hospital admissions.

The petition sent to CMS calls for removal of the pain questions from the agency's

patient satisfaction survey, which is used for determining hospital reimbursement rates. The petition reads: "Aggressive management of pain should not be equated with quality health care as it can result in unhelpful and unsafe treatment, the end point of which is often the inappropriate provision of opioids."

The wide-ranging impact of opioid addiction has been well documented. Pennsylvania has seen a fourteen fold increase in drug overdose deaths over the last 35 years, with the death rate of relatively young white women climbing fastest, according to an analysis published last month in the journal PLOS ONE by the University of Pittsburgh Graduate School of Public Health. A separate study released in January by the Pennsylvania Health Care Cost Containment Council found hospitalizations for pain medication overdoses had quadrupled in the Lehigh Valley over the decade and a half ending in 2014.

Among the other petition co-signers are senior health officials from Vermont, Alaska and Rhode Island, as well as heads of the American Society of Addiction Medicine and other professional organizations.

Congress is also pressuring CMS to unlink hospital reimbursement from patient satisfaction with pain management. Specifically, the proposed PROP Act would end the use of pain management questions in factoring Medicare reimbursement.

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Lehigh sheriff deputies to get Narcan

The opioid antidote will be stocked at the courthouse and other county buildings.

April 29, 2016

By Laurie Mason Schroeder
Of The Morning Call

Lehigh County sheriff's deputies will soon become the latest Lehigh Valley law enforcement agency armed to save people from heroin and opioid overdoses.

Starting next week, the 85 deputies who guard the county courthouse in Allentown and other public buildings will begin training to administer naloxone, a medication that counters the effects of opioids.

The medication, which is sold under the brand name Narcan, will be placed in

strategic locations in county facilities. While no one has overdosed at the courthouse or other public buildings, yet Lehigh County Sheriff Joe Hanna said he fears it's only a matter of time before it happens.

"Our county government buildings are visited by hundreds of people every day," Hanna said. "They are a microcosm of our society, and we would be naive to think that an opioid overdose episode could not occur in this setting."

Almost all Lehigh County police departments have been trained in the use of Narcan. Local schools have also started stocking the antidote.

The Lehigh Valley is in the midst of a heroin epidemic. Nearly 100 people died of accidental overdoses involving heroin or other opiates in Lehigh and Northampton

counties in 2014 and 2015, a Morning Call review of coroner's records shows. Another 76 people in Lehigh died from overdoses that involved multiple drugs.

Last year, Lehigh County District Attorney Jim Martin's office established a program, funded by \$16,000 from insurer Capital BlueCross and the Dorothy Rider Pool Health Care Trust, to provide local police departments with Narcan kits.

Hanna said training will begin Tuesday and take several weeks.

"My office is committed to being a part of law enforcement's efforts to combat the opioid epidemic which is plaguing this country and causing an increasing number of deaths in Lehigh County," he said.

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East Penn to stock overdose-reversing medication

Decision to provide naloxone follows drug forum.

May 3, 2016

By Andrew Wagaman

Of The Morning Call

In the aftermath of an emotionally charged drug awareness forum, the East Penn School District plans to stock a life-saving opioid antidote in all of its schools and train certain personnel to administer it.

Michael Schilder, district superintendent, asked the school board last week to fast-track review of a new policy allowing the district to obtain naloxone, which can reverse heroin overdoses within minutes.

Schilder said the district must respond to the voices heard in a community forum panel held a week earlier at Emmaus High School. The panel included local parents who have lost a child to a heroin overdose.

"There was the overwhelming plea for us to band together and fight this problem as a community," he said. "The school district has drug education programs and resources in place, but as long as lives are still being lost to drug addiction, we must and will do more."

The school board could adopt the policy as early as Monday. Most policies require three readings.

Last September, Gov. Tom Wolf encouraged schools throughout the state to stock naloxone. A letter was sent to superinten-

dents of all 500 school districts assuring districts they could legally store and administer the antidote in accordance with a law passed in 2014.

Last month, Wolf announced that his administration intends to make Narcan, a brand of naloxone, available at no cost to public high schools throughout Pennsylvania. Also, the Pennsylvania School Boards Association issued a model policy for stocking and administering naloxone.

Schilder said the district has already received a free supply of the medication, which can be administered as a nasal spray.

East Penn's policy calls for storing the medication in school nurses' offices. The school nurse may also choose to store it elsewhere as long as the location is in accordance with the manufacturer's instructions.

School district nurses must complete a state Department of Health training program. Thomas Mirabella, director of student services, said a responder must perform CPR before and after administering naloxone.

Naloxone poses no harm if administered to someone who's not actually experiencing an overdose, he said.

School board member Paul Champagne said a student is just as, if not more, likely to suffer an overdose on district property outside of school hours than within them. He argued other personnel, such as athletic trainers, should have access to naloxone

and the training required to administer it.

"I think you have to cover periods where kids may not be in the classroom," he said. "It's important to have some people trained who are on site beyond the normal school hours."

Under Wolf's order last fall, Pennsylvanians can purchase naloxone over the counter at most pharmacies.

Nearly 100 people died of accidental overdoses involving heroin or other opiates in Lehigh and Northampton counties in 2014 and 2015, a Morning Call review of coroner's records shows. Another 76 people in Lehigh died from overdoses that involved multiple drugs.

In just a nine-day span in February, there were 10 suspected fatal drug overdoses in Lehigh County alone, Lehigh County Coroner Scott Grim said.

Elsewhere in the Lehigh Valley, Bethlehem Area School District has begun drafting a policy to have Narcan in the high and middle schools. Superintendent Joseph Roy said he expected the opioid antidote would be in the schools by the fall, when nurses have been trained to administer it.

The Allentown School District is still reviewing information on Narcan, said district spokeswoman Kim Golden Benner.

A student overdosed on heroin at Brandywine Heights Area High School in May 2015.

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Salisbury schools to have overdose antidote

Nurses and school resource officer will get training on administering naloxone.

May 3, 2016

By Margie Peterson

Special to The Morning Call

In response to concerns about heroin overdoses nationally and locally, all four schools in the Salisbury Township School District will stock the opioid antidote that can reverse such overdoses.

Salisbury Superintendent Randy Ziegenfuss told the school board Monday that the high school, middle school and both elementary schools will have two doses each of naloxone and ensure that nurses and the school

resource officer are trained to administer it.

"We're getting that from the county because this has become quite an epidemic," he said.

Last fall, Gov. Tom Wolf urged all Pennsylvania schools to stock naloxone. More recently he announced that the state would make Narcan, a brand of naloxone, available to public high schools at no cost.

A Morning Call review of coroners' records show that almost 100 people died of accidental overdoses involving heroin or other opiates in Lehigh and Northampton counties in 2014 and 2015. In Lehigh, an additional 76 people died from overdoses that involved multiple drugs.

Other local school districts are working

on policies to get Narcan into their schools. East Penn School District hosted a drug awareness forum in April with a panel that included local parents who lost a child to a heroin overdose.

Thomas Mirabella, East Penn director of student services, said the person administering the naloxone must perform CPR before and after it is given. Naloxone does no harm if it is administered to someone who is not actually overdosing, he said.

Under Wolf's order from last fall, Pennsylvanians can buy Naloxone over the counter at most pharmacies.

Morning Call reporter Andrew Wagaman contributed to this report.

Margie Peterson is a freelance writer.

CONFRONTING AN EPIDEMIC

Amid rise in drug use, few options

Local officials have limited resources to help criminals addicted to heroin.

May 22, 2016

By Riley Yates

Of The Morning Call

At 19 years old, Cody R. Himeline is a state prison inmate, though his criminal record is a relatively minor one.

The Bangor teen's only felony conviction was as a juvenile, for trespassing. Twice, he was caught shoplifting. Once, he pleaded guilty to punching his girlfriend during an argument. Another time, he admitted swiping his mother's car and wrecking it.

Those kinds of crimes are the bread and butter of local jails across Pennsylvania. Yet when Himeline was before a Northampton County judge two months ago on a parole violation, he was sent to state prison for 18 months to three years.

That's because Himeline has a greater problem, and one that the county's prison is unequipped to address: He is a heroin addict in need of treatment that the Easton lockup doesn't offer.

"What he needs is long-term help," Senior Judge Leonard Zito said in March before sentencing Himeline to the state prison system, where he can get drug rehab while incarcerated.

There was a time when help was available within the walls of Northampton County Prison, under a therapeutic community that graduated nearly 500 inmates in its more than six years of existence. But despite a growing heroin epidemic, Northampton County Council eliminated the program in January 2015, finding it was too expensive and wasn't producing the promised results.

In the vacuum, the county's judges stepped forward with an alternative that embraced the latest wisdom in the justice system's fight against addiction: a widely praised drug court, which seeks to keep addicts out of jail by ensuring they get the treatment and supervision they need to succeed in their communities.

As a result, many serve time in Easton without the benefit of treatment — or are placed in state prisons for help amid some of the state's most hardened criminals. But a smaller swath of offenders—those selected for drug court—take part in a

cutting-edge program that is individualized, keeps them out of jail and helps them navigate the social services system on their arduous path to sobriety.

Drug court participants typically work their way from rehab to halfway houses to less strenuous sober-living homes. They attend outpatient treatment and 12-step groups and meet regularly with addiction counselors. They find jobs, complete their education and slowly resume their lives. The idea is to get them help in the real-world setting in which they must ultimately prevail.

The services participants tap into are already part of the existing social safety net, and are largely covered by public assistance. And by staying out of prison, they save taxpayers the \$102 a day that it would otherwise cost to jail them locally.

Drug court, which started 13 months ago, has 21 participants now enrolled in what is a labor-intensive approach to addressing addiction. They were all culled from the ranks of probation and parole violators, and arrived through referrals from judges, probation officers and lawyers. They were selected with an eye to their likelihood to succeed in treatment.

"It's a lot of work," said Judge Craig Dally, who administers the problem-solving court. "It's like being a parent to all these people. But when you see the success stories, it's rewarding."

Among the participants is Joseph R. Bleiler, who said he has been shooting heroin since he was 13 years old. Now 20, the former Roseto man said he has survived overdoses about 10 times, and knows a lot of users who didn't make it.

Bleiler has a tattoo on his shoulder to commemorate a friend who took his own life while struggling with addiction. Bleiler's body bears its own witness to drugs: scars on his hands and his stomach, from times when he was smoking cigarettes while high on heroin, nodded off and burned his skin.

Bleiler has tried and failed at rehab. He carries an arrest record as a juvenile and as an adult. Even when he was accepted into drug court in October, he said, he intended to start shooting up again once he was released.

"If I get out of jail from there, I'm getting loaded," Bleiler remembered telling himself. "As soon as they let me back to Roseto, I'm getting high."

Bleiler spent 90 days in rehab and, instead of returning to the streets, was sent to a halfway house in Allentown. It was there, he said, that he decided he really wanted to be clean, and would actually try to beat the odds and stay sober.

He's now living at Stephen's Place, transitional housing in Bethlehem, and attends 12-step meetings regularly and intensive drug outpatient three times a week. For the first time in his life, he holds a steady job, working in landscaping.

"Today I pay taxes. I never thought I'd be happy to pay taxes," Bleiler said. "I'm happy to pay bills."

Bleiler said that drug court offered him more tools and resources than he ever had before. Members of the treatment team show compassion toward participants and interest in their lives, which goes a long way, he said.

"Addicts, we don't have people tell us they are proud of us," Bleiler said.

Getting back on track

The change in the county's approach comes as the nation, the state and the Lehigh Valley are all grappling with an explosion of fatal overdoses from heroin, fueled by cheap and easy access to the drug and the over prescription of painkillers that serve as a gateway.

Each county has to determine the best measures for addressing addiction locally, Pennsylvania Corrections Secretary John Wetzel said in an interview. But judges who send minor offenders to state prison because they need treatment may just be making things worse, Wetzel said.

"What they should add to that is, 'You're probably going to come out more likely to commit another crime, but we're still going to send you there,'" Wetzel said. "Because if they're a low-risk offender who is addicted, when you come into a state prison, your risk is likely going to be increased."

Wetzel called it a "dangerous, dangerous, dangerous approach" that hazards turning those people into more hardened criminals.

"To put someone on a path to a future life of crime makes no sense whatsoever," said Wetzel, noting it costs \$42,000 a year to hold someone in the state prison system.

The two often stark choices — state pris-

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on and treatment, or local jail and none — are frustrating to Anthony Rybak, a full-time public defender in Northampton County.

“I think more people are sent to state prison, especially when they violate [probation or parole] because there’s no treatment here,” Rybak said. “I don’t like people going to state, but I also don’t like people not getting treatment.”

In drug court, Dally stresses to participants that it is a privilege for them to be admitted. But ultimately, he tells them, their successes or failures will rest on their own shoulders, and their commitment to staying sober.

The biggest difference with drug court is that enrollees no longer feel alone, said Cynthia Greene-Wimmer, a probation officer assigned to the program.

“There is no administration of justice in this county that is as individualistic as this one,” added Matthew Goodrich, a public defender who is also part of the treatment team. “Everything is structured in a way to guide them along.”

Once a week, the county’s team—which is also made up of addiction specialists and representatives of the social services — meets privately at the courthouse to discuss each person’s progress. Participants then have to appear in Dally’s courtroom to go over how they are doing. Have they been attending their support-group meetings? Have they been passing drug tests? Are they making progress toward their GEDs?

The news isn’t always good, considering that participants are often longtime addicts who have failed in recovery many times before, Dally said.

But so far, just three people have been kicked out of the program and it has victories to boast of, he said: participants who are growing drug-free roots in their communities which Dally hopes will allow them to stay sober in the long term.

“They’re all productive,” Dally said. “It is not jail and we’re getting them ready to go on with their life.”

Court officials want to expand drug court to take on more people, with President Judge Stephen Baratta saying that 25 to 50 enrollees — and one day, maybe as many as 100—is an attainable number.

The scope of the heroin problem also has Northampton County Corrections Director Daniel Keen looking at bringing treatment programs back to the jail.

Among the statistics that highlight the need: In the first three months of 2016,

173 incoming inmates had addictions from which they detoxified in prison, nearly two new prisoners a day. In the past eight years, incarcerations for drug-related offenses in the county have shot up, growing by 22 percent.

An April review by The Morning Call showed that in 2014 and 2015, 59 people died in Northampton County of accidental overdoses involving heroin or other opiates.

In Lehigh County, 40 people died over the same time period, and another 76 died from overdoses that were tied to multiple drugs, though county Coroner Scott Grim would not provide additional details of the substances involved.

That county funds a drug treatment unit for up to 72 male inmates, who are segregated from other prisoners to focus on recovery. The county doesn’t track the program or measure its effectiveness, but prison officials say it gives inmates a chance to change their lives.

Keen said he is considering a pilot Program in Northampton County similar to one underway in the state prison system, under which the jail would offer outgoing inmates the drug Vivitrol, a once-a-month shot that curbs the craving for heroin. Keen is also mulling whether the jail needs to re-establish a therapeutic community like the one eliminated, whether by contracting again with an outside vendor or by training prison staff to administer it. Addicts are “our neighbors, they’re our loved ones,” Keen said. “We need to get them back on track, where they can return to our neighborhoods and be successful again.”

‘The devil’s choice’

Seven years later, Jeffrey S. Poch credits Northampton County Prison’s now-defunct therapeutic community with saving his life.

On Aug. 4, 2009, Poch was part of the first class to graduate from the program, which was run by the for-profit Community Education Centers of West Caldwell, N.J., and which focused on giving inmates the coping skills needed to stay out of trouble once they were released.

“Before the CEC program, I was under a bridge homeless, addicted to crack cocaine,” Poch said. “I was in and out of jail for seven and a half years.”

Poch, 44, is now sober, crime free and works as the director of operations for Safe Harbor, Easton’s homeless shelter. He said he cannot understand why County Council eliminated CEC, saying he knows dozens of people it put on the path to recovery.

“Dozens are better than none,” Poch said. “I don’t know how the jail expects to reduce Recidivism without any programs in there.”

CEC was popular with the county’s bench, with judges such as Zito — who sentenced Hineline, the Bangor addict, as well as Poch — often offering it to defendants as a last-ditch alternative to being sent to state prison.

But CEC was not cheap. When Council stripped its funding, the county was in the midst of a five-year, \$3.8-million contract. By canceling it, the county saved \$750,000 in 2015 alone.

The vote came after an audit by County Controller Stephen Barron concluded the program’s recidivism rate was greater than had been stated publicly by the company. Barron’s review placed the rate of re-offense at 51 percent, and not the 35 percent that had been touted. At the time the audit was conducted, two people credited as having successfully graduated were actually re-incarcerated in the jail.

Those findings were the tipping point, said Councilman Kenneth Kraft, the board’s liaison to the prison.

“For what they were charging the county, we weren’t getting anything out of it,” Kraft said. “After we got the recidivism numbers, it was like, ‘Why do we have them?’”

CEC was the brainchild of former County Executive John Stoffa, a retired human services director in both Northampton and Lehigh counties. In a recent interview, Stoffa called the elimination disappointing, saying that while recovery is a process filled with failures, the more programs an addict participates in, the more likelihood there is of success.

“Why is it needed in jail? If you ask that question, then you don’t understand society,” Stoffa said.

William Argeros, the longtime chairman of the prison’s advisory board, called Council’s vote an “economic decision” and said he wished the program was still running. But like Keen and current Executive John Brown, Argeros touted the flock of volunteers who regularly serve the jail, running everything from drug-and-alcohol support group meetings to parenting classes to Bible study.

“Can we have more programs? Absolutely,” Argeros said. “But we’re fortunate here in Northampton County that we have such a great volunteer community.”

Among those volunteers is Dawn Fabian, a Nazareth woman who oversees a faith-based, 12-step recovery group for women

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two hours every Tuesday. Fabian said there is an opportunity to reach people while they are behind bars.

"Is jail ideal? No," Fabian said. "But if you're going to be here, shame on you if you're going to go out just as broken as you came in, because it is just a waste."

Brown said drug court is showing "substantial" successes, but he is open to also bringing treatment back to the prison, provided there is greater accountability to how the money is being spent.

"If we did bring in another level of programming, what would that look like today? What would that be?" Brown asked. "I'm really not sure."

Before Hineline was brought into court in March, he'd tried and failed at a 28-day rehab that he'd been court-ordered to attend, according to a transcript of his proceeding.

Though Hineline completed the inpatient program, he failed to enroll in follow-up treatment and started using again, his

probation officer, Christiana Buniak, said at the hearing.

Buniak said she dropped by Hineline's home in January and found track marks on his arms and a wax paper bag on the floor. A month later, she visited him again, and he was sleeping at 11 a.m. and had drug paraphernalia in his room, she said.

Ordered to report to court on Feb. 17, Hineline was a no-show, Buniak said. Two days after that missed date, Hineline overdosed and was pronounced clinically dead, needing four shots of the heroin antidote naloxone before he was revived, Buniak said.

"This is a defendant who is beyond our means," Buniak told Zito.

In court, Hineline insisted that he had "seen the light" after nearly dying. He said he needed long-term rehab.

"Heroin is the devil's choice, your honor," Hineline said to Zito. "But I'm just, please, asking you, please give me another chance."

In sending Hineline to state prison, Zito

said it was clear he lacks the discipline to turn things around on his own. Zito recommended Hineline be placed in a prison with intensive drug treatment programming.

"It's obvious that the defendant is completely out of control to the point where he had a near-death experience," Zito said.

In an interview this month, Hineline's mother, Bobbi Jo Waldron, said she hopes her son comes out a better person. In phone conversations with Hineline, who is now jailed at Camp Hill State Prison, he told her that he wants to change, she said.

"He said he lays in his cell and he thinks about his life. 'I can't do this. I don't want to do this,'" Waldron said.

She is afraid that when he is released, he'll fall back into his old habits.

"Sending him upstate, I don't see what the point is," Waldron said. "It's like they didn't want to be bothered and they just sent him up there."

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Addict answers call to end epidemic

Bangor native, now sober, flew 1,200 miles to attend roundtable, where Gov. Wolf sought his, others' advice.

June 12, 2016

By Riley Yates

Of The Morning Call

When he heard Gov. Tom Wolf was hosting a forum Friday in Bethlehem on the state's heroin epidemic, Nicholas Labar flew 1,200 miles and drove another 70 to be there.

A recovering addict with 21 1/2 years of sobriety, the 24-year-old Bangor native survived two overdoses and needed 14 stints in rehab before he was able to get off heroin. Yet here he was at a roundtable packed with Lehigh Valley brass, being asked by the governor for his thoughts on how to combat a problem that state officials say claims the lives of at least seven people a day.

"How do we get the majority of people who don't want treatment to say, 'Yeah, I think I'm ready?'" Wolf asked Labar from across the conference room at Northampton Community College's branch campus on the South Side.

To Wolf and the host of local mayors, lawmakers, law enforcement officials, cor-

oners and treatment specialists, Labar said more needs to be done to reach addicts who wind up in hospitals after overdosing, including follow-up visits to their homes to press them to go to rehab.

"I know I was on the fence when I went into my last treatment center," Labar, who took an early morning flight from Palm Beach International Airport in Florida, where he now lives, to attend Friday's meeting. "I didn't want to stay sober. I wanted to keep getting high. But I surrounded myself with good people and good direction and it led me on a path toward recovery."

The ideas of Labar, who is moving back to the area in August, were among a slew of proposals offered at the forum, one of many that Wolf has been holding across the state to brainstorm solutions to Pennsylvania's heroin problem.

Wolf has said that staunching the epidemic is one of the priorities of his administration. His office touts initiatives that include the distribution of naloxone, a heroin antidote, to schools and police departments, and the expansion of drug take-back boxes in which excess prescription drugs can be safely disposed of. In next year's budget, Wolf has proposed \$34 million to make outpatient drug treatment more readily available.

"There are a lot of things that we will disagree on in Harrisburg, as you all know," said Wolf, a Democrat who has often sparred with the Republican-controlled Legislature. "But this is one of the issues that we all agree that we need to do something about."

If there was a consensus Friday, it was that not enough money is being allocated to treat heroin and other opiate abuse, which has skyrocketed amid cheap access to the drug and the over prescription of painkillers that serve as a gateway.

"Money for treatment centers is the best start," said Lehigh County District Attorney Jim Martin, a Republican. "We don't really have the resources. We can't incarcerate our way out of the problem."

"It should be treated like the medical crisis that it is, and get people into care," added Bill Stauffer, executive director of the Pennsylvania Recovery Organizations Alliance.

Officials also called for greater efforts to educate youth on the dangers of drugs, and to reach them even before they get into middle school. Layne Turner, who heads Lehigh County's drug and alcohol abuse agency, said three 11-year-old children survived overdoses from synthetic marijuana this year, but under Pennsylvania law they

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could not be forced to attend treatment, and all three refused it.

That reluctance also plays out with adults who wind up hospitalized from drug abuse, Turner said. Every month, about 450 overdose victims are treated at Lehigh County's six emergency departments, he said. Of those, at least 60 to 70 percent leave after refusing further services.

Removing the stigma that surrounds addiction may make it easier for addicts to admit they have a problem, said Donna Jacobsen, an Upper Macungie Township woman who has a 26-year-old daughter in long-term recovery.

"So many people just won't go for the help they need, they're just so fearful," Jacobsen said.

That had Wolf turning again to Labar, and asking him why. Wolf, who announced this year that he has a treatable form of prostate cancer, compared his disease to that of drug addiction.

"If you had cancer, you wouldn't screw around, so why did you screw around with this?" Wolf asked.

"Cancer patients don't really steal, lie and manipulate; drug addicts do," Labar replied, saying that addicts often loathe themselves. "I think a lot of the stigma of being drug addicted is shame for what you've done."

The deaths just keep coming. An April review by The Morning Call showed that in 2014 and 2015, 59 people died in Northampton County of accidental overdoses involving heroin or other opiates.

In Lehigh County, 40 people died over

the same time period, and another 76 died from overdoses that were tied to multiple drugs, though county Coroner Scott Grim would not provide additional details of the substances involved.

So far this year, there have been 67 drug-related deaths in Lehigh County, Grim told the roundtable Friday.

Leaving the meeting, Labar said he is hopeful that Pennsylvania is making inroads, given the public attention the issue is receiving.

"It is definitely a step in the right direction," he said. "It is better than 90 percent of the states in the country, I can tell you that, because we're at least trying to do something."

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CONFRONTING AN EPIDEMIC

A push to sue drugmakers over opiates

Berks lawmaker's call harks back to claims that states filed against tobacco industry in the 1990s.

June 19, 2016

By Steve Esack and Colt Shaw

Call Harrisburg Bureau

HARRISBURG—For the past year, lawmakers and Gov. Tom Wolf have held community forums about the growing number of people getting addicted to and dying from pain medication and heroin.

In these sessions, parents tell tales of heartache, first responders describe overdoses, medical professionals explain treatment ideas, lawmakers expound on legislation and Wolf recites plans for spending an additional \$34 million next fiscal year to combat the epidemic.

In these sessions, many people don't blame street-corner drug dealers for the scourge that is killing about seven people a day in Pennsylvania. They blame pharmaceutical companies that have made billions in profits by making, marketing and selling opioid drugs that research shows can be highly addictive. Once addicted, some turn to heroin, a cheaper, dangerous alternative.

Now, a lawmaker wants Pennsylvania to sue those companies.

On Thursday, Rep. Thomas R. Caltagirone, D-Berks, introduced a House resolution that calls on Wolf and the attorney general's

office to file a civil lawsuit "against pharmaceutical companies responsible for causing the opioid epidemic."

"Certain pharmaceutical companies mislead the public about the addictiveness of the powerful prescription opioid drugs and are engaged in fraud, conspiracy and negligence in the development and marketing of these drugs," the resolution states.

Officials with Pennsylvania Bio, a trade group for the state's pharmaceutical and life sciences industry, did not return calls or emails for comment.

A spokesman for the Pharmaceutical Research and Manufacturers of America, a lobbying and trade group in Washington, D.C., declined to comment.

If the resolution is adopted and acted on, Pennsylvania would join government entities that have sued pharmaceutical companies in attempts to recover some of the societal costs associated with their products. The lawsuits, some semi-successful, are reminiscent of legal claims states filed in the 1990s against the tobacco industry for covering up cancer risks of cigarettes and other items.

The prospect of filing a lawsuit has been mentioned during the governor's roundtable talks with state and local officials in search of a comprehensive plan to combat the drug crisis, said Wolf's spokesman, Jeff Sheridan.

"As with many issues, the governor will look into a possible lawsuit against pharma-

ceutical companies," Sheridan said. "We appreciate Rep. Caltagirone's efforts and look forward to working with him moving forward."

The resolution has been in the works for more than a year, as Caltagirone has participated in the community meetings and researched lawsuits against pharmaceutical companies, said Dave Vitale, the representative's chief counsel. Those community events, Vitale said, show government, police and medical officials have great ideas for dealing with the crisis.

"But who's going to pay for them?" he asked. "When you see the amount of profits these companies make off opioid drugs even though they know we have an epidemic and people are dying, it sounds a lot like the tobacco industry."

Since 1999, Pennsylvania has received more than \$6 billion from the \$113 billion tobacco companies have paid to settle legal claims, according to the National Association of Attorneys General.

A lawsuit against pharmaceutical companies could be much more difficult, especially in Pennsylvania, home to 76 firms that manufacture a variety of drugs and employ 12,700 people, state Department of Labor & Industry records show.

Other government entities have had little success with lawsuits of the kind Caltagirone is proposing.

Epidemic continued on next page

Epidemic continued

In 2007, Purdue Pharma paid a \$600 million fine and pleaded guilty to federal criminal charges that it promoted the drug OxyContin for non-legal purposes and downplayed its addictive risk. That same year, Kentucky sued Purdue to recoup costs associated with addiction care. The lawsuit was settled in December for \$24 million.

In May 2015, a federal judge in Illinois ruled that Chicago's lawsuit could proceed against Purdue but not four other companies.

In August, a California judge halted a similar lawsuit Orange and Santa Monica counties filed against Purdue and the four drug manufacturers Chicago sued. The judge, siding with the companies, ruled that the companies could not be sued because they fell under the exclusive jurisdiction of the U.S. Food and Drug Administration.

Last month, the Los Angeles Times published a story that relied on previously secret court documents and government records to show Purdue Pharma falsely promoted OxyContin as a 12-hour pain reliever when the pill actually works for less time. The decades-old ad campaign allowed Purdue to reap \$31 billion in revenue from OxyContin, which became America's best-selling painkiller and most abused drug, the Times reported.

Regardless of whether the Pennsylvania

Legislature adopts Caltagirone's resolution, the decision to sue most likely would fall to Attorney General Kathleen Kane's successor. She is not seeking re-election. Republican John Rafferty and Democrat Josh Shapiro are candidates in the November election, and the winner will take office in January.

Rafferty, a state senator from Montgomery County, isn't against a pharmaceutical lawsuit if clear evidence of wrong doing surfaces, but he would not support a blanket lawsuit against the entire industry, said his campaign manager, Mike Barley.

"You can't paint with a broad brush...and lump the whole industry together as bad actors," Barley said.

Shapiro, a Montgomery County commissioner, said in a campaign statement: "I will use every tool available to aggressively combat the opioid epidemic and will follow the evidence whether it leads to a corporate boardroom where they've encouraged deceptive practices, or to a street corner targeted by multi-state drug rings outside our schools."

Between 1999 and 2014, the number of opiate-based prescription painkillers sold in the United States and the deaths resulting from those drugs quadrupled to 14,000, according to the Centers for Disease Control and Prevention.

Nearly 2,500 overdose deaths related to

opiate abuse happened in Pennsylvania in 2014, according to the state Coroners Association. On Wednesday, Wolf praised police for saving the lives of an estimated 1,000 opioid overdose victims by administering the antidote naloxone.

Prisons are filling up with addicts, too.

Of the roughly 20,000 people who enter state prisons, 12 percent are addicted to opiates — double what it was just a few years ago, Pennsylvania Corrections Secretary John Wetzel said. Under a pilot program, some then are given a shot of Vivitrol, an anti-craving drug meant to help them beat the habit, he said. Each shot costs \$1,000 and is paid for by the federal government.

It's staggering to think about the financial and human costs the opiate epidemic has caused in a relatively short time, Wetzel said. A lawsuit, he said, could help determine whether pharmaceutical companies should be held liable.

"I don't think anyone's feeling bad for big pharma," Wetzel said. "I don't think it's unreasonable to explore [a lawsuit] because taxpayers are footing the bill [for the epidemic] all over the country."

A vote on Caltagirone's resolution has not been scheduled.

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WATCH DOG REPORT: Hiding in plain sight

Heroin antidote available, but confusion reigns among local pharmacies

June 19, 2016

By Pamela Lehman and Matt Coughlin
Of The Morning Call

Despite the efforts of Pennsylvania health officials to get the opioid antidote naloxone into the hands of state residents, a Morning Call survey found nearly 40 percent of Lehigh Valley pharmacies that carry the drug mistakenly said it requires a doctor's prescription.

That runs counter to a signed standing order from Physician General Rachel Levine. She issued it in October to serve as a prescription for Pennsylvania residents who want the drug to possibly save friends and family members from opioid or heroin overdose deaths.

The Morning Call survey found about 60 percent of pharmacies surveyed in the Lehigh Valley do not carry the drug, which

blocks or reverses the effects of prescription narcotics and heroin.

For its survey, the Morning Call contacted by phone half of the 86 independent and chain pharmacies in Lehigh and Northampton counties listed in online databases. The pharmacies were asked if naloxone is available and, if so, whether a prescription is needed, and the cost of the drug.

The price of naloxone at Valley pharmacies that stock it varies from free to more than \$4,000, according to the survey.

Of the 43 pharmacies surveyed, 25 said they did not have naloxone available. Seven said they had naloxone available but incorrectly said a doctor's prescription was needed to get it. Eleven pharmacies said they had naloxone available and no prescription was needed.

The pharmacies surveyed — both chains and independent — were in Allentown, Bethlehem, Easton, Hellertown, Northampton,

Whitehall Township, Wind Gap and Bangor.

While many of the larger pharmacy chains were notified about the standing order, some smaller pharmacies might not be aware that a prescription isn't needed, said Dr. Brian Kelly, an emergency room physician with St. Luke's hospitals in Allentown and Fountain Hill.

"[Naloxone] is a life-saving drug and it should be available," Kelly said. "If a hospital, EMS or someone can't get to it soon enough and, God forbid, someone loses their life because it wasn't available, it would be a deterrent to the public."

Naloxone is used to quickly reverse the effects of opioids, including painkillers such as Percocet or Vicodin and illegal drugs such as heroin, Kelly said.

When a patient is brought to the emergency room and it's unclear whether there has been an opioid overdose, Kelly said,

Report continued on next page

Deaths continued

naloxone may be used as a diagnostic tool to help determine the medical issue.

"We may have an older lady who came in and accidentally took too much pain medication," Kelly said. "We can give a small dose of naloxone and see what the effect is."

With heroin or opioid addicts, administering naloxone puts the patient in immediate withdrawal, he said.

"They may start vomiting and feeling those rapid effects of withdrawal and those effects aren't pleasant, but they aren't necessarily life-threatening," Kelly said. "They aren't happy, which is why we start out with a smaller dose and gradually increase."

"There have been some that when you give a full dose, they'll respond by punching you in the face," Kelly said.

Heroin and opioid overdoses are now the leading cause of accidental death in Pennsylvania, killing more people than car crashes, according to the U.S. Drug Enforcement Administration. In 2014, more than 2,500 people statewide died from opioid drug overdoses.

According to the state Department of Health, naloxone blocks the effects of opioids on the brain and restores breathing within two to eight minutes. It has been in use for more than 40 years, but only recently has it been made available to the public.

Pauline Vargo, owner of the independent Medicap Pharmacy on Tilghman Street in Allentown, spent Friday morning showing high school nurses from around the Lehigh Valley how and when to use naloxone. In the past month, the Salisbury Township School Board voted to stock naloxone at all of the district's schools, and the East Penn School District is weighing a policy change to stock naloxone as well.

Last year, Gov. Tom Wolf sent school districts a letter encouraging them to stock naloxone, and he has said his administration plans to make the drug available to public high schools at no cost.

Vargo, who has been a pharmacist for 22 years, said that about 18 months ago she got a call that spurred her to get involved in training people on the use of naloxone.

"The county was doing a survey about what pharmacies carry [naloxone], and I was called by a mother," Vargo said. "This mother had a daughter in Florida, and her daughter had an overdose and was saved. If she had been here in [Pennsylvania], that wouldn't have happened [at that time]. That struck a chord with me."

Since then, Vargo has partnered with county officials, drug treatment profession-

NALOXONE BY THE NUMBERS

43 Number of pharmacies surveyed

25 Pharmacies that did not have naloxone available

11 Number of pharmacies that had naloxone available and did not require a prescription

7 Number of pharmacies that had naloxone available, but incorrectly required a prescription

Source: Morning Call reporting

ABOUT THE ANTIDOTE

Naloxone comes in two common forms, an intranasal spray and an auto-injector. The nasal spray comes in a single dose and is easy for anyone to administer. The auto-injector is similar to an EpiPen and includes a recorded message that talks users through the process of administering the medication.

Some prescription drug companies have a savings program for naloxone, including Evzio.

Source: Pennsylvania Department of Health

als and a local addiction specialist to put together presentations on how to recognize an opioid overdose and how to use the various forms of naloxone to counteract the overdose.

Medicap stocks three forms of naloxone and has developed a form to help customers expedite the process of getting naloxone. "Naloxone needs to be in people's hands," Vargo said. "It is saving lives."

Pharmacies in the Pittsburgh and Philadelphia areas also were confused about the naloxone state order, according to stories in the Pittsburgh Post-Gazette and Philadelphia Inquirer.

The Post-Gazette called 32 pharmacies, including chains and independent stores in Pittsburgh and outlying towns, and found that 16 did not have Narcan, the most consumer-friendly version of naloxone.

The Philadelphia Inquirer found similar results in the southeastern part of the state. Of 14 Philadelphia pharmacies called by reporters, five said they had it in stock and no prescription was required. Another five said they had it but needed a doctor's script. The rest said they couldn't get it. One independent store told a caller to go to a chain store.

On its web page, the state health department says family members and friends of those at risk of an overdose can get a prescription from a family doctor or use the state's standing order issued by the physician general to get naloxone. A copy of the standing order is available on the health department website.

"Naloxone prescriptions can be filled at most pharmacies," the health department site says. "Although the medication may not be available for same-day pickup, it can often be ordered and available within a day or two."

But that doesn't appear to be the case in the Lehigh Valley. Several pharmacies said a prescription is required and denied knowing about the standing order.

"Our company won't allow us to get it because it's way expensive," one pharmacy worker said. "In this little area, it's a growing thing and we really need it."

Prices vary widely as well, depending on the pharmacy, the form of naloxone — intranasal inhaler or auto-injector — and insurance coverage. Evzio, a form of naloxone that comes in an auto-injector that includes recorded instructions, can cost as much as \$4,000 without insurance, while some forms are as cheap as \$50.

When told about the standing order, another pharmacy worker said: "That's not something I have heard of. It is a prescription medication. If you want it in an emergency, go to a clinic."

A state health department spokesman said the office has received "questions from consumers" about how to best obtain naloxone, but was unsure if those questions included complaints about the antidote's availability.

"Anecdotally, people have sought information on how to get naloxone," Wes Culp, deputy press secretary, wrote in an email. "We don't track these calls in a database where we would register [the difficulty in obtaining naloxone]."

The Wolf administration and the Department of Health view increased statewide access to naloxone as another crucial step in combating the opioid crisis in Pennsylvania, Culp said, noting the health department does not regulate drug prices.

Some companies have programs that can make buying the drug cheaper, Culp said.

The standing order is a prescription written for the general public, rather than specifically for an individual, Culp said.

"Family members and friends can access this medication by obtaining a prescription from their family doctor or by using the standing order," Culp said.

PENNSYLVANIA'S HEROIN EPIDEMIC

Rare legislative session planned on opioids

Joint session of the state House and Senate to focus on prevention and treatment of opioids, not the lengthy jail sentences that accompanied the crack epidemic.

June 24, 2016

By Steve Esack

Call Harrisburg Bureau

HARRISBURG — In a show of bipartisanship, Republican and Democratic lawmakers requested that Democratic Gov. Tom Wolf call a rare special legislative session focused on combating the opioid and heroin epidemic that is killing about seven Pennsylvanians a day and straining government budgets.

"Each of those lives lost is a lost opportunity for our communities," House Majority Leader Dave Reed, R-Indiana, said Thursday during a news conference.

Wolf, who appeared with lawmakers, wasted no time in accepting the lawmakers' request. A special session of the House and Senate will be called this fall, the governor said, with the goal of enacting laws and programs to reduce overdoses and deaths that often start with addictions to prescription drugs but lead to cheaper heroin.

The request came as the Republican-controlled Legislature seeks to complete a 2016-17 fiscal year budget, in which Wolf requests an additional \$34 million to allow the Department of Human Services to start 50 new drug-treatment centers.

"This is something we've got to acknowledge, we've got to address because Pennsylvania is in crisis," Wolf said. "Our fellow citizens are looking to us for action."

In Pennsylvania's 228-year history, governors have called just 35 special sessions, in which the House and Senate tackle a single issue. The last came in 2004, when Gov. Ed Rendell targeted property tax reform. The ideas generated went nowhere.

The last session to produce laws occurred in 1995, when the Legislature met — at Gov. Tom Ridge's request — to tackle crime. The ensuing session focused on tougher prison sentences at a time when the crack cocaine epidemic was ravaging communities, mostly in inner cities.

Policy-makers seem intent this time on prevention rather than locking up opioid and heroin abusers, who already make up 12 percent of the state's new prisoners a year.

"This is not criminalization," said House Speaker Mike Turzai, R-Allegheny. "This is about prevention, treatment, recovery."

Dr. Scott Shapiro, a cardiologist and president of the state Medical Society, said Pennsylvania leads the nation in opioid-related deaths for people ages 12-24 and is near the top in other age brackets. That makes the opioid epidemic deadlier than the flu outbreaks in the early 20th century, he said.

Rep. Thomas R. Caltagirone, D-Berks, said he hopes the session produces the will for a state lawsuit against pharmaceutical companies, similar to 1990s lawsuits against the tobacco industry. Caltagirone asserts that the pharmaceutical companies caused the epidemic by marketing to doctors and the public addictive pain medication, and then selling to governments the drugs that reverse the resulting overdoses, making billions along the way.

"I'll bring it up," he said, "but I'd like to see if [colleagues] have the guts to deal with it."

After the Harrisburg news conference, a representative of the state's pharmaceutical industry, which employs more than 12,000, attributed the epidemic to "abuse, illegal trafficking and low awareness of the risks associated with the use of these products in ways other than their intended purpose."

Government and private enterprise must work together to stop abuse, said Craig L. Tucker, vice president Policy & Public Affairs at Pennsylvania Bio, a trade and lobbying group. "Many of the speakers at the news conference had it right: We are all in this together," he said.

Between 1999 and 2014, the number of opiate-based prescription painkillers sold in the United States and the deaths resulting from those drugs quadrupled to 14,000, according to the Centers for Disease Control and Prevention.

By 2014, nearly 2,500 overdose deaths related to opiate abuse were recorded by the state Coroners Association.

As deaths climbed, silence often followed as many families kept the circumstances surrounding drug abuse quiet. Slowly, however, families started speaking out in traditional and social media, leading to a greater public awareness of the problem.

Policy-makers in Harrisburg took notice, too, after ignoring calls to action by some lawmakers, notably, Rep. Gene DiGirolamo, R-Bucks. As chairman of the Human Services Commit-

tee, DiGirolamo failed to get a bill approved to expand the state's prescription drug monitoring program in the 2011-12 legislative session.

"Maybe we should have done this sooner," DiGirolamo said before the news conference. "But everyone is coming together in a bipartisan fashion."

Ideas have come piecemeal since DiGirolamo's failed prescription-monitoring bill.

In April 2014, the House approved a resolution by Rep. Doyle Heffley, R-Carbon, to create a task force aimed at developing legislative fixes to the crisis.

The Senate also got busy. That September, then-Gov. Tom Corbett signed into law a Senate bill—now known as Act 139—that allows police and first-responders to carry and administer the anti-overdose drug naloxone without fear of lawsuits.

And in October 2014, Corbett signed into law a Senate bill, similar to the one DiGirolamo sought, to expand the prescription drug-monitoring program to allow the state Health Department and law enforcement professions to track more types of prescription medication.

The House passed two new bills Thursday. One bill, approved 174-19, would limit emergency room doctors from prescribing heroin-based delayed-reaction pain medicine for hospital patients. It also would limit prescriptions of such pills to seven days, as opposed to 30-day or more prescriptions.

The House also overwhelmingly passed another bill that would require insurance companies to cover the cost of opioid pills that are designed to be harder for addicts to abuse.

Those bills move to the Senate.

Putting some laws into practice has proved time-consuming. The Health Department's prescription-monitoring program is still being developed.

The Pennsylvania Medical Society, a lobbying and trade group for physicians, launched an awareness program last month to remind doctors and patients that an opioid prescription may not be the best medicine.

Obviously, Heffley said, more needs to be done.

"This crisis is far from over and there is much work to be done," he said. "But I am encouraged by our progress and the spirit of bipartisanship surrounding this issue."

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CONFRONTING AN EPIDEMIC

Heroin crisis hits home

Lehigh Valley residents recognize it's not an 'elsewhere' problem

June 26, 2016

By Sam Kennedy

Of The Morning Call

John Cramsey, the Emmaus-area gun Range owner arrested Tuesday at the Holland Tunnel apparently on his way to rescue a teenage girl in New York City, is hardly the only one who has been driven to extremes by the raging heroin and opiate epidemic.

In a remarkable showing of bipartisanship, Republican and Democratic lawmakers in Harrisburg requested Thursday that Gov. Tom Wolf call a rare special legislative session focused on the issue. Wolf quickly agreed, scheduling a joint session of the House and Senate in the fall for only the 35th time in Pennsylvania's 228-year history.

The flurry of action is in response to mounting public concern shared by Lehigh Valley residents.

Nearly 1 in 2 residents has a direct connection to the epidemic, with 43 percent saying they "personally know" someone who has been addicted to heroin or another opiate, according to a new Morning Call/Muhlenberg College poll.

"That's startling," said Chris Borick, director of Muhlenberg College's Institute of Public Opinion, who conducted the poll. "That tells you this epidemic — and it is an epidemic — has reached the public consciousness. They're seeing it. ... And in many cases, they're experiencing it."

The poll, which revealed widespread concern even among those who do not know someone who has been addicted, was based on phone interviews with 411 adults living in Lehigh and Northampton counties. It has a margin of error of plus or minus 6 percentage points and was conducted June 13-20.

Seventy-one percent of poll respondents said they consider heroin addiction a "very serious" problem in the Lehigh Valley, compared with 2 percent who said it wasn't a problem. A total of 28 percent said either it was "somewhat" of a problem or that they weren't sure.

"The poll results clearly show a deep connection to the crisis among residents of the Valley," Borick said. "That's recognition that

a lot of lives have been affected tragically."

Evidence of the epidemic — fueled by cheap and easy access to powerful drugs, including painkillers prescribed by doctors — is evident throughout the Lehigh Valley.

Fifty-nine people died of accidental overdoses involving heroin or other opiates in Northampton County in 2014 and 2015, a recent Morning Call review of coroner's records found.

In Lehigh County, 40 people died over the same period. Another 76 died from overdoses that were tied to multiple drugs, though county Coroner Scott Grim would not provide additional details of the substances involved.

Those who overdosed were as young as 15 and as old as 63, and their average age was 38. Seventy-one percent were men, and 8 in 10 were white. They lost their lives in the cities, in the suburbs, and in the countryside, and in at least 18 of Northampton County's 38 municipalities and 13 of Lehigh County's 25 municipalities.

They included high school dropouts and graduates, college students and college grads, an ironworker, a retired chemist, a pharmacy technician, truck drivers, factory hands, contractors and barbers, their obituaries show.

Cramsey's daughter, Alexandria "Lexii" Aurelia Cramsey, 20, died from an overdose of heroin and fentanyl Feb. 21, according to the Lehigh County coroner's office. Her boyfriend, Marquillis Calhoun, 22, also died that day from a "mixed drug toxicity" overdose, the coroner's office said. Both deaths were ruled accidental.

Cramsey, 50, of Zionsville, was one of three people in a truck stopped by Port Authority police Tuesday morning. Inside the truck, decorated with anti-drug dealer and pro-gun logos and banners from his business, Higher Ground Tactical, police found an AR-15 assault rifle, a 12-gauge shotgun and five pistols, as well as marijuana and a marijuana pipe, according to a news release from the Port Authority.

Shortly before his arrest, Cramsey posted on Facebook that he was on a rescue mission: "I'm currently 11 miles outside of Brooklyn New York and going to a hotel to extract a 16-year-old girl who went up there to Party with a few friends. ... This young

lady from Wilkes Barre is scared and wants to come home. Last night she woke to find her friends body next to her in the same bed were her friend died of another heroin overdose."

Poll respondent Waldemar Garcia can relate. The 57-year-old Bethlehem resident was one of those who said they knew someone who has been addicted — in his case, a younger cousin, among others.

He said his family sent the cousin to a rehabilitation facility in Florida, but he fled and returned to Bethlehem.

"He doesn't want to stop. It's a bad situation," Garcia said. "I don't want to see that kid die."

Another respondent, 59-year-old Mike McNulty of Wind Gap, said though he doesn't know anyone who has been addicted, he believes politicians "could probably do more to address the problem, but I don't have the answer as to how.

"That's the \$64,000 question," he added.

The quandary politicians face is that the old answer — mass incarceration, as was done in response to the crack-cocaine epidemic of the 1980s and '90s—is no longer popular, Borick said. Society's views on addiction have evolved. People today are more likely than in the past to see it as a disease and a public health problem than a criminal justice issue.

Like other lawmakers in the state, Rep. Jerry Knowles, R-Schuylkill, has participated in and led community forums on the crisis. The forums are not about politics, Knowles said, they are about trying to come up with a viable solution to an epidemic that is affecting rich, poor, rural, suburban and urban families alike.

"Everyone is in agreement — when you talk to the governor, Democrats, Republicans — this is just a terrible, terrible problem," Knowles said. "I just wish there was a simple answer, and it doesn't seem like there is.

"I don't think people know what to do," he said. "It's a disaster."

The Lehigh Valley harbors no illusions that it is somehow immune, poll results show. More than 2 of 3 respondents said heroin abuse is either more or as much of an issue in the region as it is elsewhere. Ten percent

Heroin continued on next page

Heroin continued

said it was less of an issue in the region than elsewhere.

"Folks know this has a local impact and a significant one," Borick said. "This is not an 'elsewhere' problem."

Word of the upcoming special legislative session came Thursday after the House, in a 174-19 vote, passed a bill to limit painkiller prescriptions. Under the proposed rules, emergency room doctors would be prevented from prescribing heroin-based, delayed-action pain medicine for longer than seven days.

Pennsylvania Medical Society President Scott Shapiro voiced skepticism about such tactics.

"You don't want to legislate the treatment of a disease," he said. "This needs a community solution, not necessarily a legislative solution."

Shapiro credited Harrisburg with taking various steps to make naloxone, an opiate antidote that can reverse overdoses, widely available. He said now he'd like to see a solution to the problem of too few beds at addiction treatment facilities.

"Patients often say 'I'm ready' " for help, he said, referring to those who, thanks to naloxone, make it to a hospital emergency room after an overdose.

But if no bed is available, they'll return to the streets where they're almost certain to use drugs again, he said.

In his proposed budget for the next fiscal year, Wolf has requested an additional \$34 million—money that would be paired with a federal grant to allow the Department of Human Services to start 50 centers to treat more than 11,000 people.

Meanwhile in Washington, D.C., Congress is ironing out differences between bills

passed by the House and Senate to boost treatment and prevention, with the amount of funding that could be headed to states still in flux.

The Obama administration has sought \$1.1 billion over two years. The money would be paid to states based on the severity of the opioid epidemic and a state's plan to address the issue, with Pennsylvania projected to receive \$46 million.

"There is a real desire, and a heartfelt desire, to come up with solutions," Borick said, which is reflected in the great variety of proposals under discussion in Harrisburg and Washington.

But none, he noted, are "quick fixes." *skennedy@mcall.com 610-820-6130*

Reporters Steve Esack and Laura Olson contributed to this story.

Drug overdose deaths surged in Pa. in 2015

Lehigh County rate above average, Northampton's slightly below

July 14, 2016

By Sam Kennedy
Of The Morning Call

Drug overdose deaths in Pennsylvania surged last year, driven in part by Lehigh County's relatively high mortality rate.

Nearly 3,400 overdose deaths were reported across Pennsylvania, an increase of 23 percent over 2014, the U.S. Drug Enforcement Administration reported this week in an analysis of overdose deaths statewide. Heroin or at least one other opiate or opioid were present in four out of five victims.

"The abuse of illicit street drugs and diverted pharmaceuticals continues to take too many lives and destroys families across Pennsylvania and the nation at large," DEA special agent Gary Tuggle said in a news release.

The overdose mortality rate for the state was 26 deaths per 100,000 people, according to the DEA's analysis. That compares to a national rate of 15 per 100,000 in 2014, the most recent year for which national data are available.

In Lehigh County, the overdose mortality rate was 32 deaths per 100,000 people — the 15th highest rate among the state's 67 counties.

At 24 deaths per 100,000 people, Northampton County had the 27th highest rate, which though close to the median was a big jump from 2014, when it was ranked No. 54.

Evidence of an epidemic — fueled by cheap and easy access to powerful drugs, including painkillers prescribed by doctors — is evident throughout the Lehigh Valley. Fifty-nine people died of accidental overdoses involving heroin or other opiates in Northampton County in 2014 and 2015, a recent Morning Call review of coroner's records found. In Lehigh County, 40 people died over the same period. Another 76 died from overdoses that were tied to multiple drugs, though county Coroner Scott Grim would not provide details of the substances involved.

Those who overdosed were as young as 15 and as old as 63. They included high school dropouts and graduates, college students and college graduates, an ironworker, a retired chemist, a pharmacy technician, truck drivers.

The situation prompted Gov. Tom Wolf to agree to a special legislative session in the fall to find legislative remedies and programs that might reduce overdoses and deaths.

"This is something we've got to acknowledge, we've got to address because Pennsylvania is in crisis," Wolf said in June when the special session was announced. "Our

fellow citizens are looking to us for action."

In the new state budget, Wolf has requested an additional \$34 million for the Department of Human Services to start 50 new drug-treatment centers.

The DEA also found:

- Heroin was the most frequently identified drug in toxicology test results, present in nearly 55 percent of drug overdose victims in 2015.
- Nearly as many victims tested positive for non-heroin opioids such as fentanyl or oxycodone.
- The presence of cocaine increased 41 percent from 2014, especially among African-Americans, for whom cocaine was the most frequently identified drug in 2015.
- Two-thirds of victims were male.
- Three-quarters were white.
- The median age of victims was 40, and a quarter of victims were between the ages of 30 and 39.
- As in 2014, 12 rural counties were among the top 20 with the highest rates of deaths; four of the five counties with the highest rates were rural.
- The county with the highest overdose mortality rate was Philadelphia, where 46 per 100,000 people died in 2015, according to the DEA's analysis.

A new approach to fighting heroin

Centers of Excellence will help addicts navigate the maze of recovery.

July 19, 2016

By Laurie Mason Schroeder

Of The Morning Call

For heroin addicts and their families, the drug's deadly grip is rarely the only problem.

Mental illness and physical health problems go hand in hand with drug addiction, yet most addicts — 68 percent — who make it through detox receive no treatment for their other problems.

Though addiction experts have long warned that the only path to successful recovery is treating all of a patient's ills, the road to these services is a confusing maze, especially for the poor.

That's about to change in the Lehigh Valley, Gov. Tom Wolf said Monday as he announced the launch of 20 programs dubbed Centers of Excellence around the state, including Treatment Trends, an Allentown nonprofit.

The centers, paid for with \$20 million approved in the state budget, will help approximately 4,500 people who receive Medicaid by connecting them with medical services, therapy and job-finding assistance, the governor said.

Department of Human Services Secretary Ted Dallas said the old method—when ad-

dicts were released from a drug treatment facility or emergency room with a referral and were left on their own to figure out how to get follow-up care — doesn't work.

"With the Center of Excellence, you will have someone who will help you navigate," said Dallas, who joined Wolf in Allentown. "The whole community helps treat the person, and we make sure you get the services you need."

Treatment Trends, which runs halfway and recovery houses as well as inpatient and outpatient treatment programs in the city, was one of 116 agencies that submitted proposals to host one of the new centers. Berks and Bucks will each have a center. There are none in Northampton County.

Wolf said his office is still determining how many additional programs Medicaid can fund and hopes to announce more centers next month.

The event was Wolf's second visit to the Lehigh Valley this month to talk about heroin. On July 10, the governor hosted a roundtable at Northampton Community College to gather ideas on solving the region's heroin epidemic.

Wolf has said slowing the epidemic is one of the priorities of his administration. His office touts initiatives that include the distribution of naloxone, a heroin antidote, to schools and police departments, and the expansion of drug take-back boxes to

dispose of excess prescription drugs.

More than 100 people in Lehigh and Northampton counties died from accidental overdoses of heroin or other opioids in 2014 and 2015, the counties reported.

So far this year there have been at least 67 drug-related deaths in Lehigh County, Coroner Scott Grim said at the July 10 forum.

In 2015, nearly 3,400 overdose deaths were reported across Pennsylvania, an increase of 23 percent over 2014, the U.S. Drug Enforcement Administration reported this week in an analysis of overdose deaths statewide. Heroin or at least one other opiate or opioid were present in four out of five victims.

In Lehigh County, the overdose mortality rate was 32 deaths per 100,000 people—the 15th highest rate among the state's 67 counties, the DEA reported.

Wolf has scheduled a special legislative session this fall to address the opioid epidemic. He noted that it's the rare issue that lawmakers on both sides of the aisle agree on.

"In Harrisburg, we have awakened to what you already know. On this issue, no one is fighting. If there's any disagreement, it's how much we invest in this problem and how do we invest it."

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NEW CASTLE NEWS

Friday
November 20, 2015

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Shots fired at North Hill residence

New Castle police are seeking whoever is responsible for shooting at a house on the North Hill on Wednesday.

Police said someone fired a gun in the 700 block of North Mercer Street around 3 a.m. A resident reported to police that she found multiple bullet holes on the outside of her house and that a neighbor found shell casings on the sidewalk.

The resident told police that the sound of gunfire woke her up. Investigating officers reported that they found six shell casings and one live 9 millimeter round on the sidewalk.

Anyone who has information about the incident is asked to contact the city police at (724) 656-3588 or leave a tip on the city police website at www.newcastlepd.com.

The incident marks the second time in just over a month that someone has fired gunshots into a home in the neighborhood.

At 1:43 a.m. Oct. 10, someone fired shots into a house in the 100 block of Park Avenue. No one was injured in that incident, but six bullet holes were found in the house. Some of the bullets had gone through the front wall of the home into a second wall.

Court: Porn emails are not public records

HARRISBURG (AP) — Pornographic emails on computers at the Pennsylvania attorney general's office are not public records under the Right-to-Know Law, an appeals court ruled Thursday, but the judges said that doesn't stop the state's embattled top prosecutor from releasing them as she has vowed to do.

Commonwealth Court ruled 5-2 against the Philadelphia Inquirer to release the emails, saying "public records" under the access law must document an official transaction or activity of the agency.

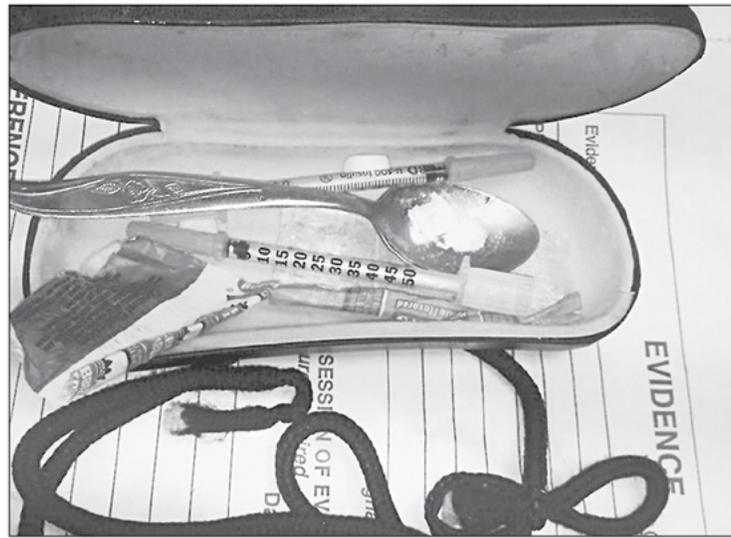
"She will issue a statement next Wednesday, after having an opportunity to review the court decision," said Chuck Ardo, a spokesman for Attorney General Kathleen Kane. He said she "respects the court's opinion, which is why she sought it in the first place."

Kane, a first-term Democrat, is currently running her office with a suspended law license as she fights criminal charges

EMAILS, PAGE A2



Kathleen Kane



This eyeglass case filled with drug paraphernalia and heroin residue was found in April along a road in Pulaski Township. File photo/NEWS

DEA analyzes 2014 drug overdose deaths in county, state

By Debbie Wochter
New Castle News

(Part of a continuing series)

A Drug Enforcement Administration report released this week shows Lawrence County had 18 illicit drug overdose deaths last year.

But County Coroner Russell S. Noga countered that the number actually was higher and included other deaths that may not have been on the DEA's radar screen when the report was assembled.

Deputy coroner R. J. "Rich" Johnson said that so far this year, there have been close to 30 drug-related deaths in the county, including some within the past two weeks that are suspected overdose cases.

Figures Johnson provided recently to the New Castle Police Department show 17 overdose deaths in the county in 2011, 27 in 2013 and 25 in 2014, with the average age being between 35 and 55 years old.

The DEA report, a statewide



File photo/NEWS

District Attorney Joshua Lamancusa fields questions during a press conference announcing the breakup of a heroin distribution ring in New Castle in 2014.

Drug Overdose Assessment for Pennsylvania, analyzes drug overdose deaths throughout Pennsylvania in 2014, and shows that Lawrence County ranked 29th out of 67 counties



in the number of drug-related deaths per 100,000 people last year.

The report also identifies heroin as the most common drug found in toxicology tests in overdose death victims in Lawrence County in 2014. The toxicology testing showed 47 percent had opioids in their blood, 24 percent had illicit drugs and 29 percent had benzodiazepines.

According to www.webmd.com, benzodiazepines are a type of medication known as tranquilizers with such familiar names as Valium and

Xanax (alprazolam) that are easily misused. Many of the deaths had combinations of drugs that contributed to the deaths.

Of the 18 deaths, 12 were male and six were female, and 17 were Caucasian. One was of an unknown race. Ten were between ages 46 and 50, seven were age 31 to 45, and one was age 18 to 20, according to statistics provided to the DEA from the Lawrence County Coroner's office.

In comparison to Lawrence County, the reported showed

DRUGS, PAGE A2

Republican liquor plan passes state House amid budget talks

HARRISBURG (AP) — A divided state House on Thursday sent a new proposal to privatize Pennsylvania's government-run liquor system to the Senate. A plan not much different from a Republican-backed bill that Democratic Gov. Tom Wolf vetoed in June. The House voted 110-85 for the measure, which was billed as a step forward in broader, closed-door negotiations to resolve the state's budget stalemate, currently in its fifth month.

House Republicans have made it a priority to privatize the state-controlled wine and liquor

system, and some form of it could win approval as part of a budget deal.

"This is a critical part of the budget negotiations," said Rep. Chris Ross, R-Chester, who is chairman of the House Liquor Control Committee. A vote, he said, would "move the process forward."

Six Republicans joined every Democrat in voting against the measure after a very brief floor debate.

"This bill is a bad deal for



Gov. Tom Wolf

our fine wine and spirits workers," said Rep. Paul Costa of Allegheny County, the committee's ranking Democrat. "It's a bad deal for our small business owners. It's a bad deal for consumers and it's a bad deal for our commonwealth."

The bill, sponsored by Speaker Mike Turzai, R-Allegheny, would result in the closing of all of the about 600 state wine and liquor stores and create 1,200

LIQUOR, PAGE A2

OBITUARIES

James M. Coates, 71, Edinburg

Laura A. DeSimone, 63, Union Township

Edward J. Galonka, 57, New Castle

Kenneth B. Kelso, 61, New Castle

David F. Rupert Sr., 79, Masury, Ohio

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Addiction: Officials, responders define the problem, the stigma

November 2, 2015

(First in a continuing series)

By **Lugene Pezzuto**

New Castle News

The scanner call comes in — possible overdose.

To anyone listening, it's bone chilling.

It could be your daughter, son, parent, aunt, nephew, best friend.

In a given day, there could be several overdoses in Lawrence County alone.

Drug and alcohol addiction crosses every path. It covers every economic status and every walk of life.

There is no stereotype. Yet the perception that all addicts are bad people still exists.

The Center for Disease Control reports 120 overdose deaths per day.

That's staggering.

When Shenango Township resident Dan Bailey hears those scanner calls, "It's like sticking a needle in my heart."

Bailey and his wife have a son, Brandon, who is an addict.

"I put myself in their place," Bailey said. "Just about everyone knows someone who is an addict."

He believes the breakdown of the family has contributed to the problem.

There's also peer pressure.

"People try things such as addictive drugs because they want to change how they feel — from mental pain or spiritual pain."

It can start out legitimately with legal, prescribed pain medication, Bailey said.

He believes heroin usage is absolutely a problem in this area and "each generation, it's getting worse."

Pills have become too expensive, said Stephanie Helle, who is nearly a year into recovery.

"That's why people go to heroin," Helle said. "You can get a bag for \$10 but sometimes you don't know what's in that bag. You could die from one bag."

And for someone trying heroin for the first time, it could also be his or her last time.

PEOPLE ARE DYING

Heroin is a killer.

Helle knows people who have died from overdoses.

And the statistics don't lie.

In Lawrence County, there have been 19 confirmed overdose deaths in 2015 from Jan. 1 through Oct. 14, according to Rich Johnson, Lawrence County deputy coroner.

That compares to 25 overdose deaths in 2014; 27 in 2013; 13 in 2012; 17 in 2011; and 11 in 2010, said Johnson.

Those numbers hit close to home for Matt Russick, 31, of New Castle, who got clean almost two years ago and is a certified recovery specialist.

His cousin died from a heroin overdose and his uncle overdosed but was revived with the use of Narcan.

The average ages for those overdosing on heroin are 35 to 55, Johnson said, noting that there have been cases of people who were younger and the oldest one was 62.

New Castle police Chief Robert Salem remarked at a candlelight vigil held in September to bring awareness to the drug situation and support to those affected by it, that in former years, he would see heroin overdoses two or three times a year. Now, heroin or opioid addiction consists of 70 to 80 percent of the police caseload.

Salem worked in narcotics for more than 12 years and then crack cocaine was the drug of choice in New Castle and bigger cities. Users then went to Oxycontin.

"It became the rage here," Salem said.

Then, doctors were arrested starting in 2003 for dispensing it improperly, he explained, adding that altogether, four physicians were arrested for misuse.

"Heroin was the next stop when they couldn't get Oxy," Salem said. "It is easier to get and fairly inexpensive."

Meanwhile, the police force is approaching the problem very aggressively and trying to go after dealers, he pointed out.

"We've had some success but there's still a lot of work to do."

With the use of Narcan in some areas — New Castle is not yet using it — some lives are being saved.

Narcan is Naloxone and is a medication used to reverse the effects of opioids, especially in overdose. When given intravenously, it works within two minutes and when injected into a muscle, it works within five minutes.

Paramedics and some fire departments use Narcan as does the state police.

DEADLY COMBOS

Bailey perceives heroin usage to be out of control and it rips him up seeing loved ones' pain.

While Bailey's son is currently incarcerated, he is still alive. Others aren't so fortunate.

Drug dealers, motivated by the profits they make, will say anything to get someone to buy drugs, telling potential buyers that heroin is a warm blanket or will provide your best high, said Bailey, who along with his wife, Terri, are advocates for drug awareness, education, prevention, treatment and recovery.

Mildred Boyd, who is a certified recovery specialist at Lawrence County Drug and Alcohol, and has been drug free for 22 years, also noted that heroin isn't expensive; therefore, it's more readily accessible.

When combined with other substances such as fentanyl, it can be deadly, Bailey pointed out.

A highly addictive drug known as "cheese heroin" is a blend of black tar Mexican heroin (called "black tar" because of its color) and over-the-counter cold medication, such as Tylenol PM. The drug costs only a couple of dollars a hit.

While heroin usage is rampant, that doesn't mean other drugs have faded from sight.

What one can get from grandma's medicine cabinet often becomes the next high, noted Julie Jendrysik, case management supervisor at Lawrence County Drug and Alcohol Commission.

HOSPITAL CALLS

In 2014, at least 200 overdose patients were taken to the emergency department of Jameson Hospital. There has not been an increase or noticeable decrease, either, in the amount of overdose patients from 2013, said Donna Cochran, Jameson emergency department director.

The increase in 2015 is the amount of overdose related patients who are admitted to the critical care unit, said Cochran.

About 41 percent of overdose patients coming through the ER is admitted; the other 59 percent is treated and released, she acknowledged.

"Overdose patients coming into the

Addiction continued on next page

Addiction continued

emergency department present a medically emergent situation. We are here to manage them in their medical crisis.”

She noted that once the patient is stable, the emergency team collaborates with doctors, patients, social services and the behavioral health services to formulate a plan of care to find the right setting — inpatient or outpatient — for rehabilitation.

“Sometimes there can be barriers to activating the care plan including patient willingness and cooperation, and insurance limitations, which often interrupt a care plan that has been put into place by caring professionals,” Cochran said.

AN EPIDEMIC

Addiction is defined by the National Institute on Drug Abuse as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain, its structure and how it works, the institute stated.

The numbers keep adding up to what some refer to as an epidemic.

“The addicted brain says they don’t have a choice,” Jendrysik said.

Marijuana isn’t just some drug kids’ grandparents smoked back in the ‘60s. To Jendrysik, it is a gateway drug because it

can progress to other ways of getting high.

Studies state that it can’t be assumed that all children who smoke marijuana today will become heroin addicts tomorrow, but the danger exists. Another long-term study of high school students shows that few young people use other drugs without first having tried marijuana. Once a person can no longer get the initial “rush” he seeks, he or she begins to increase drug consumption or looks for something stronger, the studies report.

Lawrence County Drug and Alcohol is holding a town hall meeting from 8 to 10 a.m. Wednesday at Gallo’s Italian Villa to discuss the risks, myths and truths about opiates and overdoses.

“I absolutely feel that it is an issue in this county and is a growing health care crisis but until it is viewed as a health care issue, the stigma will continue to push back and keep it in the dark or just viewed as ‘not my problem,’” said Jendrysik.

“We live in a society now of bigger, badder, better, faster. This has created a problem in terms of drug and alcohol use and abuse. There is a medication for any issue or pain that is out there.”

When OxyContin was prescribed regularly for pain use about 20 years ago, it became out of control, she said.

“There was a big spike in its use and for many there is a point where you no longer have a choice and the drug or chemical runs

the show.”

The company that developed OxyContin was successfully sued in 2007 for misrepresenting its addictive nature to the FDA to gain approval, Jendrysik said, adding it paid a fine of \$700 million.

Although she acknowledges that the focus lately has been on heroin, other drugs are still very much misused.

Jendrysik pointed out that at the beginning of her career in 1998, people were living in a world of marijuana, alcohol and crack cocaine.

“We still see just as much marijuana and alcohol is always a constant but opiates are there, too,” she said. “Kids tell adults in our department that drugs are easier to get than alcohol because an ID isn’t needed.

“Most addicts aren’t bad people; they made bad decisions. The stigma of an addict is people think they have a choice but they can’t control it anymore and there will still be consequences.”

For some people, drug use is normal because they grew up that way, she said.

“It’s not black and white; people want it to be but it’s not.”

Bailey said his involvement now will help him to deal better with Brandon when he is released in about two and a half years.

“With 23.5 million people in recovery in the USA, there is hope so it can be done.”

ALCOHOL, DRUG FACTS

November 2, 2015

- Alcohol is the most commonly used addictive substance in the United States: 17.6 million people, or one in every 12 adults, suffer from alcohol abuse or dependence along with several million more who engage in risky, binge drinking patterns that could lead to alcohol problems.

- More than half of all adults have a family history of alcoholism or problem drinking, and more than 7 million children live in a household where at least one parent is dependent on or has abused alcohol.

- 88,000 deaths are annually attributed to excessive alcohol use.

- Alcoholism is the third leading life-style-related cause of death in the nation.

- Up to 40 percent of all hospital beds in the United States (except for those being used by maternity and intensive care patients) are being used to treat health conditions that are related to alcohol con-

sumption

- Over time, excessive alcohol use, both in the form of heavy drinking or binge drinking, can lead to numerous health problems, chronic diseases, neurological impairments and social problems, including dementia, stroke and neuropathy, cardiovascular problems, psychiatric problems including depression, anxiety and suicide, family problems, unintentional injuries, increased risk for many kinds of cancers, liver disease, gastrointestinal problems and alcoholism.

- Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use. Many first try drugs out of curiosity, to have a good time, because friends are doing it or in an effort to improve athletic performance or ease another problem, such as stress, anxiety, or depression.

- It is often mistakenly assumed that drug abusers lack willpower and that they could stop using drugs simply by choosing to change their behavior. In reality, drug addic-

tion is a complex disease, and quitting takes more than good intentions or a strong will.

- Some drugs, such as marijuana and heroin, have a similar structure to chemical messengers called neurotransmitters, which are naturally produced by the brain. This similarity allows the drugs to “fool” the brain’s receptors and activate nerve cells to send abnormal messages. Other drugs, such as cocaine or methamphetamine, can cause the nerve cells to release abnormally large amounts of natural neurotransmitters or to prevent the normal recycling of these brain chemicals, which is needed to shut off the signal between neurons.

- Risk for addiction includes genetics and environment.

- Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it will progress.

(Source: National Council on Alcoholism and Drug Dependence)

ADDICTION'S PERSONAL TALES

Former addict shows life can turn around

November 2, 2015

By **Lugene Pezzuto**

New Castle News

It took Matt Russick more than 10 years, robbing from area cemeteries, several arrests and two stints in jail to finally come clean.

As of Feb. 6, 2013, he has been drug free — something he works at every day.

He now has a full time job helping others who are addicted, a girlfriend and a supportive family.

But life wasn't always so good.

At the age of 14, Russick was hanging out with an older crowd and already smoking marijuana, which he believes is a gateway drug. "If I hadn't smoked marijuana, I wouldn't have been exposed to the dealers who sold other drugs," the 31-year-old New Castle resident said. "I'm a people pleaser so I did what I had to do to fit in."

THE PLUNGE

After graduating from Shenango High School in 2002, Russick went through a downward spiral.

And he had to go down before he finally came up.

At one point, "I prayed every night and cried myself to sleep, telling myself that I didn't want to do this anymore."

But it was a never-ending cycle and the next day he would get high again.

He progressed to using pain killers like Percocet and Vicodin.

"The first time, I experienced a tingle and that made me think I could run faster during a basketball game."

When the price of OxyContin went too high, Russick turned to heroin.

Eventually, he was transporting drugs from Detroit to the New Castle area but the money he made helped support his habit.

"And being able to buy clothes and other things, I was living the lifestyle of a dealer," he said.

Russick would break down the pills and use a needle to get an instant high. When he returned to New Castle, a friend got him

a job but his drug addiction just took over and he ultimately was fired.

With an \$80 to \$100 a day drug habit, Russick turned to criminal activity.

He did anything to support his habit and that included stealing from his grandmother, mother and stepfather.

Then he ran into an old friend who used and Russick was arrested after helping to break into a house in Shenango Township.

He was charged with felony and received 18 months probation.

"My addiction was full blown and again I was crying to my mom that I wanted to get clean on the way home from the police station. At 2 a.m. I was getting high again."

Lying and living in denial became second nature for Russick.

During probation, he received treatment at White Deer Run, an inpatient treatment facility operated by Lawrence County Drug and Alcohol Commission, where he underwent detoxification for about 30 days, but said he didn't work on himself.

It was basically going through the motions.

While there, he became involved with a woman from Philadelphia and once he was released from the inpatient facility, within a week, both were using.

PAYING THE PRICE

The pair was back in New Castle and Russick said he started where he left off.

That was 2007. To support their habits, he and his girlfriend stole a total of \$40,000 worth of brass veterans' flag holders from various cemeteries in Lawrence County. For that crime, Russick served more than six months in the Lawrence County jail.

Although he was drug free during that time, he returned to using after he was released on bond in December 2008.

"I went back to the same people. That was all I knew — a drug lifestyle."

He was arrested again in Ohio on Jan. 16, 2013, for drug trafficking charges.

"There were consequences to my actions."

That day, he sat in the back of the police

cruiser and experienced what addicts refer to as a spiritual awakening.

This time, Russick had the type of tingle that isn't caused by a substance.

He served 12 days in the Ottawa County Jail and while there, examined his life.

"I prayed to God to please help me," Russick said.

Again, he was released on bond, but remembered he had heroin hidden under the front porch and had a needle in his arm again within hours even though he was facing 10 years in prison.

His attorney told him his choice was either to go to treatment or go to jail.

THE RIGHT PATH

It was Lawrence County Drug and Alcohol where Russick turned to for help, receiving treatment in Altoona. He was there for about 24 days for total detox and attended 12-step meetings.

"The suggestion is to go to 90 meetings in 90 days. You get a sponsor, a home group and you're a part of something."

There are two certified recovery specialists at Lawrence County Drug and Alcohol — Mildred Boyd and Charlie Olinger.

"They help you transition back to normal society, and help with housing, getting a job and other support," Russick said. "Mildred told me an acronym — HOPE — and it stands for Hold On, Pain Ends.

"I use that in my life. I stayed in counseling, hung out with the right people and humbled myself by first getting a job as a pizza deliveryman.

"I'm still on parole until 2016 but the judge gave me a second chance. It clicked."

He explained that he has been through a lot, is not proud of what he has done but people can identify with what he has been through — the hurt and pain inflicted on oneself and others.

Russick said he will always be considered an addict and doesn't want to go back down that dark road ever again.

To those facing addiction, he says, "Things get better. You need to make the choice."

(Email: lpezzuto@ncnewsonline.com)

ADDICTION'S PERSONAL TALES

Now a counselor, she went from stoned to straight

November 2, 2015

By **Lugene Pezzuto**

New Castle News

Dope. Dragon. Smack.

If the names sound sinister, that's because they are street code for heroin.

Yellow sunshine and Loony tunes are two other names for LSD or hallucinogens and Oxy-Contin goes by cotton, kickers or beans.

Mildred Boyd and other recovering addicts know them all. Boyd is alive to tell her tale.

Others haven't been so lucky.

Boyd was especially on a first-name basis with marijuana, the drug she started with while she was still in high school in the 1980s.

Now 22 years clean and a certified recovery specialist with Lawrence County Drug and Alcohol Commission, she started smoking pot in ninth grade.

"It's starting even earlier than that now," Boyd said.

"A lot of children using are products of addicted parents.

"If heroin had been more available then, I would have used that. Now kids are starting right out with heroin because that's the drug that's available now. It's the frontrunner."

Although marijuana was always her drug of choice, she used various hallucinogens and "whatever was on the table for the weekend."

The entire time she was pregnant with her son, Boyd smoked pot. She graduated from Sharon High School in June of 1980 and had her son in November of that year.

Boyd never considered marijuana or alcohol drugs and really didn't start drinking until she was 21, she said.

"It's funny of the reasoning we come up with to justify our behavior. I had always said, 'I'll never do drugs. I'll never drink.'"

THE WORST POINTS

At one point, Boyd found herself homeless and living in a corner under a bridge.

Yet, she said most of the time she was working and functioning at some level, and received an associate's degree in business administration.

"Back in the '80s, I smoked a lot of crack cocaine and snorted in college."

Despite moving to Ohio and trying not to use, "you'll find a drug wherever you go. You know the language. It's the nod of a head. It's a whole form of communication. A whole culture."

The lowest point came when her daughter's father died, and her mother and sister passed away.

"I lost everything," she said. "I moved back to Sharon and was just existing at that point. I was dysfunctional."

Now using pot and "uppers," Boyd still didn't consider herself an addict.

"I worked. I had a business. But in my neighborhood, people didn't go to rehab."

Boyd stayed in denial, and was also getting three or four bags of marijuana and selling it to friends. She didn't consider herself a dealer, either.

GETTING HELP

The wake-up call came when Boyd looked in her children's eyes and saw a pain she can't explain.

"God opened the shutters of reality. But I didn't change that day. It took eviction, I sold my body, my food stamps, I had no gas and no electric."

Her daughter was 3 and her son 12 when

Boyd finally got clean.

But it took several attempts.

She called the Drug and Alcohol Commission in Sharon in January 1993 to get help. Although she minimized her usage and went through an outpatient program, Boyd couldn't stay drug free.

In August of that year, she went through inpatient therapy for 28 days and then was at a halfway house for six months.

"Once I got clean, I stayed clean and haven't relapsed."

Now, she helps others through the recovery process.

To this day, Boyd still attends 12-step meetings.

"Jesus made a difference in my life," she said. "I met Jesus on that dark road."

New Castle resident Stephanie Helle, 38, has been clean from narcotics for 11 months and has undergone various treatments.

She plans to stay that way and said her kids are her motivators but she also needs to do it for herself.

"I was embarrassed, ashamed and scared. As much as I wanted to stop, the addiction was stronger. A lot of people ask 'why can't you just stop?' But it's not as simple as that.

"The important part is now," Helle explained. "There is hope and there is a happy ending."

She hopes she can help someone else who is in a similar situation as she was.

"You just have to ask for help."

No matter how long a person stays clean, he or she will probably always have to attend a meeting for support, Helle explained.

"People get me at those meetings. And I take it one day at a time."

(Email: lpezzuto@ncnewsonline.com)

Drug prevention efforts start early, educators say

November 18, 2015

By Jessica Shelenberger

New Castle News

Despite having worked for more than a decade in substance abuse education, Jennifer Brown continues to be surprised by the impact her lessons have on students across Lawrence County.

Brown, a prevention program specialist with the Lawrence County Drug and Alcohol Commission, said a high school senior recently approached her at a Red Ribbon Week event.

"He said, 'I remember when you came into my class when I was in kindergarten,'" Brown recalled. "He remembered what I had taught him about making good choices."

Those words are enough to keep Brown pressing on, teaching local children and teens about the dangers of substance abuse, even as overdose and drug-related crime rates continue to climb.

"If someone hears my message and uses the information I give them to make one good decision — if that happens, it's worth it," she said.

SCHOOL CURRICULUM

Lawrence County Drug and Alcohol Commission is the primary provider of school and community-based alcohol, tobacco and other drug prevention and education programs.

Those services include classroom education for students in kindergarten through 12th grade, a reality tour drug prevention program, education programs for school employees and businesses, youth advocacy groups, and events coinciding with national and statewide campaigns like Red Ribbon Week.

"We really target grades K through 12, and in every school in the county, there's some sort of prevention education going on," Brown said.

The commission uses an evidence-based, state-approved curriculum called "Too Good For Drugs," which emphasizes good decision-making and teaches students how to deal with peer pressure and set goals.

"We hope, that as the youth grow up,

they learn how to make the right decisions, find the right friends to hang out with, that they know what to do when they're in a situation they don't want to be in," Brown said.

She said the program is adjusted for different age groups.

The elementary-aged children get a foundation in making good decisions and are introduced to the dangers of drugs, Brown said.

"They'll see me in the store, and they'll tell their parents, 'That's the lady who teaches us about drugs at school,'" Brown said, adding that the children will go on to lecture the parents if they smoke cigarettes or chew tobacco. "The really take something away from it."

Jessica Wiseman, a seventh-grade teacher in the New Castle Area School District, said the lessons are valuable for the elementary students.

"It's important to get them young, to help them understand what can happen," said Wiseman, who previously taught elementary school. "By the high school age, they're already making decisions that aren't good."

The middle and high school students learn more about the current drug trends and listen to speakers who are recovered addicts, Brown said. She said many of the older students have already seen the problems drug and alcohol addiction creates for their friends and families, and they're much more savvy about what kind of drugs people are using and are available in the community.

"When they're younger, they listen to you, but when they get older, it's real life, and they have to deal with it," Brown said. "I just hope to give them enough info, enough strategies to make the best decisions they can," she said.

TEACHING OTHERS

Brown said that in addition to teaching in the schools, she and the other prevention specialists also work at educating adults.

According to Rebecca Abramson, the director of Lawrence County Drug and Alcohol, they've presented drug education programs at the Jameson School of Nursing, Butler County Community College, the New Castle Transit Authority, soccer groups,

Boy Scout troops and neighborhood watch groups, among many other organizations.

Tonight, the commission is presenting a social media trends workshop for adults at Ben Franklin Early Learning Center from 6 to 8 p.m.

"We try to bring things we think are important to the community," Abramson said. "We want to try to get the real word out because there are a lot of assumptions out there."

Brown agreed that many adults just don't know much about drugs and drug use.

"A lot of people don't realize how much there is, how many different drugs are out there," Brown said. "There's a lot of parents in the workplaces we go to who want to talk about what to look for when they're rummaging through their kid's bedroom."

"We tell parents to not be afraid to upset your kids because you're snooping. I check my daughter's and son's phones every day, their text messages, their search engines, what they're watching on You-Tube," Brown continued.

She added that being aware of popular culture — from songs that reference drug use to actors and actresses who have overdosed — is key to being able to relate to teens.

"You can't talk about John Belushi with them," said Julie Jendrysik, a case management and recovery support supervisor for the drug and alcohol commission. "You have to know the actors and TV shows and music, and know who's overdosed and who's in rehab. You have to connect with them."

Brown and Jendrysik agreed that parents and community members have to be vigilant, regardless of their location, race or socioeconomic status.

"We're all dealing with the same thing. Kids are kids everywhere, no matter where they're at. Drugs don't discriminate," said Brown. "It's not the face that you perceive it to be. It's good kids from nice homes, where both parents work."

"It really is a health epidemic," Jendrysik said. "People view it as an amoral thing, but it's not."

(Email: jshelenberger@ncnewsonline.com)

Local attorney turns focus toward drug education

November 18, 2015

By Jessica Shelenberger

New Castle News

New Castle attorney Angelo Papa has his hand in local drug and alcohol prevention and education, but he says it was only by accident.

While representing a client who faced criminal charges and struggled with substance abuse 14 years ago, Papa met an addiction physician who changed the way he looked at addicts and how he should represent them.

Before long, he developed a method of helping addicted clients receive help by creating an individually prescribed medical and legal plan.

After successfully using and teaching this model to other attorneys, Papa decided to found a nonprofit organization that allowed him to provide substance abuse education to students and community members.

His Substance Abuse Coalition Summits Inc. brings together legal, educational and medical professionals for a multi-day program in high schools that includes a student-made movie, a speaker, a mock trial and a luncheon with community members. The program was most recently presented at Kennedy Catholic High School in Hermitage.

"We want to elevate the debate ... and to proactively prevent addiction," Papa said. "(The students) say that they learn so much from this.

"We know that people are way off on their knowledge of prevention options and treatment options that are available," Papa continued. "Our job is to not just talk about substance abuse, but to find the best credentialed people to put in front of them to teach them."

In a promotional video for the program, Kennedy Catholic High School principal Heidi Patterson said the program was a great opportunity for the students that gave them a chance to see "real life events."

"If one person out of three hundred took something away from this, we've done our job," Patterson said.

New Castle junior and senior high students will be the next to hear Papa's presentation, as the school plans to hold the two-day event for its students in the spring, according to Superintendent John Sarandrea.

"I really think it's a good thing for our kids to see, after watching the videos (Papa had) from the program at Kennedy," Sarandrea said. "It's a powerful program and it'll really minister to kids."

Sarandrea said the district has made an

effort to use as many drug prevention programs as possible, starting in kindergarten, all the way through twelfth grade.

"The sooner you get the info into the kids' toolbox, the better off they're going to be," he said. "But that doesn't mean that you don't try even though they're older. The return on the investment isn't as great, but you still need to make the investment.

"We want our kids to know that the best way to protect themselves and their future is to never get started in drugs in the first place," Sarandrea continued. "Drugs are everywhere, and the sooner they're able to gain the courage and confidence to say, 'It's not for me,' the better chance they have of never going down that road."

Papa said his long-term goal with the Summits Coalition project is to host an "annual convention-style" event in New Castle that attracts people from other communities and school districts.

Papa said New Castle has had its share of drug problems, referring to the what city police deal with relating to heroin and opioid use.

"But I see it as an opportunity," he said. "Why shouldn't the most effective substance abuse program begin here?"

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DEA analyzes 2014 drug overdose deaths in county, state

November 20, 2015

(Part of a continuing series)

By Debbie Wachter

New Castle News

A Drug Enforcement Administration report released this week shows Lawrence County had 18 illicit drug overdose deaths last year.

But County Coroner Russell S. Noga countered that the number actually was higher and included other deaths that may not have been on the DEA's radar screen when the report was assembled.

Deputy coroner R. J. "Rich" Johnson said that so far this year, there have been close to 30 drug-related deaths in the county, including some within the past two weeks that are suspected overdose cases.

Figures Johnson provided recently to the New Castle Police Department show 17 overdose deaths in the county in 2011, 27 in 2013 and 25 in 2014, with the average age being between 35 and 55 years old.

The DEA report, a statewide Drug Overdose Assessment for Pennsylvania, analyzes drug overdose deaths throughout Pennsylvania in 2014, and shows that Lawrence County ranked 29th out of 67 counties in the number of drug-related deaths per 100,000 people last year.

The report also identifies heroin as the most common drug found in toxicology tests in overdose death victims in Lawrence County in 2014. The toxicology testing showed 47 percent had opioids in their blood, 24 percent had illicit drugs and 29 percent had benzodiazepines.

According to www.webmd.com, benzodiazepines are a type of medication known as tranquilizers with such familiar names as Valium and Xanax (alprazolam) that are easily misused. Many of the deaths had combinations of drugs that contributed to the deaths.

Of the 18 deaths, 12 were male and six were female, and 17 were Caucasian. One was of an unknown race. Ten were between ages 46 and 50, seven were age 31 to 45, and one was age 18 to 20, according to statistics provided to the DEA from the Lawrence County Coroner's office.

In comparison to Lawrence County, the reported showed Mercer County had one drug overdose death in 2014 and Butler County had 34. Statistics from Beaver

DEA continued on next page

DEA continued

and Venango counties were not reported. The highest numbers of overdose deaths, according to the DEA report, were in the counties with large cities — Philadelphia having the most with 655 overdose deaths and Allegheny County with 307.

DATA EXAMINED

The report, assembled by the agency's Philadelphia field division intelligence program, conducted a broad analysis of the impact of illicit drugs and diverted pharmaceutical misuse in Pennsylvania by examining drug-related overdose death data. According to the report, Pennsylvania ranked 9th in the nation in drug overdose deaths in 2014, and drug overdoses were reported as the leading cause of injury, according to the report.

The report states that the DEA has been collecting records since 2008 that chart drug-related deaths from coroners' offices and medical examiners, who require toxicology to determine causes of such types of deaths.

The Philadelphia group worked with various state and local drug-related agencies, and compiled the first comprehensive analysis of drug-related overdose deaths in the state. The report represents information from 62 out of 67 counties. Five did not provide data, the report states.

The writers of the report note that the coalition of agencies that helped with the report is continuing to collect data on naloxone administrations by emergency medical services and law enforcement, as well

as nonfatal drug overdose data, as a way to assess regional trends in drug abuse, emerging drug threats and to identify drug sources of supply.

Naloxone, commonly known as Narcan, is used to rapidly revive heroin overdose victims even after they stop breathing, but is not known as a save-all.

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

The report presents these key findings:

- In 2014, heroin was the most prevalent drug (51 percent) found in the toxicology test results of drug-related overdose deaths.
- Illicit drugs were the largest drug category (42 percent) identified in the toxicology test results, with heroin comprising 65 percent of the illicit drugs mentioned.
- More than 60 percent of the drug-related overdose deaths showed the presence of an opioid, with oxycodone the most frequent (30 percent).
- About 81 percent of the deaths showed the presence of more than one drug, with the most common illicit drug combination being heroin and cocaine, followed by heroin and fentanyl. Fentanyl, according to the report, is a synthetic morphine analgesic reported to be 80 to 200 times more potent than morphine with a rapid onset of action. It is sold under the brand names of Duragesic and Sublimaze, but also is manufac-

tured illicitly and is used in conjunction with illicit drugs such as heroin and cocaine.

• In each overdose death, the cause of death was determined by the county coroner or medical examiner. Each reporting county is responsible for conducting toxicology testing.

"Drug-related overdose deaths are increasing nationwide; as such, it is imperative for law enforcement to maintain awareness of the drugs of abuse in the communities that we serve," said Special Agent in Charge Gary Tuggle of the Drug Enforcement Administration (DEA) Philadelphia Field Division, in a news release issued this week.

STATEWIDE STATISTICS

DEA received information from 62 of the state's 67 counties on 2,497 deaths caused by the misuse of illicit drugs and diverted pharmaceuticals. Heroin was the most frequently identified drug (more than 51 percent of deaths), followed by Alprazolam 19.4 percent, and oxycodone, 17.9 percent, and more than 60 percent of the decedents showed the presence of an opioid.

Also of note, 12 rural counties were among the 20 counties with the highest rate of drug-related death per 100,000 people.

The DEA worked on the assessment collectively with the state police, the state Department of Drug and Alcohol Programs, the state Attorney General Bureau of Narcotics Investigation and Drug Control, the Philadelphia/Camden High Intensity Drug Trafficking Area, and coroners and medical examiners throughout Pennsylvania.

(Email: dwachter@ncnnewsonline.com)

Family drug-related deaths prompt woman's benevolence

November 27, 2015

By **Debbie Wachter**
New Castle News

A chain of tragedies in Janet Wallace's life have nudged her further into a spirit of benevolence.

The 74-year-old widowed Shenango Township woman says God was on her side in her getting through life's crises, which have included the deaths of her son, a nephew and a cousin, all as a result of drug addiction.

She says doing charitable work is her salvation. She has designated grant funds she has raised through the Fraternal Order of Eagles Ladies Auxiliary 455 for the Law-

rence County Drug Task Force to enable it to continue its war on drugs. The task force investigates the sales of illegal narcotics in the county and prosecutes the offenders.

Wallace's 24-year membership in the auxiliary has enabled her, through the years, to give and help others in need. But when members of her family fell to drug addiction, she directed her fund-raising initiatives in the direction of the Lawrence County District Attorney's office.

She applied for grants specifically designated for its drug fund, and so far has single-handedly generated \$1,100 toward the cause in incremental grants in 2012, 2013 and 2015.

THE ADDICTION STARTS

Wallace's son, Daniel, was hit by a drunk driver while working a job painting the Supreme Building in New Castle nearly 10 years ago. His doctors prescribed pain pills — namely oxycodone-based drugs — for the pain from his lingering injuries.

"He was on so much medicine," she said. "He was in so much pain he could barely move."

He became addicted to his medication, and over the eight to nine years of his addiction, the drugs wore on his health and caused his heart and lungs to fail, Wallace said.

Deaths continued on next page

Deaths continued

His doctor initially had sent him to local pain physician Dr. Van Edward Scott, for pain management. Scott now is in a state prison for having written more than 2 million pain medication prescriptions and contributing to the opiate addiction of hundreds of patients, which added to an already existing addiction problem in Lawrence County. Before Scott's arrest, three other doctors had been convicted of running an oxycodone prescription mill in Union Township that also caused many people to become addicts.

Daniel Wallace was in and out of drug rehabilitation three times, trying to get off of the medication, his mother said.

He died of heart failure on Dec. 2, 2011 at age 46. He would have been 50 years old this year.

Wallace tried to closely monitor her son's drug intake so that he did not overdose.

"Some days he was so down and out. He was very depressed," she said. Before his accident, "he was a hard worker and a jack of all trades, so there were times after that he didn't want to live."

During his years of incapacitation, his mother would do work for him, taking care of his house. The mother and son were close, talking to each other every night and doing things together.

TRAGIC LOSS

One day he called her on the phone repeatedly. She was volunteering at the New Castle Playhouse, and she stopped by his house early the next morning and saw his screen door open but his door was locked. She could hear that his television was on and his window blinds were down.

"I knocked and I hollered and called him," Wallace said.

She went to the back door and the chain guard was on the door, she said, so she ran next door to get help to break in the door.

She entered to find him dead on the couch in the living room, looking "just like he was asleep" and holding a pie that she had made for him.

She learned from a medical examiner later that he had died of a heart attack.

Wallace said she also lost her 37-year-old nephew, who had been hurt at work and became addicted to oxycodone medications, along with fentanyl patches. He was on the drugs for a few years, she recalled. He overdosed the same year that her son died, she said.

The cousin she lost was also injured on the job and was on medication that year. He shot himself "because he just couldn't take it anymore," she said.

FINDING STRENGTH

Wallace, who has turned to her organization for strength, is a trustee for the Eagles auxiliary, and said she felt the need to do something for charity locally.

"I picked the drug task force because of my son and because of what's been going on in New Castle" with drugs and crime, she said. "It's bad here, and it's not just in the city."

Through the auxiliary of the Eagles, a non-profit charitable organization, Wallace, an auxiliary member for many years, applied for grants designated specifically for the drug forfeiture fund. Her husband, Chester, who died in 2001, was not a member of the Eagles, but she joined the group because its cause beckoned her, she said.

"Our motto is people helping people for home, country and God," she said. As for the grant money, "I wanted to keep the money in New Castle."

She attended a political event for District Attorney Joshua Lamancusa, and he caught her attention with his talk about drugs.

"I was very impressed with him. I decided that with all of this going on with my son, I would see if I could get him a grant through

the state."

She obtained letterhead stationery from Lamancusa's office and submitted the application. She has since received money three times from the state for his drug-fighting effort in increments of \$600, \$300 and \$200, she said, adding, "I'm the only one who put in through our ladies auxiliary for any grant."

She also hopes to apply for a grant to help the Highland House, a drug treatment facility in New Castle.

"The ladies auxiliary of the Eagles has been a longtime supporter of the drug task force efforts," Lamancusa said. "Their contribution is greatly appreciated."

Lamancusa said the funds have been used to purchase surveillance equipment for narcotics investigations.

"We appreciate her organization partnering with the task force and trying to make Lawrence County a safer place to live," he said of Wallace's effort.

Lamancusa said he has addressed the organization on two occasions, stressing that the auxiliary is its own entity, and apart from the Eagles, it raises money to give back to the community.

The auxiliary also raises money for other charities including the Salvation Army, LARK Enterprises, the Cray House and cancer causes.

Nationally, the Eagles has a diabetes center in Iowa where it has a plaque and a room. It also contributes to arthritis foundations.

The state president decides on the auxiliaries' charities each year, Wallace said, explaining that this year's charity will be the Pittsburgh Children's Hospital.

NASCAR has the Eagles emblem on one of its racing cars, she said, adding that the Eagles was the organization that officially declared Mother's Day in May and was instrumental in starting Social Security.

(Email: dwachter@ncnewsonline.com)

Officials: Six made local heroin problem worse

December 5, 2015

By Debbie Wachter

New Castle News

Two drug kingpins and four doctors were major contributors to widespread drug addiction in Lawrence County, law enforcement officials say.

The Centers for Disease Control and

Prevention have declared heroin use an epidemic in the United States. Heroin also is considered the number one drug problem in the country. In Lawrence County, misuse of the illegal opioid painkiller is resulting in drug overdoses — and sometimes death — almost daily.

Lawrence County District Attorney Joshua Lamancusa and New Castle police chief

Bobby Salem have traced the evolution of heroin use in Lawrence County since Lamancusa was elected as district attorney in 2010, and prior to that, since Salem worked as a city narcotics officer in the 1990s.

Both law enforcement leaders have identified several local sources of illegal drug sales in recent decades that have led

Officials continued on next page

Officials continued

thousands down the path of addiction to various illegal narcotics.

While drugs have been a problem in Lawrence County for years because of economy and demographics, increases in the availability of various types narcotics have been brought about by individuals who have pedaled millions of dollars' worth of illegal drugs on local streets.

"This used to be a crack town," Salem remembers. In the 1980s and 1990s, crack cocaine was the drug of choice in New Castle, he said.

Even when other areas of Pennsylvania and the nation got hit with the heroin problem back then, crack remained the number-one drug problem in the city for many years.

In the mid-2000s, drug pushers moved into New Castle from Detroit to sell crack. A sweep in February of 2006 resulted in the arrests of 28 dealers linked to two organizations from Detroit. State and local narcotics investigators quickly dismantled that network by jailing those offenders.

"As soon as they set up here, we took enforcement action," Salem said.

New Castle is still experiencing a smaller-scale influx of people from Detroit, Mississippi and Buffalo, N.Y., who are coming here to deal drugs, and the city police, as they catch them, are arresting them.

OXY'S DRUG OF CHOICE

The major Detroit arrests put a dent in the crack cocaine trade here, and soon prescription pain medication, most of them oxycodone-based, emerged as the most prominent street drugs in Lawrence County, Lamancusa said.

"I remember we had only two or three heroin cases a year, then an illegal oxycodone epidemic started, and a lot of people became addicted," Salem said. "Pills were easier to get; people got them legally from prescriptions, and they were highly addictive."

The state office of the attorney general and the Lawrence County Drug Task Force had targeted four doctors whom they learned were generating thousands of prescriptions to people for oxycodone, which greatly promoted the spread of addictions.

The pill addiction problem erupted initially with three doctors who ran a pain clinic together in Union Township and dispensed thousands of prescriptions for oxycodone-based drugs during 2002 and 2003,

addicting hundreds. They were arrested in September of 2004 and charged with multiple felonies for violating the state Controlled Substance Drug Device and Cosmetic Act and Medicaid fraud.

The investigation, conducted by the state office of the attorney general and the county drug task force, resulted in the prosecutions of chiropractor Thomas Wilkins and pain doctors Philip G. Wagman and William Mangino. People would line up every morning for what prosecutors described as a "prescription mill," where the doctors would be paid cash for writing prescriptions for massive quantities of OxyContin and other highly addictive narcotics.

According to court testimony, Wilkins would refer patients with pain to the other two doctors, who would write prescriptions. All three are serving sentences in state prisons. Wagman is in the state correctional institution at Rockview in Centre County. Wilkins is in the Forest State Correctional Institution in Forest County and Mangino is in the state correctional institution in Albion, Erie County.

OXY EPIDEMIC

By 2010, the Center for Disease Control had declared prescription pill abuse to be an epidemic in the United States, Lamancusa said.

Locally, law enforcement officials continued investigations that led them to Dr. Van Edward Scott, a pain doctor who ran an office in New Wilmington. Scott was sentenced in June, 2013, to 9 1/2 to 19 years in a state penitentiary and is in Pine Grove State Correctional Institution in Indiana.

Scott was said to have written more than 2.19 million illegal prescriptions for highly addictive controlled substances, including oxycodone and methadone, a drug that counters opioid addiction. Lamancusa said that Scott was considered the second-highest writer of highly addictive prescription medication in Pennsylvania in 2009 and 2010.

"Nationally, law enforcement went after all of the doctors who were illegally prescribing pills," Lamancusa said. As a result, federal guidelines became more stringent for physicians dispensing prescriptions, and the doctors became more conservative in writing them.

Lamancusa linked the continued pervasiveness of the pills to several local street dealers who had access to large quantities of prescription medications.

Investigations turned up information about drug networks that soon became the targets of federal, state and local investigators. The largest local street dealer of illegal narcotics, Christopher Klingensmith, 40, of New Castle, sold \$1 million worth of pills the year before his federal grand jury indictment in July, 2011, Lamancusa said.

Klingensmith, who formerly owned an Italian bread bakery in New Castle, led a drug sales ring he operated with at least seven friends and family members — including his father, a brother and a sister, all in Lawrence County. All of them were arrested. Nearly 50,000 oxycodone pills were sold during the conspiracy, according to information from the U.S. Attorney's office in Pittsburgh. Klingensmith, as a result, is serving 17 1/2 to 30 years in a federal prison.

As part of the investigation, "We tracked pill sales to three or four mid-level dealers," Lamancusa said.

THEN COMES HEROIN

Pill availability was drastically reduced and the national economy made it expensive to maintain a pill habit, not just in Lawrence County but throughout Pennsylvania, Lamancusa said.

Since it was harder for dealers to get prescriptions, addicts turned to heroin because it was cheaper, easier to get, and it gave them the same type of high, Salem said.

The next target was Michael Schmidt Sr., the alleged head of a heroin ring that involved 12 dealers. They all were arrested in June of 2014 following a year-long investigation by local, state and federal authorities.

The group was accused of distributing heroin in the New Castle area, with street sales ranging from \$3 million to \$6 million in the 12 months prior to their arrests. Schmidt is scheduled for trial in early 2016 in the Lawrence County courts.

Lamancusa had said at the time that the Schmidt organization was by far the single-largest distributor of heroin in the county, averaging sales of one kilo — 1,000 grams — per week with profits of \$100,000 per kilo.

Now 70 to 80 percent of the county's illegal drug entrepreneurship are heroin-based, although "we still do a lot of oxycodone investigations," Salem said.

(Monday: A look at the effects of heroin, how heroin has impacted Lawrence County, and what local officials are doing about it.)

(Email: dwachter@ncnewsonline.com)

Police seek remedies for heroin problems

December 7, 2015

(Part of a continuing series)

By **Debbie Wachter**
New Castle News

A day without an emergency call for an overdose in Lawrence County is considered a good day by ambulance crews.

Assistant New Castle fire chief Mike Kobbe said Friday that from Jan. 1 until now, the department has responded to 167 overdose-type calls, and of those, 126 were for apparent opioid overdoses with people barely breathing or not breathing at all. Those numbers don't include the ambulance calls for heroin overdoses elsewhere in the county, which have been occurring almost daily.

In recent weeks, paramedics and emergency medical technicians were called to at least three local restaurants, where heroin addicts using the restrooms have been found on the floors unresponsive from heroin overdoses.

Kobbe noted that heroin users typically go to a place where they are alone to inject it.

Three people recently died of apparent overdoses inside of car washes in and just outside of the city, he said, and one man overdosed in his car outside of a video rental store on the city's North Hill just Wednesday night. In that latter case, the person's life was saved because someone noticed him in his car and called 911, and the quick-acting opioid antidote drug called Narcan was administered.

Narcan, also known as naloxone, administered by injection or inhalation, instantly revives most opiate overdoses cases. But there are an unlucky few who cannot be revived in time and meet untimely deaths.

"I've been doing emergency medical services for 25 years, and I've never seen it this bad," Kobbe said of the overdose problem. "It's tragic."

NARCAN, THE LIFESAVER

Drug trends have shifted away from oxycodone use because the Food and Drug Administration and the Drug Enforcement Administration have facilitated a change in the composition of the pills, Kobbe explained. Now when the pills are melted down, they turn into a gummy substance that won't pass through a syringe, he said.

Therefore, heroin has become a drug of choice because it is easier to inject, he said.

Kobbe added that heroin is more affordable and it is easy to obtain, so more and more drug abusers are turning to it as their drug of choice, sometimes with lethal results.

The city fire department was trained in the use of Narcan and obtained the medicine in October this year. Since then, crew members have administered the drug four times, Kobbe reported. While the department's first priority is to get or keep a person ventilated until an ambulance arrives, there were more cases where the Narcan was administered by the ambulance staff, he said.

Luke DeRosa, Noga Ambulance Service chief of operations, estimated that in the past five years, the incidence of Narcan use by ambulance personnel for opiate overdoses has increased by 30 percent.

Because of the epidemic, the laws have change to allow emergency medical technicians who are trained by Emergency Medical Services to also carry and administer the drug. They are more likely to give it via a nasal atomizer, which is just as effective as the injections, he said.

"Both of those are 100 percent effective" if the overdose involves an opiate-based drug, he said. "We have a lot of success rate with it."

HEROIN ORIGINS, RISKS

District Attorney Joshua Lamancusa said that much of the local heroin originated from a cartel in Samoa that sells to Mexico, and then drugs come from Mexico to the bigger cities in the U.S.

A triangle of cities that has pushed heroin into the forefront in Lawrence County includes Detroit, Youngstown and Pittsburgh, he said. A stamp bag, which typically contains a single dose of heroin, costs between \$8 to \$10.

He pointed out that while pills are regulated by the federal Drug Enforcement Administration, heroin is not, and can have different potency or different chemicals or drugs mixed in it, unbeknownst to the user.

Anthony Lagnese, a New Castle police officer who formerly worked in narcotics, noted that because heroin is clandestinely manufactured, the users don't know who made it or what is in it, and there are no standards.

As a result, the county sees people overdosing from heroin overdoses in three different ways, Lamancusa explained.

One is when heroin is mixed with other substances such as the pain killer fentanyl, which can be a deadly combination, depending upon the user's chemistry.

Lamancusa noted that deadly heroin routinely adulterated with other substances is coming largely from Pittsburgh, whereas, most overdoses from Detroit- and Youngstown-originating heroin are primarily a result of purity.

The second way heroin is fatal is when someone, accustomed to using a certain quantity or quality, or a first-time user, takes more of the drug than the body can handle, Lamancusa said. If someone stops using heroin for awhile, then goes back to using, he or she often will use the amount that was used last but cannot handle that dosage anymore. Then an overdose occurs and shuts down the person's respiratory system and can cause death, he explained.

The third way a heroin overdose occurs is if the heroin is purer and thus more potent than what a person is used to using, he said.

MANY DANGERS

Narcan is not a save-all, Lamancusa cautioned.

In 2012, there were 2.5 million emergency room visits from misuse and abuse of prescription pain killers in the United States. Now, deaths from pills have dropped dramatically, and heroin overdoses have doubled in two years in all age groups, both sexes and all races, Lamancusa said, citing statistics from the Centers for Disease Control and Prevention website.

"We've been targeting heroin dealers for two years," he said of Lawrence County's narcotics investigators.

Lamancusa pointed out that heroin is the most dangerous threat, noting that 90 to 95 percent of the usage also is a nexus to such other crime as burglaries, robberies and theft.

Lagnese noted that the number of gold and pawn stores has grown, where people try to take stolen items to trade for more money to buy drugs.

New Castle police chief Bobby Salem noted that pawn shops have mandatory reporting requirements through the district attorney's office, so the police can track what is sold and hopefully find stolen goods that can lead them to the offenders. A

Police continued on next page

Police continued

local pawn shop in downtown New Castle recently was purchased by a city police officer, who is helping to track merchandise that originated with crime.

ATTACKING THE PROBLEM

In addition to attacking the heroin problem through investigations and arrests of the dealers, locally authorities and treatment agencies are taking a multi-pronged approach, Lamancusa said. They are helping addicts get into rehabilitation and the county drug court, which helps addicts with nonviolent criminal offenses work their way toward getting jobs and living drug-free, responsible lives.

"Every prosecution in this office has had a direct effect on families and defendants who have heroin problems," Lamancusa said. "Personally, I've done five interventions at the requests of families, and I've helped at least 10 addicts into rehabilitation with the Lawrence County Drug and Alcohol Commission and private rehabilitation centers."

Salem said there is no way to stop the drug problems, but in addition to making arrests and offering rehabilitative programs, the police are focusing on youth programs to steer children and teens in a positive direction.

The New Castle police sponsor a program called Police Leading Active Youth, and their

work with youngsters involves mentoring a runner's club, sponsoring a boxing lesson program, conducting basketball clinics, and sponsoring softball, carnivals and lock-ins at the New Castle Community Y. Additionally, police have chaperoned students on buses to out-of-town school sporting events.

The New Castle City Police PLAY program is designed to promote trust and understanding between young people and police officers, Salem said.

"The program is based on the thought that young people — if they are reached early enough — can develop strong, positive attitudes toward police officers and the law."

(Email: dwachter@ncnewsonline.com)

Coming Clean

Resources, programs and support available to help recovering addicts

December 12, 2015

By **Lugene Pezzuto**

New Castle News

It took going to the depths of hell and wanting to die for Stephanie Helle to finally realize she was a drug addict.

There were times she came close to leaving this Earth, and she vividly recalls those trips by ambulance to the hospital.

"I'm not a bad person," Helle said. "I made bad choices."

Helle now knows there is hope and many places to turn to in Lawrence County to get help.

She is involved in a local 12-step program that is faith-based.

And she has been clean for about 11 months.

Helle believes in hope. And she believes there are lots of people ready to help those who are addicted.

PROGRAMS TO HELP

The holidays can be difficult for many people and for those who have a dependency on alcohol or drugs, that problem can be magnified this time of year.

In Lawrence County, there are treatment options and support groups.

First, someone must admit they have a problem, said Matt Russick, who is committed to a 12-step program.

Life is now a beautiful journey for Russick, 31, of New Castle. But it wasn't always that way.

He has been clean since February 2013 and now works as a certified recovery specialist, and a coach and recovery supervisor at Brooktree Health Services, a treatment program of Greater Pittsburgh Sober Living.

Before people end up at a treatment facility, however, they must be assessed by a Single County Authority (SCA). There is a SCA in each county in Pennsylvania. Locally, it is Lawrence County Drug and Alcohol Commission, which handles all county assessments and referrals to treatment.

According to Julie Jendrysik, case management supervisor, the main options for treatment include intervention, outpatient, intensive outpatient, detox, and residential and halfway houses.

Her agency contracts out By Lugene Pezzuto to New Castle News to four possible outpatient facilities — White Deer Run, Community Alternatives, New Horizons Treatment Center and Highland House.

There are many contracts for detox and residential, and they are not in-house, Jendrysik said.

"These are levels of care that we send individuals out of county for. You can come through our office whether you have insurance or not; we will assist either way. You just have to be a Lawrence County resident," she said.

To get help, a person just has to call (724) 658-5580 or come into the office where services are free and confidential, she said, adding a short screening is done to determine appointment needs.

The office has priority populations, which

include adolescents, pregnant women, intravenous drug users and those who have recently overdosed.

In fiscal year 2014-15, case managers at the agency assessed 964 individuals, according to Jendrysik.

Case managers are scheduled to see about three individuals from Lawrence County per day Monday through Friday

"We are primarily seeing that opiates and heroin are a major reason for individuals seeking or being told to seek help," she said. "The old term of gateway drugs is still a real statistic for us though."

Jendrysik mentioned that the agency receives many referrals for persons who have been affected by their marijuana and alcohol use/abuse.

"If we see someone who has been to our office multiple times, we are suggesting that they run the entire course of treatment and eventually just self-care through AA/NA meetings or other support systems."

ONE WOMAN'S STORY

Helle traveled many roads to reach recovery.

When she was 17, she started smoking marijuana to fit in.

"I worked during high school to support my habit. It got to be daily."

Then she started selling drugs and went to cocaine powder.

"The lifestyle gets addicting. Making money was addicting. I was making \$1,000 a day."

Resources continued on next page

Resources continued

Helle graduated from New Castle High School, completed a year of college and did some modeling.

Amphetamine use was next. She said she needed it to keep up with two jobs, school and to stay thin.

"I would stay awake for a week or two with no sleep," she said. "I didn't know I was an addict, which is a common mistake of addicts."

Every five years, she went from one drug to another — marijuana to amphetamines to drinking and doing cocaine.

"People don't think they're an addict because they switch," Helle explained.

When she learned her sister had stomach cancer, drugs helped to kill the emotional pain, Helle said, adding that before her sister died, she had stopped using cocaine and alcohol but added pain pills like OxyContin to the mix.

The worst part wasn't losing material things but, "A spiritual bankruptcy, an emptiness and brokenness."

ALL THINGS ARE POSSIBLE

Looking back, Helle said she didn't know how to express emotions or deal with feelings, and drugs were her coping mechanism to numb the pain.

She finally recognized that she needed help.

Her five-year-old daughter at the time asked her, "Why do you do those bad things?"

Helle, whose daughter is now 9, also has two sons, who are 4 and 5.

She used methadone to withdraw from drugs, had a few slips and weaned off the methadone four years ago.

But in September of 2014, she got bad

migraines and received a prescription pain medication, not revealing to doctors that she was an addict.

"Our brains don't know the difference between a doctor giving it to us or getting it off the street," she said.

Treatment and a lot of classes that taught her about the disease has helped a lot, Helle said.

"It's the longest I've been clean since high school. My kids made me want to go straight."

Everyone remembers the date they stopped using.

For Helle, it was Dec. 3, 2014.

Others can do it, too, she said, and noted there is much help available.

She went to an inpatient facility where she was detoxed during a 14-day period.

"They make it as comfortable as possible, but it's hard," Helle said. "I couldn't do it on my own."

It took two more weeks to stabilize after the detoxification process, then she went to White Deer Run.

"Most people stay on for three months. I stayed on until I got a job, after about nine months."

Helle attends about three meetings a week and has a sponsor.

HELP AND HOPE

"The amazing thing about this field is that the longer I am in it, the more amazed I am with the many individuals that are in recovery in our community," Jendrysik said. "They are just anonymous, many of them, so it is easy to focus on the problem at times."

Drug addiction can touch anyone, Russick said, noting he will continually be involved in some type of training to keep his certifica-

tion active and is focused on helping others to recover.

"I'm here to share my story and be an open book, and be an ear to the people who need to talk."

After speaking at a school when he worked for Lawrence County Drug and Alcohol, several students approached Russick and were crying, he said.

"If they had a family member or friend who is addicted, they were touched."

Dan Bailey, whose son is an addict, said he and his wife, Terri, are deeply committed to advocate for addiction recovery and provide awareness, education and prevention information in this area.

"When we became aware of friends that were experiencing addiction through their son or daughter, Terri and I wanted to help," Bailey said. "We wanted to help alleviate their pain and help them deal with the unawareness, the denial, the self-blame, the enabling and try to help them get their child into the hands of professionals and on the road to the hope and faith of recovery."

Bailey said the couple considers itself lucky, as Brandon is still alive.

"I cannot imagine the extreme pain of losing a child, let alone losing a child to a disease that you were in a sense powerless to change its course."

For Helle, "This doesn't discriminate. It crosses all economic and social areas.

"I pray everyday to go the way I'm going," she said. "People prayed for me, and it absolutely helped. There are support groups out there. I couldn't have done it without them."

Helle's goal is to never touch anything again.

"If I can do it, others can. You have to want it. God is there to help."

Mentors help steer the way toward recovery

December 12, 2015

By Lugene Pezzuto
New Castle News

Reach out. Help is there.

That's the message of Lawrence County Drug and Alcohol Commission, which offers free recovery support services.

Those are overseen by certified recovery specialists Charlie Olinger and Mildred Boyd.

The mentoring and coaching programs

help people through early recovery, said Julie Jendrysik, case management supervisor at the agency.

Boyd runs the family intervention program, which was started because many calls come from family members and parents of individuals who are struggling with a substance use disorder.

"This gives them an outlet and a place to feel safe to share their frustrations," Jendrysik said. "Mildred is wonderful at giving advice and feedback that is not enabling the

addict/ alcoholic but is helping to guide the family down the right path."

Many times, with no intervention, the family member can become sicker than the person who is struggling with the alcohol or drug, Jendrysik said, noting it is a very helpless feeling.

Boyd has been there.

She was 22 years clean on Aug. 4. She went from being constantly drug-induced

Mentors continued on next page

Mentors continued

to becoming a certified recovery specialist and life skills technician, and is dedicated to helping others.

Two and a half years after she started treatment, she was helping others who were in the same situation.

"I work with men and women from ages 18 to 80," she said.

Boyd and Olinger also do outreach in the jail, hospital and crisis shelter.

"They are mentors and resource brokers," Jendrysik explained. "This is a free and voluntary service that is designed to meet individuals where they are in their own personal journey to recovery. The individual is guided through a recovery plan, which helps the individual learn coping skills and find the resources available for the goals they would like to achieve."

Boyd and Olinger have helped people in recovery find housing, employment and

support through the recovery community.

Recently, a Warm Line was started at the recovery center. Staff answers calls from 5 to 10 p.m. Tuesday through Saturday.

Jendrysik pointed out that this is not an emergency line but rather a resource to give individuals information about meeting times, how to find a sponsor and how to get help for their drug or alcohol program.

To talk to one of the certified recovery specialists at the Warm Line call (724) 698-7491.

There are other outlets, too.

A group called Celebrate Recovery is a 12-step program for hurts, habits, and hang-ups based on Scripture. The program originated in the Saddle Back Church, in California, when the Rev. John Baker, an alcoholic himself, sought Christian-based recovery.

In this area, the group meets from 7 to 9 p.m. Tuesday at Epworth United Methodist

Church and 7 to 9 p.m. Thursday at New Life Baptist Church, New Wilmington.

According to Jendrysik, Lawrence County Drug and Alcohol's family intervention program allows a chance to educate yourself about addiction and recovery, discover what can be done of your own wellness, hear testimonies of someone's journey to recover, find a comfortable place to share your story, become familiar with available services in the county and help build a support system.

Boyd said the program is for any parent or family member who has a loved one struggling with addiction or alcoholism. The group meets from 6 to 7 p.m. every Wednesday at 20 E. Washington St., second floor.

"You need to be educated about the disease," Boyd said. "Just not using is now my lifestyle. Once I got clean, I stayed clean and I haven't relapsed."

(Email: lpezzuto@ncnewsonline.com)

Anonymous group helps families in need

December 12, 2015

By **Lugene Pezzuto**

New Castle News

Hope is the refrain of anyone trying to overcome addiction.

But it's not just the addict who is affected. Family members and other loved ones often feel helpless.

Support and help for those who are close to someone who is addicted is important.

Al-Anon is a long-standing self-help organization for family members and friends of people who have alcohol and drug use problems. Al-Anon is based on the steps and principles of Alcoholics Anonymous (AA).

The message of Al-Anon for family members is that you are valuable and need to take care of yourself, you are not responsible for the person who is using alcohol or drugs and you shouldn't make threats that you don't intend to keep.

"There are a lot of hurting people out there," said Cyndie Hogue, who is the group

representative for Nar-Anon. Her group meets at 6 p.m. every Thursday at Shenango Presbyterian Church in Neshannock Township.

Nar-Anon is for friends and families of addicts, Hogue said, adding the program has been place in Lawrence County for six years.

Just as the name indicates it is anonymous, which means that whatever is said in a meeting stays in that room, she mentioned.

"This is a message for anyone who hesitates — it's anonymous. Your identity won't be put out there."

Hogue, who was close to people struggling with addiction, said she believes that when addiction strikes a family, everyone is sick.

She said it took her a year to realize that she was an enabler — a position that many family members find themselves in.

"It can take awhile to realize you're an enabler and get off that hamster wheel,"

Hogue said. "Our group is available for anyone who needs support, and everybody in the family needs to do their part."

The disease of addiction is difficult for many people to understand and see that a person is suffering, Hogue explained.

She believes there is not another similar group nearby, so people travel from places like Grove City, Mercer and Erie to attend the meetings.

Those sessions follow the discussions approved by Al-Anon headquarters. There is a book and every week there is a topic, Hogue said. Some weeks are open and at other times, there may be a speaker.

"You're among people who understand what you're going through," she said, noting some members connect after the meetings to have coffee and make friends in a more relaxed setting.

"We learn to help ourselves and help addicts get better. You are not alone. There is hope."

(Email: lpezzuto@ncnewsonline.com)

Child's addiction leads to parent's heartbreak

December 23 2015

By **Lugene Pezzuto**

New Castle News

Vaughn Crisci's world came crashing down twice in the same year.

On Aug. 1, 2014, Crisci's son, Sean, died of a heroin overdose at age 33.

"It was the worst day of my life," Crisci recalled. "This is the worst pain there is."

At the same time, his daughter, Colleen, was fighting her own battle with addiction and has received treatment at Pyramid, an inpatient rehabilitation facility in Altoona.

If that wasn't enough heartache, Crisci lost a brother to cancer in late October of this year.

Through all his suffering, Crisci, 60, has become an advocate and spokesperson for others facing the same struggles with addiction.

"There have been so many sleepless nights, worrying," he said.

Somehow, he believes that he always knew that Sean's life would have this ending.

The number of tears Crisci has shed can't be counted, and when he reflects on his son's life, those tears still fall.

Talking about his children's addictions without emotion is impossible for him.

THE LONGEST DAY

That August day is clear and blurred at the same time, Crisci recounted.

Earlier, Sean asked his father for \$50 so he could buy headlights. Crisci noted that parents and friends are often enablers by giving money, yet if the addict doesn't receive it in one place, he or she will get it from somewhere else.

Sean's mother, Debbie Murphy Harper, who lives out of state, wired her son \$50. While Crisci went to work at D.J. Hannon and Son where he is a heavy equipment operator, Sean met with a dealer to buy five \$10 bags of heroin.

About 11 a.m., he shot up all five bags at a stall in a carwash and died instantly.

"I can't even drive by that place anymore," Crisci said.

Crisci saw his boss's truck come up the road where he was working and he knew

instantly that something was wrong.

"My first thought was that something had happened to my mother. I never thought it would be Sean."

He described the ride from Route 422 near Princeton to New Castle as the longest ride of his life.

A GOOD KID

Crisci said his son was a good person who made bad decisions.

"We were so close," said the New Castle resident, who in addition to Colleen has a daughter, Shannon.

"I would have taken my life to save his."

But red flags were all over the place.

"He stole from me, he lied to me but that wasn't him; that was the drug," Crisci said. "I heard so many stories and lies."

Addiction takes over your life, he pointed out.

When Sean was 22, he moved back to New Castle from where he was living with his mother.

"I don't know if he was using but it started about the time his daughter was born," Crisci said.

Sean's daughter is now 12 and his son is 15.

"They were my son's life. The devastation is the children who are left behind in the aftermath."

Sean was responsible with his children and did much to help out his father around the house, such as cutting grass and putting out the garbage, Crisci said.

He learned that Sean and Colleen were "using buddies" who did drugs together, and he assumes his son most likely started with marijuana, advancing to pills and then heroin, mainly because the latter became more available and was less expensive than pharmaceuticals.

There were times when Crisci didn't know where his son was and at times he was afraid he would walk into the house and find him dead.

"The tears, worry and anxiety, and the fear for what could happen were always there."

Sean used for about 11 years and was jailed several times for drug-related offenses. He also went through rehab more than once, would be clean for awhile, then return to his former ways, his father acknowl-

edged.

Upon leaving rehab, Sean was administered a shot of Vivitrol or naltrexone, which blocks the effects of opioid medication and is used as part of treatment.

But, "If an addict isn't committed to stopping, Vivitrol is useless," Crisci pointed out.

An additional danger comes with what heroin is cut with — substances such as fentanyl— he said. "This drug is so powerful, it takes control of your soul and mind."

THE BLAME GAME

Crisci faced his own addiction in previous years. In 1986, he went through Gateway Rehabilitation in Aliquippa.

He was addicted to cocaine, having started out smoking marijuana and taking pills when he was 16 or 17.

"I did crazy stuff even when I had my kids," he said.

After his father died in a car crash, Crisci, who was 29 at the time, could have spiraled downward even further, but instead he chose to straighten up his life.

He spent 30 days at Gateway and has been drug free ever since, he said, adding that his father's death was his motivation.

In the end, the addiction starts with the addict who makes that choice, Crisci said, but it starts with the pharmaceutical companies that manufacture the pills.

"Opiates are overprescribed," he said.

"I tried to explain that to Sean, to tell him, 'you don't know what they're putting in that stuff.'"

Crisci's mother, Marlene Crisci Phillips, has been surrounded by family members who were addicts. Phillips had three sons and a grandson who had active addictions.

Crisci is proud that his sister, Liz, has been straight.

"I blamed myself, for the addiction of my two children," he said, choking up again.

"I'm a parent. I ask myself, 'what did I do wrong? what did I do right?'"

HOPE

Terri and Dan Bailey met Crisci while planning the Sept. 13 Lights of Hope Vigil, although Terri Bailey had known Crisci from school days.

"At our first meeting, Vaughn's passion

Heartbreak continued on next page

Heartbreak continued

for raising the awareness of the disease of addiction was contagious," Dan Bailey said. "His heavy heart was obvious."

Bailey said Crisci jumped in and took an active role in planning the vigil by making signs at the entrance to Riverwalk Park and buying and donating a lot of the candles.

Through everything, "Vaughn has been a beacon of courage, of how he has handled everything thrown at him with grace and humility and faith. We have the utmost admiration for him," he said.

Crisci is committed to helping others.

"This thing is destroying our community," he said. "It's destroying the fabric of what

we are. It's an epidemic and a crisis and worse than any terrorism."

Crisci wants to speak out through any means he can.

There needs to be education, especially to younger kids about pills, and knowledge that heroin is not a recreational drug, he said.

"We need to take responsibility, stand up and not point to the next person. I'm not here to save every addict, because I can't. That's up to them. A person has to want to change their life."

There is such a stigma that lies with drug addiction, Crisci said, adding that because of shame, people don't want to face help.

"This needs to be addressed and we need to say that there are other ways of dealing with pain besides pills."

The conduit must be through awareness, he noted.

"This is the average person — your babysitter, neighbor, you, me, my mother. And I can't see anyone not touched. It's such a devastating thing. My message to people is 'do something; get involved in their lives.'"

Although his son's death caused him indescribable pain, Crisci said it has also brought profound purpose to his life.

(Email: lpezuto @ncnewsonline.com)



SCHOOL DAYS
**PROM KINGS & QUEENS
 CROWNED AT LOCAL SCHOOLS**

PAGE A2

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INSIDE

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SPORTS DESK



Division II sweep

Wallenpaupack Area's varsity baseball team closed out its Lackawanna League regular season with a sweep of its Division II series with Western Wayne. **Please see page A10.**

SOCIAL MEDIA



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COMING IN PRINT

Local History: Memorial Day 1915

DOMESTIC VIOLENCE

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DRUG OR ALCOHOL ISSUES?

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 Catholic Social Services of Pike County 570-296-1054

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HAWLEY

Charged in heroin death, says he didn't do it

Claims victim injected herself

By Peter Becker
 Managing Editor

"I didn't do it," Edmond Clifford O'Connor said in an impromptu press conference before being taken away by PA State Police, Thursday morning, following new charges in the heroin delivery case. O'Connor, accused of delivering heroin to a Hawley woman on Church Street, April 27, is now charged in

her death by overdose. Speaking plainly as the trooper patiently stood by, one hand on O'Connor's strap, the defendant said that the victim, Ralissa Gibson, injected her own drugs and it was his word against that of the witness in this case. He stated that "heroin is a bad thing" and admitted to using heroin; he said that being incarcerated has helped him.

Asked why he did not call 9-1-1, he said he had no phone and left the apartment



Edmond Clifford O'Connor speaks with the press after hearing his new charges. NEWS EAGLE PHOTO BY PETER BECKER

SEE CHARGED, A5

POLICE REPORT

Update: Human remains part of homicide probe

By Peter Becker
 Managing Editor

Pike County District Attorney Raymond Tonkin stated that the investigation of human remains discovered at the old llama farm on Foster Hill Road outside Milford, Sunday, May 15, is being treated as a criminal homicide case.

He stated, Monday afternoon, that the remains have not yet been identified. His Office is working in conjunction with the PA State Police and the Pike County Coroner's office to determine the identity of the deceased.

PA State Police reported that human remains were located Sunday during a search for the missing teenager, Leanna Walker, on the property known as the llama farm at 103 Llama Lane off Foster Hill Road, Milford Township, Pike County.

The discovery was made by members of the Northeast Search and Rescue team at approximately 12:20 p.m. They were looking for the missing teenager, Leanna Walker, when they found the remains.

A forensic anthropology team from Mercyhurst University visited the site on Monday, May 16th and was expecting to complete their field work that day.

The property had already been search several times for evidence concerning Walker's disappearance.

Tfc. Connie Devens, Community Services Officer, said that as soon as further information is available, it will be released. Tonkin said that because this is an ongoing investigation, the District Attorney's Office will be unable to provide any additional information at this time.

As of Thursday, there was no new report on the findings.

This was the location of Snyder Quality Llamas, a 70 acre farm. A Facebook page for the business states that it is permanently closed. At one time it was home to over 50 llamas.

SEE POLICE, A5

TAFTON

Silver Birches launches new chapter

Formerly Ehrhardt's, lakefront resort expands its legacy

By Peter Becker
 Managing Editor

What is old has become new again, and a new chapter in historic Lake Wallenpaupack hospitality has dawned with the launch of Silver Birches Resort. A toast to its success was given at sunset at an open house on Monday, a preview of its grand re-opening, Friday May 20, 2016.

Known as Ehrhardt's Waterfront Resort for over 30 years, the Ehrhardt family is related to the Singer family which opened Silver Birches Resort on the Singer farm in 1920. The lake had only been in existence for three



The crowd gathers for a sunset toast at Silver Birches Resort on an open house, Monday, the official re-opening celebration was the following Friday, May 20, 2016. CONTRIBUTED

years, and the family had the foresight that the Lake Wallenpaupack would become a major attraction for tourists, vacationers and locals alike.

That legacy has been preserved and accentuated with the acquisition in 2015 by Settlers Hospitality Group, whose own legacy is well established

locally with The Settlers Inn, Ledges Hotel, Cocoon Coffeehouse and Hawley Silk Mill.

SEE RESORT, A5

HAWLEY

Dyson offers estimates on restoring house

McDonnell property auction May 21st

By Peter Becker
 Managing Editor

A long-awaited auction of the McDonnell house, 416 Penn Avenue in Hawley is planned Saturday, May 21st. Long empty and damaged by a motor vehicle over six years ago, at least one resident has foresight over how the house might

be salvaged, rather than replaced.

John C. Dyson Jr. shared his research into the matter at the May 11th Hawley Council meeting.

Given the extensive need for rehabilitation inside and out, to make it feasible, he said in summary that the successful bidder would have to have "a low bid, time and patience." The patience part, he added, would be needed from

Cowley Real Estate & Auctions is planning an "absolute auction" at the McDonnell house, 416 Penn Ave., Hawley. It is set for Saturday, May 21st at 1 p.m. NEWS EAGLE PHOTO BY PETER BECKER

Borough Council, which has been addressing the dilapidated structure for over a year.

He said that he may submit a bid, and went in detail cost estimates he

SEE PROPERTY, A5



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School staff get Naloxone training

October 26, 2015

By Peter Becker
Managing Editor

WALLENPAUPACK - School nurses at Wallenpaupack and two of the District's Student Resource Officers (SROs) are being trained to help someone in a heroin overdose.

Dr. Joann Hudak, Assistant Superintendent, told the School Board, October 19 that the heroin antidote, Naloxone, will in safes at the schools where the nurses and SROs can access it if the need arises.

Also known as Narcan, the medication is used to reverse the effects of opioids,

especially in an overdose. HUD noted that emergency responders in Pennsylvania can be trained in its use and many police agencies have received the training. Pennsylvania, however, does not allow private citizens to administer Naloxone, unlike in New York State.

Their SRO Chief, John Clader and SRO Aaron Bertholf are to be trained.

••• Also discussed

Seniors Alyssa LaFave, Spencer Cichinsky and Irene Gelderman were recognized by the School Board for outstanding academic performance and good use of extracurricular activities. Following their speeches, Super-

intendent Michael Silsby thanked them for seizing upon the opportunities provided to the Student Body. He said that all the District can do is make the opportunities available; if no one took advantage of them it would be for nought.

The School District supported Ryan's Run and Allied Services during Homecoming Week with various fundraisers. There were bake sales, penny wars, spirit bead and apparel sales, hat days and so one. Professional and support staff took part in a dress-down day, raising over \$1,200. The school community raised over \$6,000 for Allied Services, High School Principal James Kane reported.

Drug interventionist tells his story

April 14, 2016

By Katie Collins
News Eagle Reporter
Follow Katie @NeaglereporterP

HAWLEY - At the age of 16, Drew Rusich started smoking marijuana. Eventually, Rusich who is 26 now, moved onto other drugs that included hallucinogens, pain pills and heroin because "everybody else was doing it" he says. Today, Rusich has been clean for nearly two years.

Rusich says the drugs became an outlet because they were filling a "void," that made him "happy." He realizes, however, that the drugs gave him "false courage, false pride."

When Rusich first smoked marijuana, he "immediately loved it" because he felt a connection with others, he says. However, "it was all a lie." Instead, the feeling of acceptance was actually something "my disease wanted me to believe."

Rusich feels his story is "pretty typical" because he was a good person, he says. But, it was shortly after his father was murdered that his life changed. Eventually, Rusich went to live with a sister and her husband, which he says was "weird for me." Soon, he isolated himself from family and met new friends, which led to the abuse of drugs and alcohol.

The continued use of drugs bankrupted Rusich, who used them every day and lost several jobs. With time, Rusich wanted to get clean and so his attempts at recovery started. His efforts didn't last though, as he went to five different rehabs, outpatient

facilities and halfway houses.

Things didn't begin to improve until Rusich attended 12-step programs, where he met others and developed a support group, which he says "saved my life." There were still points, where Rusich used a few more times, until the support group stepped in. The key, he says is that, "I wasn't ready until I was ready."

Now helping others

Through the programs, Rusich realized that he was "filled with shame and guilt." Finally, Rusich had enough because he says, "I hated who I was" and so, he is now working to help others by being an interventionist and a certified masters addiction coach.

Rusich says he is "qualified" to be a coach, because he earned the appropriate certifications through classes and training from the Addictions Academy last year. Intervention though, is what Rusich wants to pursue and so, he has established his own business, "Northeast Recovery Service." Because Rusich believes resources are limited in the region, he hopes to offer an additional option since people "don't know where to turn."

As a coach, Rusich will meet with clients on an as need basis, helping them by making them "accountable" for their actions he says.

Rusich explains that an interventionist works with an addict's family and friends to "force a consequence" on the person in active addiction. Through the intervention, the addict will agree to receive treatment.

Recently, Rusich did an intervention on an alcoholic who wasn't willing to receive treatment. If they did not commit to treatment, they were going to be forced to move out of their parents' home.

Aside from being expelled from their place of residence, Rusich says intervention for some, may be as simple as shutting a cell phone off. The most common consequence is asking a person to leave their home or there may be legal consequences since some may be running from criminal charges. The extremity of the consequence, Rusich says varies by the person.

Variety of addictions

As an interventionist, Rusich will work with anyone who may be addicted to something, whether it be: gambling, sex, food or whatever. First, Rusich will determine who is enabling the addict and then, he will consider the appropriate treatment options and rehabs depending on the person's insurance and finances. Then, the person will be "tricked" into a meeting where they are likely to say "no," says Rusich. Next, letters telling how the person's addiction has affected family are given, which is often the key to convincing them to seek treatment. At that point, Rusich will have made the necessary arrangements already, so the person doesn't have time to change their mind and they leave immediately.

Rusich says the hope is that the person will get better but, "statistically it's not a good turnout." In the region, he says more

Interventionist continued on next page

Interventionist continued

often than not, heroin and opiates are peoples' cause of addiction. Personally, Rusich knows of eight people who died from heroin in the region last year. This epidemic has become "personal for me," he says. Despite having a few other jobs, helping others is what Rusich wants and he doesn't anticipate getting rich from his efforts.

Recovery coaching though, is what Rusich is passionate about because of his own experiences. As a coach, Rusich focuses on the person's goals and "action planning" which he says will help the person move forward. At this point, to help someone he will travel just about anywhere because "the need is everywhere."

\$80,000 on drugs

From his own addiction, Rusich figures he spent an "obnoxious number" on drugs. All total, it was close to \$80,000. The funds came through the "manipulation of family" and different jobs he admits. Despite his family's efforts to help, Rusich says he would get what he wanted because it was easier to deny the issue than to address his problem.

As he tried the different drugs, Rusich would say he wasn't going to try the next drug because he never imagined himself going so far. The eventual progression of using other drugs is typical for addicts, he says.

In the current 12-step program he is a part of, Rusich says at every meeting there is an average of 35 to 40 people, with a probability that three are not heroin addicts. Heroin, he says, is very easy to get. In fact, Rusich figures someone could walk through Hawley and find a drug dealer in five minutes if they knew what they were looking for. But, once an addict knows someone, they are connected. Whenever he needed a supply, Rusich could call someone and within 20 minutes receive what he wanted.

As an interventionist and coach, Rusich says his "primary purpose and goal is to help the sick and suffering addict."

Couldn't do it on his own

Being clean for nearly two years, Rusich calls it "humbling." The drugs weren't the problem, but what he felt was the "solution to my problems." Getting clean, Rusich contributes to a "higher power" along with the 12-step program. If not for those services, Rusich believes he would still be using because, "I'm not that powerful, I can't do this on my own." As he continues to try to educate himself and learn more, Rusich says he is moving on because each day he tries to improve, which is possible because the "obsession has been lifted."

Seeing people get clean and move on, as one day sober turns into a month, is what

Rusich says is keeping him sober and what he is working for.

Addiction "destroyed every aspect of my life," says Rusich. Today, he feels it has been a "blessing" because he would not be whom he is and he would not have the same perspective on life. In fact, Rusich would not change his experiences because of the opportunities he has to work on himself, since addiction made him realize his problems.

Through Northeast Recovery, Rusich says helping people to be accountable and develop a strong network will be essential for the person to maintain sobriety. A commitment of time, however, will be needed because it is not an easy process.

Rather than moving on and forgetting his past, Rusich says he wants to help others because "I don't want anyone else to go through the horrors I went through." Just last year, one of Rusich's friends overdosed and seeing the father's grief at the funeral made Rusich realize what he has to do now. "I don't want people to keep dying from this."

For more information see Rusich's Facebook page at Northeast Recovery Services or visit www.northeastrecovery.com. To contact Rusich, he can be reached via email at drew.northeastrecovery@gmail.com or by calling 570-352-4561.

Heroin top drug of choice; beer 2nd

April 18, 2016

By Peter Becker
Managing Editor

MILFORD - What drugs- including alcohol- are most prevalent in Pike County, Pennsylvania? What would you have guessed? A graph provided by Catholic Social Services shows that heroin is the top drug of choice, followed by beer.

County Commissioner Matthew Osterberg provided the statistics at their April 6th meeting, where a new court program and public education initiative, both related to drug problems, were being discussed.

The data was collected by Catholic Social Services which provides service to local residents, as well as within the Pike County Correctional Facility. Their clients' "primary drug of choice" are based on clients that were admitted or discharged between July

1, 2004 and June 30, 2015. During that time, Catholic Social Services tabulated 244 treatment episodes due to the various forms of drugs.

Here is the list of drugs in order of number of treatment episodes. The number of episodes follow each drug name.

- 1. Heroin 87
- 2. Beer 57
- 3. Marijuana 48
- 4. Liquor 18
- 5. Percocet/Percodan 11
- 6. Cocaine 6
- 7. Wine 5
- 8. Oxycontin 4
- 9. Other Opiates 3
- 10. Crack 2
- Tied in 11th place:

- 11. Amphetamines 1
- 11. Vicodan 1
- 11. Xanax 1

Rob Mikulski, representing the Carbon-Monroe-Drug & Alcohol Commission, commented that about three years ago they have seen shift from alcohol to opiates as the most frequently abused drug, within the three counties they serve.

"I think it is important for the community to understand what it is we are battling here on all fronts," Osterberg said. "The numbers don't lie."

For information on how to access drug and alcohol treatment services in Pike County, please contact Catholic Social Services at 570-296-1054.

Note: In Wayne County, contact the Wayne County Drug & Alcohol Commission at 570-253-6022.

Legal or not, drugs are dangerous

May 16, 2016

By Katie Collins

News Eagle Reporter

Follow Katie @Neaglereporter

HAWLEY - Attitudes about addiction may be hindering progression in the region. Stigmas and labels for addicts and alcoholics, Wayne County Drug and Alcohol Recovery Specialist Jim Simpson said are problematic because they do not warrant the slanderous remarks they receive.

The need for a change in how society perceives addiction, was the basis for a recent meeting in Hawley. C.A.R.E.S. or Community Awareness Recovery Education and Support held the event where founder Simpson and others spoke about addiction and all the facets that are a part of it.

The current heroin epidemic in the region, Simpson said led many to attend the meeting. Recovery from addiction of all substances, are the focus of C.A.R.E.S., but so too are educating people about awareness of attitudes towards drugs and alcohol.

In society, Simpson said people separate drugs and alcohol by figuring drugs are bad because they are illegal, whereas alcohol is okay since it is legal for those 21 years of age. Since the brain is not fully developed until the age of 21, when kids experiment early on, the development of their brain is affected and their chances of developing addiction later on is increased.

Peoples' attitudes towards drinking specifically, Simpson said is different than heroin, cocaine and other drugs because the latter are not legal. He explained that there is a game of legal-verses-illegal that determines whether the substance is acceptable. The bottom line, however, is that a "drug is a drug" and so, when it comes to addiction and recovery, they are all dangerous substances.

Fears people have today about heroin, replaces the fears once had about alcohol in the 1920's or club drugs like crystal meth and ecstasy in the 1990's, Simpson said.

Labels hurt

Labels that reference addicts are problematic, because they result from peoples' fears about the drug, said Simpson. It is the over-prescription of pain medications that has "led to the explosion of heroin" and caused the epidemic that people are fearful of. Compassion and understanding for addicts is something people need because the drugs have a "hold on them."

Simpson asks that people realize addiction

changes people, as they act in ways once unimaginable to them. For fear of their secret being discovered, he knows people who will not attend meetings. The labels too, are an additional element to the challenge of recovery, since they can transfer to the family. While there are responsible drinkers, and some may have a drink after work, Simpson said when people drink they must be cautious because children are watching and they see how adults manage life's stresses.

Thoughts on marijuana today, Simpson said are different than years ago, since alcohol was once the prime concern. The difference is that it is being legalized because of money, profit and the marijuana smokers and dealers overcrowding jails. It is the same drug he noted, but a different time and people have changed opinions.

Drugs from an addict's standpoint are all dangerous, and the greatest difference between the legalization of alcohol and marijuana, is that alcohol was legalized first.

Alcohol is a "gateway" drug

While marijuana is a gateway drug, there is no greater gateway drug than alcohol, said Simpson. But, people don't want to hear that, since they enjoy a glass of wine and it is legal. For most of the heroin addicts he has spoken with, Simpson said their first drug was alcohol.

Addiction, Simpson said is a disease that does not go away and no one is immune to it. Since addiction is not a simple issue, he asks people to be more open-minded and those who break the rules while under the influence, will still have to pay the consequences of their actions. As the person works to regain the trust and respect of others, he asks that people have humility and "good sobriety," meaning they should be humble. Addiction though, is a long process and it does not discriminate.

The majority of alcoholics and addicts, Simpson said have had traumatic experiences and upbringings, who are "trying to escape their everyday lives" since the drink or drug allows them not to feel the pain for that moment.

For those in recovery, Simpson said they are all fighting the same fight and so, attitudes need to change. While there is awareness of the power of pain medicines, there is still a lot to learn and so, everyone must be attentive. He added, "there is no simple solution" and aggression is needed to address this issue. Collaboration amongst

groups in the community is needed, and reliance on government regulations for pain medications isn't practical, since people must act too, he said.

Part of the issue, is that people need to get involved. When he prepared for the recent meeting, he anticipated those in attendance would not be fully aware of the issues, but nearly all in attendance, knew the story since they were in recovery.

Take a walk

Rather than self-medicating with alcohol, Simpson suggests taking a walk after work to relieve oneself of stress. Since alcohol is a huge gateway drug, people should reevaluate how much they consume and perhaps, try to stop for a bit, to determine how dependent they are on that glass. Change will start, once people open their minds and move away from old attitudes. Blaming others is not the key to progress he said, but doing something to move forward is necessary. Those in recovery now, have an opportunity to "break the cycle of addiction and attitudes."

C.A.R.E.S. Simpson said, is about "community, advocating and education." The idea is to find solutions and provide hope to families while working for long-term treatment and trying for new regulations. Education to inform people of the power of words is also something C.A.R.E.S. works for, because stigmatized language and labels are problems for "people struggling with addiction." No matter the drug, the struggle is the same.

Recovery principles

Simpson said the following principles of recovery: honesty, hope, faith, courage, integrity, willingness, humility, brotherly love, perseverance, spiritual awareness and service are traits people lose while addicted. But in recovery, people can get them back. For those who once fought for their high, this is the chance they fight for their life.

In the future, Simpson said C.A.R.E.S. would like to have discussions and guest speakers so people can find solutions and offer hope to one another. Education aside, the goal is about getting well.

C.A.R.E.S. will host a sober summer picnic to celebrate recovery Saturday, May 28 at the Paupack Township Recreation Complex, at Recreation Road in Lake Ariel from 12 to 7 p.m. Tickets are \$5.00 per person, children 12 and under are free.

For more information about C.A.R.E.S. visit www.caresrecovery.org or search C.A.R.E.S. on Facebook.

Charged in heroin death, says he didn't do it

May 19, 2016

By Peter Becker
Managing Editor

HAWLEY - "I didn't do it," Edmond Clifford O'Connor said in an impromptu press conference before being taken away by PA State Police, Thursday morning, following new charges in the heroin delivery case. O'Connor, accused of delivering heroin to a Hawley woman on Church Street, April 27, is now charged in her death by overdose.

Speaking plainly as the trooper patiently stood by, one hand on O'Connor's strap, the defendant said that the victim, Ralissa Gibson, injected her own drugs and it was his word against that of the witness in this case. He stated that "heroin is a bad thing" and admitted to using heroin; he said that being incarcerated has helped him.

Asked why he did not call 9-1-1, he said he had no phone and left the apartment to look for one. Then he said he entered the other house (across the street), where he "saved his friend's life."

The 22 year old Hawley area resident also restated that the bail was "outrageous."

He had been brought down from Wayne County Correctional Facility in his prison garb and chains, to receive the amended complaint from District Judge Bonnie Carney.

New charges include a felony-1, Drug Delivery Resulting in Death, and two misdemeanor counts, Obstructing Administration of Law or Other Government Function and Tampering With or Fabricating Physical Evidence.

Judge Carney also held a new bail hearing to reconsider the original \$500,000 monetary bail. District Attorney Janine Edwards stated that the new lead charge brings a maximum of 40 years in prison. She added, "He allegedly shot up a young woman in the arm and in less than five hours she was dead."

Furthermore, Edwards said, the defendant destroyed evidence- drug paraphernalia and heroin- and left the scene. She advised the

District Judge to raise the bail to \$1 million.

The Judge asked the defendant if he had anything to say.

"There's nothing I can say, is there?," O'Connor said. "Considering this was my first offense, I feel this is a little outrageous, but..."

The Judge revised the bail to \$750,000 on the same conditions that he have no contact with anyone in the case, not leave the state and not take any drug without a doctor's prescription.

He had no defense attorney present.

A preliminary hearing was set for May 24.

Speaking with reporters afterward, Edwards said that this sort of incident in Wayne County likely "happens more than we know." She said this was the first time she is aware of that a charge of delivering drugs resulting in death, had been made in Wayne County.

She stated that the public should know that when you break the law, deliver drugs and someone dies, "Law Enforcement can't turn a blind eye."

In the amended affidavit, O'Connor allegedly told police that he had taken the extra drugs and paraphernalia so Gibson would not be in any more trouble. He said he threw the heroin packets in the river, and stuffed the needles in a hollow tree.

It also states that the autopsy on Gibson shows she died from ethanol, opiates and benzodiazepines. Dr. Gary Ross, Forensic Pathologist, ruled the manner of death as homicide.

Background

According to the affidavit fled by PA State Police, Honesdale, late Tuesday evening, April 26, Edmond Clifford O'Connor sold the drug to Ralissa Gibson at Woodledge Village. After taking her back to her apartment at 724 Church St., Hawley, she asked O'Connor's assistance, and O'Connor complied, injecting her right arm with the controlled substance. This was approximately 1 a.m. of Wednesday, April 27.

Gibson, who was age 30, was found hours later by another male, unresponsive in her bedroom. O'Connor had stayed the night on the couch in the front room.

The other man reported to PA State Police that he attempted CPR on Gibson and asked O'Connor to call 911. The man stated to the police that O'Connor started to panic and began cleaning up drug related items inside the apartment and then injected Gibson with what O'Connor told him was salt water, and then left the apartment.

EMS personnel arrived on scene at 5:47 a.m. to find Gibson deceased. State Police were dispatched at 6:20 a.m.

An investigation ensued wherein Chief Daniel Drake of Hawley Borough Police went to a residence across the street later in the day at 727 Church St., Hawley, wherein he believed O'Connor could be located.

The residence was that of David Head. Upon knocking and getting no response he walked away from the door and down the sidewalk and then saw O'Connor walking around the basement area of the home at 727 Church Street and then appeared to go inside the residence.

Chief Drake then knocked again and O'Connor answered the door and said he just found the resident, David Head, passed out and tried to put him in the shower to wake him up. Head was found on the floor alive but not coherent and somewhat unresponsive.

O'Connor advised Chief Drake that Head did abuse drugs but he did not know what Head was on at the time. Head was transported to CMC Hospital via EMS personnel.

The District Attorney said that O'Connor is not facing charges at this time concerning Head.

The new charges are added to the original charges, a felony of heroin delivery and misdemeanor counts of possession of a controlled substance and drug paraphernalia. District Judge Carney set bail at \$500,000.00, which was not posted.

Recovering addict offers warning, hope

May 23, 2016

By Katie Collins

News Eagle Reporter

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WALLENPAUPACK - In a region many travel to escape the hustle and bustle of city life, an issue is underway that has caused great heartache and concern, while leaving some to wonder what can be done to address the area's struggle with addiction. To learn more, at Wallenpaupack Area High School last week, Michael DeLeon the president of Steered Straight Inc. told his tale of addiction and recovery to a crowd of 300 who want to understand what is happening in their backyard.

The Wayne County Heroin Prevention Task Force hosted the program with the School District.

Not a simple issue, DeLeon said parents must talk with their children, when they are in the middle school and it is time to change the conversation because alcohol and pill experimentation begins in the sixth grade.

As of two weeks ago, DeLeon attended his 121st funeral of acquaintances who perished from addiction. Kids, DeLeon said need to realize that their friends will not introduce them to drugs and the conversation is needed now for children, since drug and alcohol abuse starts so early. The reality is that drugs are in Pike and Wayne Counties, and for those who deny the facts, DeLeon said that is a problem.

As people continue to die from addiction, DeLeon said it is discouraging because he is "fighting a battle bigger than myself." DeLeon travels the country telling his story and at the WAHS program, it was one of the best turnouts he had ever seen.

The basis for Nancy Reagan's campaign to "just so no" didn't fail, but it wasn't large enough DeLeon said, because children needed to be taught what to say no to. Had he said "no," DeLeon noted that he would not be speaking on the issue of addiction.

In a span of 10 days three years ago, DeLeon who is a clinical alcohol and drug counselor lost four "kids" to heroin overdoses, three died in a week and the fourth was three days later. One, who was 19-years-old on a full academic scholarship, became addicted to Percocet from a sports injury. His 11-year-old sister found him. DeLeon said the young man smoked marijuana and drank while in high school.

Another woman passed a drug test a week before she was found by her mother, with a needle in her arm. While the woman struggled with addiction, DeLeon told her mother to kick her out. Kicking a child out, DeLeon acknowledges is hard, but it is "tough love" that doesn't come with a manual.

Tobacco & booze may be 1st step

To show the significance of this epidemic, DeLeon traveled to Camden, New Jersey, which he said has the "purist" heroin in the country. While there, he filmed 137 kids, not one who was from Camden. Of those filmed, 121 used prescription narcotics, all 137 smoked tobacco and alcohol and drank when under age.

With so many people working to fight addiction, DeLeon said their efforts are working, but kids must realize the dangers of cigarettes, alcohol and marijuana. He said 90 percent of those who become addicted, started when they were a teenager and so stopping kids from smoking cigarettes and waiting till they are of age to drink, may help the epidemic. While the United States will never be drug free, numbers can decline so the current "pandemic" ends.

Tobacco, DeLeon said is the biggest gateway drug for kids, but alcohol is the principal gateway drug for everyone, because of how it affects the brain by changing perception and attitude.

From the prescription medications to the medical marijuana, DeLeon said the issues are the result of Americans wanting to self-medicate to escape their problems. With five percent of the world's population, he said Americans are using 80 percent of the world's pain medications. The reason, "we're a prescription drug abusing culture" that wants a "quick fix."

What used to be "pharm parties" where medications are put in a bowl and passed around with alcohol, are now called "skittle parties." Because of this, DeLeon said it is important that medications be removed from medicine cabinets. Seniors too, are fighting the battle because they are prescribed too many pills.

While there are medical benefits to medical marijuana, DeLeon said the levels of THC that gives the psychedelic high, counters the affects of medical marijuana. When marijuana is modified, affecting the potency levels, that makes the issue of medical marijuana problematic.

Over the past two years, DeLeon has traveled the country making a video about marijuana and he has acquired medical marijuana cards in Colorado and California for the extreme pain he has for his menstrual cramps.

Making poison legal

In Colorado, DeLeon was allowed to buy one quarter ounce a day, but in total he went to 26 dispensaries and bought 80 quarter ounces of marijuana in six hours. Of the purchases, only one was legal, but he bought everything with cash and spent \$2,500 on marijuana edibles. The marijuana he purchased, DeLeon thought had a 5 percent THC, but at a Denver crime lab, he learned it was four times more potent than that. Of the 80 strands he purchased, 72 had mold and 61 strands contained pesticides that are outlawed by the department of agriculture. He called marijuana today, "poison."

DeLeon said he would like to drug test every 8th and 9th grader in the country and so, he told those at WAHS who sat in near silence throughout much of the presentation that, he wants them to drug test their own children. Even if they were to never use a drug kit, DeLeon suggests buying one and having it as a "conversation piece."

Life consuming problem

DeLeon's own addiction started when a friend introduced him to drugs. He said his addiction became a "life consuming problem." When he sold the shares of a multimillion dollar business, he spent the \$178,000 in 90 days. Eventually, he started shoplifting and holding up gas stations to feed his habit. As his addiction progressed, DeLeon taught himself how to shoot heroin in one arm and cocaine in the other.

When his wife Darla left, DeLeon moved in with his mother and on Mother's Day in 1995, she was strangled because members of a gang he was involved in, were looking for money and drugs that had gone missing. When he found her, DeLeon tried CPR, but she had died hours earlier, but since he was high he didn't realize that. DeLeon has pictures of himself getting high at his mother's gravesite.

Although he didn't murder his mother directly, he did make a plea agreement and serve some time. Once back with his wife and his life was getting in order, DeLeon

Warning continued on next page

Warning continued

was in a car accident that led to his relapse and reliance on pain medications. At one point, he ate 365 milligrams of Oxycontin in a week and when he wanted more, doctors gave it to him. He was also prescribed other medications, just in case the Oxycontin didn't work. Since his drugs of choice were cocaine and heroin, DeLeon started selling the pills and to get more pills, he saw 57 doctors in six New Jersey counties, all to support his cocaine and heroin addiction.

Since he couldn't get the drugs fast enough, DeLeon rejoined the gang that was responsible for the murder of his mother, and opened his home to distribute cocaine and heroin. When some members were looking for \$1,200 and he wasn't home, a gun was held to his 11-year-old daughter's head and another was stuck in his wife's mouth. Today, his daughter remembers that day clearly.

This August, DeLeon will be married to his wife for 28 years and of those years, he spent 14 serving time and addicted to drugs. Looking at his past, DeLeon said it is something he never would have imagined for himself, but he knows his choices affected his family and he lost his freedom because of it.

Can be addressed

Addiction and drugs can be addressed DeLeon said, since people can get involved in organizations like the Wayne County Heroin Prevention Task Force and conversations can be had early on, to educate kids of the dangers of drugs.

Since the program last week, Assistant Superintendent Dr. Joann Hudak who has worked for years to inform the community about drugs and was deeply moved by the turnout, said she has received positive feedback about DeLeon's presentation.

Some people did say however, that they were "deeply disturbed" by the "depth of the epidemic."

There are plans for DeLeon to return to the district in the fall to speak with middle and high school students and possibly another community program. Hudak plans on reaching out to Western Wayne and Wayne Highlands to introduce DeLeon to those districts.

The pandemic, DeLeon said is only going to get worse and so, people must understand what lies ahead. He is open to talk with anyone who seeks his assistance. Traveling the country to tell his story, DeLeon said he does it because "I don't want my past to be their future."

For more information about DeLeon, visit his website at www.steeredstraight.org. or he can be reached at (856) 691-6676.

STEELERS DOMINATE 49ERS

San Francisco can't keep up with Pittsburgh's pace. **PAGE B1**



Observer-Reporter

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'It brought me to my knees'

Addiction takes mother from \$200-a-day drug habit to local recovery house

Editor's note: This is the first of two parts in an occasional series of stories that focus on the human side of social issues. Today's topic deals with heroin addiction.

By **NADIAE RHO MILLER**
Staff writer
nmiller@observer-reporter.com

On a warm, late-summer morning, Nicole Leith sits on the front porch of an old, rambling house, occasionally sipping from a mug. The Washington neighborhood is still, the quiet punctuated only by the gentle hum of conversation between Nicole and a friend.

It's only 9:15 a.m., but the 30-year-old already has conducted a meeting. She will work at a second job later in the day.

More than 45 miles away, her daughter, Liyana, heads to school.

Nicole neither put her 7-year-old to bed the night before nor got her ready in the morning. She didn't feed her breakfast or brush her hair or make sure all of her homework was done. She won't see her child until the following day.

"So many nights, I cry because I'm not there to tuck my daughter in," said Nicole. "There are days when I don't want to do it and I'm ready to quit. Those are the times I think of her. She's the reason I continue to fight."

Once addicted to opiates, Nicole has been clean for more than 20 months.

On this tranquil day, she talks about her tumultuous journey to sobriety, from experimenting as a native college student to enrolling in support of a \$200-a-day habit.

Please see *Habit*, Page A2



Nicole Leith sits on the steps of the Washington recovery house, where she is house manager.

Therapist urges addicts to 'take the first step'

By **NADIAE RHO MILLER**
Staff writer
nmiller@observer-reporter.com

"You matter. You matter, and your life is worth it. There's help out there. Just take the first step."

Theresa M. Cypher, M.S., outpatient therapist, strongly believes there is hope in addiction. Working daily with people who are battling dependency on drugs and alcohol, she has witnessed the inevitable pain. She has seen families torn apart and individuals at their weakest moments.

And still, she believes.

Speaking to those who are struggling, she says, "Set yourself free."

"The first thing they have to do is



Theresa M. Cypher, M.S., outpatient therapist, strongly believes there is hope in addiction.

know that they matter ... and be kind to themselves. Once they are able to do that, they can get past the shame and the guilt and reach out."

Cypher, whose office is in Washington, believes one way to combat the addiction epidemic is to talk about it openly. She encourages people to let go of the stigma associated with dependency and discuss it like weight loss or smoking cessation.

She talked about the misconceptions of addiction and the debate of choice versus disease. While there is a decision involved in taking a drug, Cypher said addiction itself is not a choice.

Please see *Step*, Page A2

An unknown quartet

This week's Mystery Photo dates to the 1940s and was found in the Observer-Reporter archives among negatives marked "East Bethlehem."

That's about all we know about it.

We're hoping readers can identify the four young men, the town in the valley below them, the date when the photo was taken and the reason for it.

It's evident that the picture was taken in winter or early spring because trees on the hillside in the background are bare. The four are standing on concrete at the top of steps with an iron railing.

If you think you know who the young men are, why they were photographed, when this scene was created or where



MYSTERY PHOTO

they stood, email Park Burroughs, retired executive editor, at pburroughs@observer-reporter.com, or call and leave a message for him along with your telephone number at 724-222-2200, extension 2400. With a little luck and assistance from our readers, we may be able to solve this puzzle and publish our findings next Monday.



Business.....A5	Horoscope.....B8	Public notices.....B8
Classified.....B7-12	Lifestyles.....A10	Sports.....B1-5
Comics.....B6	Lottery.....A2	Television.....A8
Entertainment.....A8,9	Obituaries.....A6	
Gore.....A9	Opinion.....A11	



Times of clouds and sun.
High 67. Low 51.
Complete weather, PAGE A12

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Together
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Because Washington Health System is Centered Around You.



Prescription for changes

March 03, 2013

By Scott Beveridge

Staff writer

sbeveridge@observer-reporter.com

Pharmacists in Pennsylvania are seeing prescriptions for narcotic painkillers written in other states that have clamped down on addicts skirting the system to get drugs under the radar of authorities.

Canonsburg pharmacist Gerald O'Hare said he refused to fill five such prescriptions Friday, suspecting they had been turned in by addicts or dealers who "doctor shop" and pay with cash to get illegal supplies of the drugs.

"We spend half our day trying to be detective," said O'Hare, owner of Jeffrey's Drugstore at 66 W. Pike St.

O'Hare doesn't have that problem at a pharmacy he owns in Ohio, a state that runs every prescription through a computerized central monitoring program to identify physicians and customers who abuse the system. He said he supports a similar program lawmakers in Harrisburg are considering to address an alarming rate of prescription drug overdose deaths in Pennsylvania. State Rep. Brandon Neuman said he is coauthoring an amendment to state law to help prevent addicts from easily using cash to pay for prescription narcotics they get filled by traveling to many different physicians and pharmacies without detection in Pennsylvania.

"The dealers are moving out. Now pharmacies are seeing these customers with all kinds of sob stories from Ohio, Kentucky, West Virginia and Tennessee," said Neuman, D-North Strabane Township.

House Bill 317 would establish the Pennsylvania Accountability Monitoring System, a narcotics database that raises a red flag for doctors and pharmacists when they are met with a patient or customer who has already received an adequate supply of Schedule II drugs containing opiates or synthetic opiates. The bill, introduced by state Rep. Gene DiGirolamo, R-Bensalem, has moved out of committee and is ready for a vote on the House floor, where it appears to have broad support, Neuman said.

The law would be a major tool in preventing the illegal use of such drugs as Oxycontin, said Washington County District Attorney Gene Vittone, whose office has made

prescription drug abuse a priority, given the high number of local overdose deaths.

Washington County Coroner Tim Warco investigated 40 overdose deaths last year, with seven of them involving heroin alone or mixed with other drugs. Seventeen of the deaths involved the use of opiates, Warco's 2012 annual report indicates.

There were 46 overdose deaths the previous year in Washington County, where just two people died in that fashion in 1992 and 28 in 2003.

Greene County Coroner Gregory Rohanna said he doesn't keep cause-of-death records.

"Obviously, I see more (overdose deaths) now than I did 10 or 15 years ago," he said. The Westmoreland County coroner's office has released its own alarming statistics on drug overdose deaths, stating it had investigated 16 such cases in the first six weeks on this year, five of which were investigated within one week's time. Coroner Ken Bacha stated he investigated a record-setting 71 drug overdose deaths in 2012.

"The numbers are off the charts," Vittone said.

The national average for overdose deaths a year is 10 per 100,000 people, Vittone said. With Washington County's population of 208,282, it should be seeing 20 or 21 such deaths a year, he said citing statistics from the federal Substance Abuse and Mental Health Services Administration.

"We're almost double that," Vittone said. "It's insane."

Prescription drug abuse has led to an increase in heroin trafficking, he said. Oxycontin sells for \$1 a milligram and when addicts can't afford an 80-mg dose of the drug they turn to heroin as a cheaper alternative, Vittone said.

He said the problem involving the ease with which drug dealers and addicts get these narcotics by doctor shopping was "eliminated almost immediately" after Kentucky put in a monitoring system like the one on the table in Harrisburg.

That state's program, known as the Kentucky All Schedule Prescription Electronic Reporting system, became law in July, at a time when three people were dying each day there from drug overdoses.

Vittone said physicians are under pressure from drug manufacturers to make these

drugs available for legitimate purposes, yet they don't have a monitoring program to trigger the identities of people who abuse them. Other doctors find it profitable to recklessly dispense these drugs in large quantities.

Charles M. Kokoska Jr., a dentist who had practices in Peters Township and Millsboro, was sentenced Feb. 4 to 30 to 60 months in prison for illegally prescribing 6,600 narcotic painkiller pills to seven people between January 2009 and October 2010.

Oliver W. Herndon, a former physician in Peters, will spend no less than 11 years in federal prison after pleading guilty in September in federal court to prescribing 14,000 high doses of oxycodone and Opana after seeing some of his patients for about three minutes.

Meanwhile, Roy Getty Arthrell of Finleyville was indicted in a 2011 sting that was considered to be the most sophisticated painkiller ring ever toppled in Western Pennsylvania. He was among 19 people prosecuted for obtaining 1.6 million milligrams of oxycodone with a street value of

\$1.6 million, using phony prescription pads and real doctor's names from information found on the Internet. He was sentenced in September to 18 months in federal prison, court records show. Washington County President Judge Debbie O'Dell Seneca said it's going to take legislative action to "give us the tools" to deal with prescription drug abuse.

She said she is working with Vittone on a plan to create a program and seek grants to deal with areas in the county where there is a connection between blight and drug activity.

Vittone said education can be an effective tool in addressing the problem, that Washington County officials have participated in a number of recent prescription drug abuse summits in an attempt to convince people to become aware of the drugs not being used in their medicine cabinets and how to dispose of them.

People need to know they must call 911 immediately if they suspect someone they know is overdosing on these drugs as ambulances all carry the drug to counteract opiates, Vittone said. "We'll deal with the legal ramifications later," he said.

Drug antidote saving local lives

September 5, 2015

By Natalie Reid Miller

Staff writer

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Washington County recently made national headlines with 25 drug overdoses reported in two days, three of which resulted in death.

With the administration of naloxone, more commonly known as Narcan, some were saved. Canonsburg police administered the antidote to a woman Aug. 16 in the parking lot of a Cavasina Drive business, then assisted emergency medical personnel who administered it on East Pike Street in Houston. That same day, Donora police administered the drug to a man. On Aug. 17, emergency responders revived a woman who was locked inside a Washington pharmacy bathroom with her 2-year-old daughter.

"It's no secret in August we had a horrendous month," said Cheryl Andrews, executive director of Washington County Drug and Alcohol Commission. "Had it not been for those trainings ... there could have been a much higher death toll."

The commission joined with Washington County District Attorney Gene Vittone's office, providing Narcan kits and training to emergency responders throughout the county. So far, 10 police departments, 16 vol-

unteer fire departments and six ambulance services participated. Andrews said in August alone, 12 reversals were performed by police and fire departments in the program.

Act 139, passed in September 2014, allows first responders to carry and administer Narcan. In April, Gov. Tom Wolf made it a standing order for state police to carry the drug, and Troop B officers, including those in Washington and Waynesburg, were among the first to be trained in administration.

Narcan works to reverse the effects of opiates, including heroin and prescription drugs like oxycodone. Once a person overdoses, their breathing can begin to slow or stop within minutes. Typically sprayed in the nose, Narcan can reverse the effect quickly.

City resident Georgia Ballentyne, who is unopposed on the Republican ticket for one of two available council seats, questioned during Thursday's council meeting why Washington police officers do not carry the drug.

Washington police Chief Chris Luppino said both the full-time city fire department and paramedics carry and are trained to administer Narcan. He said both departments have a similar response time to police.

"Wouldn't police be more suitable?" Ballentyne asked, saying that people who have been given Narcan can become agitated.

"We're leaving that up to the medical experts to administer. I feel our job is enforcing drug laws," Luppino said. "Our role in combatting this epidemic is to make arrests."

If Washington were more rural, thus delaying response times, Luppino said, "I would absolutely consider it. I'm not against it."

Andrews said it is important for people other than paramedics to have access to Narcan. "Overdoses can happen anywhere," she said. "Unfortunately, sometimes an ambulance is not available."

Vittone agreed that it's important to have the drug readily available. He said August saw higher-than-normal reports of overdoses, with 80 calls and six deaths in the county.

"It's good stuff to have," he said of the antidote. "I would like to have it available everywhere to save lives."

Andrews said police officers – some of whom were resistant to the idea at first – have found saving lives "incredibly gratifying."

"These aren't people who just woke up one day and decided to start using heroin. A lot had legitimate prescriptions," she said of the overdose victims. "It's our job to reduce the stigma ... and introduce them to a world of treatment options."

Drug antidote saving local lives

September 05, 2015

By Natalie Reid Miller

Staff writer

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'It brought me to my knees'

September 21, 2015

By Natalie Reid Miller

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Editor's note: This is the first of two parts in an occasional series of stories that focus on the human side of social issues. Today's topic deals with heroin addiction.

On a warm, late-summer morning, Nicole Leith sits on the front porch of an old, rambling house, occasionally sipping from a mug. The Washington neighborhood is still, the quiet punctuated only by the gentle hum of conversation between Nicole and a friend.

It's only 9:15 a.m., but the 30-year-old already has conducted a meeting. She will work at a second job later in the day.

More than 45 miles away, her daughter, Lilyana, heads to school.

Nicole neither put her 7-year-old to bed the night before nor got her ready in the morning. She didn't feed her breakfast or brush her hair or make sure all of her homework was done. She won't see her child until the following day.

"So many nights, I cry because I'm not there to tuck my daughter in," said Nicole. "There are days when I don't want to do it and I'm ready to quit. Those are the times I think of her. She's the reason I continue to fight."

Once addicted to opiates, Nicole has been clean for more than 20 months. On this tranquil day, she talks about her tumultuous journey to sobriety, from experimenting as a naive college student to stealing in support of a \$200-a-day habit.

Growing up in a "normal" household in the Pittsburgh suburb of Monroeville, Nicole and her younger brother were raised by a stay-at-home mom and working father.

"Everything that they say you're supposed to do that makes a difference ... we did," said Connie Leith, Nicole's mother. "We ate dinner together every day. My husband did the coach thing. I would think we were pretty normal. We did what we were supposed to do."

Nicole played softball, earned good grades and had many friends.

"There was nothing dramatic that would justify me using," Nicole said.

After graduating from high school, she attended community college. There, she began experimenting with alcohol, marijuana and prescription medication.

"I didn't see it as a big issue because I was going to school full time and working full time," she said. "I didn't know what I was getting into."

Upon learning of Nicole's drug use, the family took her to a local church for a lecture on addiction.

"We just figured that listening to somebody else's story would be enough to steer her away from anything," said Connie, believing her daughter was "back on track at that point" because she continued to work and attend school.

But Nicole continued to use. She became involved with a man who was addicted to opiates. A short time later, she became pregnant.

"I didn't use when I was pregnant, but the mental abuse of the relationship was gradually breaking me down over time," she said.

Months after giving birth to Lilyana, she was diagnosed with postpartum depression. Prescribed medications didn't help, but Nicole found relief in nonprescribed opiates like oxycodone. When that habit became too expensive, she turned to heroin.

"From the first time I did it, I was addicted. It was all I could think about," Nicole

said. "It took the pain away. It was everything that I had been looking for to fill that void and kill that pain." Still managing to care for her daughter and work, the addiction slowly engulfed her.

"I was OK for a little bit. But, eventually, it brought me to my knees."

Nicole said she began enacting the "typical behaviors" of an addict: stealing, lying, conniving and doing whatever she had to do to get the drug.

She described her mind-set in the thick of her addiction.

"You're so numb to everything. You're not happy. You're not sad. You're not hungry. You don't have any emotions or feelings. You're just numb to the world."

"My family knew that something was going on," Nicole said. "They didn't know what."

After stealing from her brother, Nicole was confronted by loved ones. Exhausted from the weight of her secret, she revealed the injection marks marring her arms.

"My family didn't know what to do. I, myself, didn't know what I was going through. I didn't understand addiction. I didn't understand the drug," she said. "I knew that I needed help, but I was so ashamed and just so overwhelmed with guilt. Just confused, hurting and wanting a way out, but not knowing what to do."

Nicole's family confiscated her car keys and cellphone and prevented her from leaving home.

Stopping "cold turkey," she experienced severe withdrawal for days. Her body shook, her legs ached and her thoughts raced. After three days, her family felt it was safe for her to leave the house.

She immediately fled, in search of drugs.

Part 1 continued on next page

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From the time Lilyana was a few months old until she was 2 years old, Nicole battled the addiction, attending weekly meetings and undergoing intensive out-patient and in-patient therapy.

When she needed a fix or needed money to buy heroin, she “handed her daughter off” to her mother.

“She just didn’t look like our daughter at all,” said Connie, who tried to “push” Nicole into treatment. “That’s the hardest thing ... coming to terms that there was nothing I could do to help her. Nothing I could do to make it better. I think that’s sometimes why it takes parents so long to get them the real, actual help they need. Because you’re in denial. You think you can fix everything.”

“Physically, I was there; emotionally, I was not,” Nicole said of caring for her own daughter. With their child spiraling out of control, Nicole’s parents made the decision to petition the court for full custody of Lilyana.

“Taking (her) probably brought me the most guilt,” Connie said. “I thought, ‘If I do this, (Nicole) will definitely die. She’ll have

nothing to fight for,’” said Connie. “But I think it was a wake-up call for Nicole. She started to take her recovery seriously.”

That’s when Nicole moved to Washington to begin intensive detox and therapy. Relapsing once when she moved back to the Monroeville area, she realized her surroundings were a trigger and decided that to stay sober, she would have to vacate the fount where her habit was born.

A certified recovery specialist, she now manages a recovery house with nine other women battling addiction. Nicole is a confidant and mentor to her peers, who are making the transition from guided recovery to independent living. As much as she helps them, they help her, offering understanding in a way that only an addict can.

“Yes, I’ve gone through terrible times. But if I can help another person because of my weaknesses, if I can help one person by sharing my experience, everything I went through was worth it,” she said.

In an effort to help others with loved ones battling dependency, Connie also shares her journey on Nicole’s recovery.

“Addiction doesn’t just affect the addict. It affects every single person that cares about them. And it doesn’t matter who you are, it can happen,” she said. “I’m impressed, genuinely impressed, that (Nicole) can do it, because I don’t think I could do it. She still gets up ... and keeps moving forward.”

Nicole continues to work on strengthening her relationship with Lilyana, visiting at least once a week and calling daily. She plans to become a substance abuse counselor and help women and children. Eventually, she will take on a more active role in her daughter’s life.

An avid reader, Nicole recently took note of her collection of novels, recalling the days that she sold “everything that meant something” to pay for her habit. The simplicity of that full bookshelf bought her a moment of peace.

“Reclaiming parts of my life gave me hope,” she said. “Maybe I’m not where I want to be, but I’m on that path.”

Tomorrow: Nicole talks about the stigma of being an addict and offers advice to those who are struggling.

Recovering addict: ‘We cannot do it alone’

September 22, 2015

By Natalie Reid Miller

Staff writer

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Editor’s note: This is the second of two parts in an occasional series of stories that focus on the human side of social issues. Today’s topic deals with heroin addiction.

A child of the 1980s, Nicole Leith was taught to “just say no” to drugs. But the simple slogan, promoted by first lady Nancy Reagan and adopted as the name of thousands of anti-drug school programs, didn’t thoroughly illustrate the consequences of addiction, said the 30-year-old Washington woman.

“Parents need to talk to their children. If they don’t, somebody else will,” Nicole said. “‘Just say no’ doesn’t work. They have to know, ‘What am I saying no to?’”

Nicole, a recovering addict who struggled with opiate dependency for years, plans to be brutally honest with her 7-year-old daughter, Lilyana, about her addiction.

“The grittiness and the dirty side – I don’t think that’s talked about. TV and movies glamorize drug use. Nobody shows the dark

side. It’s the reality of the situation,” she said. “I can’t hide that truth from her, and I wouldn’t, so that she could maybe understand the devastating effects of it all.”

With the help of Lilyana’s therapist, Nicole and her parents, who have custody of Lilyana, have explained that Nicole is recovering from an illness and that she is away because she is getting better. Recently, though, the youngster has been asking more questions. Nicole thinks that within the next year, she’ll divulge more details of her history to her daughter with the help of the therapist.

Nicole hopes honesty will prevent Lilyana from being naive about drugs and alcohol, like she was.

Never experimenting in high school, Nicole began using while in college. Eventually, she said she did anything she had to do to feed her habit, including “stealing, lying and conniving.” While her daughter never witnessed her taking drugs, Nicole said she missed a lot of Lilyana’s formative years.

“What finally made me want to get clean was, my daughter started to get to an age where she began to understand things,” she said. “It wasn’t something that I could hide anymore from her.”

Leaving her hometown of Monroeville for Washington was pivotal in Nicole’s recovery.

She visits her daughter weekly and has rebuilt the once-strained relationship with her family, including her brother, who is also battling addiction.

Nicole’s mother, Connie Leith, said early education is an important preventive tool. Although she and her husband were active in their children’s lives and provided a stable environment, Connie said opiate addiction still crept into their lives.

“I tell anyone who’s willing to listen, especially if they have young teenagers, because that’s when you need to get in their head,” Connie said. “You need people to be aware that this can happen to their kids. I never in a million years thought it would happen to either one of my kids.” More than 20 months’ clean, Nicole is a certified recovery specialist, managing a house with nine other women battling addiction. She has strong opinions, not only about drug education, but also how lingering stigmas hinder recovery.

Children would benefit from the adults in their lives “being honest, brutally honest ... and really showing them what addiction looks like. It’s not the stuff that they see in

Part 2 continued on next page

Part 2 continued

movies. It's not the stuff that they hear on the radio. It's a lot deeper than that," she said. "It looks like somebody who hasn't showered for days. It looks like somebody who has lost all self-respect and self-love and self-worth. It looks like somebody who is dying on the inside and dying physically.

"It starts out as peer pressure, and then experimenting and then first use, and it progresses from there. It's overdoses, it's jail, it's losing your family. It's losing your children."

Connie said she was naive about addiction. When she discovered Nicole was using, the Plum Borough resident thought telling her daughter to stop would be enough.

"When it's not a part of your everyday life, you don't understand the impact that it actually has on a person and the impact it's going to have on your family," said Connie. "We didn't really understand what she was into."

The Leiths believe their lack of knowledge delayed Nicole's recovery. They also believe more treatment options would help curb the heroin epidemic.

"Walks and vigils are all awesome – great ways to get the word out. (But they help) people who are touched (by addiction) rather than the active addict. As an active addict, you don't care about those things. Something I think would help the addict ... is making treatment more accessible," Nicole said. "So many times, I was done. If treatment was available that day, I would have went.

Sometimes it is so difficult to get into treatment, that's how a lot of lives are lost."

'There is a way out'

As a recovery specialist and as someone going through the process of regaining herself, Nicole offers a unique perspective to others.

"What I would say to someone who is dealing with addiction right now is not to give up. That there is help out there," Nicole said. "There is a way out. There are many people like me who have found recovery. It is possible. You just have to speak out and reach out and say, 'I need help,' and just follow through with it."

Detoxification, or "detox," the process of the body ridding itself of the drug while managing the symptoms of withdrawal, is the first step of recovery. Several medical

detox choices are available, including methadone and Suboxone treatment.

However, it is paramount that a person follows detox with treatment, such as intensive therapy, to achieve sobriety. And while it's a difficult process, Nicole said connecting with others, like therapists and those going through treatment, helps ease the transition.

"Those initial feelings are a lot of weight on your shoulders. You can't do it alone," she said. "There are still days where, if I have a bad day, I get that fleeting thought for just a second that, 'I know what would make it go away.' But I don't act on it ... because that's my addictive nature. My brain likes to take the easy way out and find the quick fix. Over time, you learn to deal with those fleeting thoughts. You understand nothing bad can happen if I don't act on it. I just need to talk this out with somebody, go to a meeting, pray, whatever works for that specific person. Reach out. You need that support. We cannot do it alone."

Nicole encouraged loved ones of addicts to keep the lines of communication open. She said her parents did, helping her feel "comfortable enough to break down. When you react with anger and aggression, that's the perfect way to make an addict run the other way," Nicole said. "A lot of times, (an addict) is so scared and ashamed. Be compassionate. Love unconditionally, but don't enable. Look at it like someone with depression, anxiety or PTSD. It makes it a lot easier for someone to be honest with what's really going on."

About two years ago, Nicole moved back to her hometown and relapsed. She was afraid to tell her family, thinking they might desert her. But they helped her get the support she needed, which made it so much easier to get back on track.

"My mom has so much compassion and strength. Knowing she's going to be there for me makes a world of difference."

Connie said she never agreed with the advice of those who told her to end all communication with Nicole when she was using.

"You have to be comfortable with the degree of separation that you put between you and your addict. Because there was never, ever a chance that I would ever cut ties," Connie said. "I think you shouldn't do that as a parent. You can't give up. If you give up on your child, there's nobody else.

They have nobody else. They'll fight as long as you're fighting for them."

No one is exempt

Nicole has dealt with being labeled an addict. While volunteering with her daughter's school activities, she has heard the whispers and seen the stares.

"Others will look at you like, 'Why is she here? Is she high?' Stop looking at me like I'm a piece of trash," she said. "Nobody's really exempt from it. A lot of people have addictions – to shopping, eating, gambling and drugs. People don't treat you the same as they would treat people with other addictions."

Rather than succumb to the negativity, Nicole is honest about her past and willing to tell anyone what she has gone through.

"There's a stereotype of an addict that people have in their mind, and it's not true," said Connie.

Through Nicole's recovery, they have encountered a variety of people in treatment, from teens to senior citizens. They have encountered professionals like teachers and lawyers.

"There's no set income level, race ... none of that matters," said Connie. "If (addiction) sneaks into your life ... it completely takes over your life."

While Washington is earning a bad name for a string of heroin overdoses, Connie pointed out there is a positive side to the epidemic.

"On the other side of that coin, Washington is also an amazing place to recover. There are quite a bit of recovery houses and people in recovery out there ... that, amazingly, have become very tight-knit."

She said Nicole has many friends who offer her support, whether in the form of a ride to a meeting or as a sounding board when she needs to talk. Her employer and coworkers at an area retailer have also been supportive.

"Places will hire you and give you a chance," Connie said of the Washington area. "The stigma just doesn't seem to be there like it is in a lot of places, because it is so prevalent there and because recovery is so prevalent there."

For help with addiction, contact Washington Drug and Alcohol Commission at 724-223-1181 or visit www.wdacin.org.

Editorial

Looking at heroin from a human perspective

September 23, 2015

Unless you know someone who has fallen victim to it, the heroin epidemic that has swept through Washington and Greene counties, along with other parts of the commonwealth and country, can seem like nothing more than an abstraction, a welter of statistics and sawdust-dry facts.

Numbers of overdoses. Numbers of fatalities. Rates of relapse. The cost of pain-killing prescription drugs that can be a gateway to heroin. The cost of heroin. The cost of treatment and the productivity that is lost to addiction.

Issues like these have been covered in this newspaper and in many other media outlets. But a two-part story that appeared in the Observer-Reporter Monday and Tuesday went beyond the data and large-scale trends and looked at the toll of heroin from a very human perspective. As part of our "Under the Label" series, it told the engrossing tale of Nicole Leith, a 30-year-old Monroeville native who now lives in Washington, and is shaking off heroin addiction and trying to get her life back on track. Her story reveals how commonplace heroin

addiction has become and its riptide-powerful pull.

Leith grew up in what many would classify as a placid, "normal" environment, with a working father, a homebound mother and a younger brother. When she was in junior high and high school, Leith was never one of those kids who dabbled in alcohol or drugs. She had good grades, an array of friends and played softball. Leith's mother, Connie, told our reporter Natalie Reid Miller, "We ate dinner together every day. My husband did the coach thing. I would think we were pretty normal. We did what we were supposed to do."

It was when Leith entered community college that she started toying around with alcohol, marijuana and prescription drugs. Eventually, she slipped into the quicksand of heroin and found herself stealing and lying in order to keep up a ferocious, demanding habit. She tried to recover once, relapsed, but then came to Washington to get away from Monroeville and all the cues there that made her inch back to heroin.

Now, Leith is a certified recovery specialist who is managing a recovery house in Wash-

ington and guiding the effort of nine other women to jettison heroin from their lives for good. She advocates a kind of unadorned, scared-straight approach when it comes to warning people about the effects of heroin. Rather than, say, the sanitized, glamorous suffering of Frank Sinatra in the 1955 movie classic, "The Man With the Golden Arm," it "looks like somebody who hasn't showered for days. It looks like somebody who has lost all self-respect and self-love and self-worth. It looks like somebody who is dying on the inside and dying physically," she said. Combating heroin requires a return to the more prosaic realm of law enforcement and public policy. Education and awareness of heroin's horrific impact must be emphasized. While the peddlers of heroin should be vigorously prosecuted, those who fall victim to it should be edged toward treatment rather than a jail cell. The prescription of opioid painkillers like Oxycodone, which is often a gateway to heroin, should also be closely monitored.

The action we take today can help prevent other people like Leith from having to fight a protracted battle against heroin.

Addict addicted to weight training

September 28, 2015

By David Singer

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Editor's note: This is the first of two parts in an occasional series of stories that focus on the human side of social issues. Today's topic deals with heroin addiction.

Justin Buckels never skipped leg day. The 27-year-old Washington man credits his early love of lower-body lifting for putting him in competitive shape to potentially break a state record in deadlifting. For the past year, Buckels has operated a physical rehabilitation and strength-training gym out of a garage on Enterprise Road in Washington. It's his own enterprising spirit he hopes will get him back to work as an occupational rehabilitation specialist. But not before his powerlifting addiction completely replaces his addiction to painkilling drugs.

"I started at 14, 15 – smoking pot, drinking. And it wasn't bad until I got into pain pills for

a year. Then I found out I couldn't keep up with money on them. So that led to heroin. It happens when you're around people who are already using," Buckels said, explaining he's been in recovery for nearly two years.

Buckels answered questions after working out with Kyle (whose last name is being withheld), a 25-year-old from Moundsville, W.Va., who moved to Washington because of struggles with heroin. Buckels trains those in recovery for free about three times a week. In this session, Buckels showed Kyle the "battle ropes."

"C'mon! You got it!" Buckels yells as Kyle churns the two 15-foot, thick-twine ropes up and down to work his shoulders and forearms.

"The lifting, it keeps me motivated and dedicated. I consider it meditation. It gives me the energy to pump through the day, and it's nice to just get out of my own head space for a while," Kyle said between repetitions.

"I don't believe in reps," Buckels interjects.

"If you're already thinking about how many you're going to do – just go. Lift to failure. Because as soon as your body knows the answer, then you can start asking questions on how to get better and stronger."

Buckels goes hard at everything. But his discipline wasn't enough to keep him out of trouble this summer. On July 25, Buckels passed out from heroin while driving and crashed into a vehicle driven by 41-year-old Ira Redd, of Indiana, as he was driving on West Maiden Street. She was taken to Washington Hospital with undisclosed injuries. "I'm a forgiving person, and I pray he recovers from his illness," Redd said.

Buckels and Kyle are big on prayers. They both credit their faith in God as key to their recovery. "I came to God through this process. When I was going to (in-patient rehabilitation), my faith was challenged ... But I went into my room, prayed for a sign, and a door that was only slightly open slammed shut with no wind or anything.

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Justin continued

It made me pause, and I started realizing it's a higher power that will help me," Kyle said. "And what's keeping me clean now is wanting to go back to school to help others and become a social worker."

Buckels said his devotion to Jesus Christ has been present since he was a teenager – around the same time every other athlete in high school was skipping leg day – and credits a return to faith as helping him keep focused.

"I had (fallen away from God) being in the world of drugs. It was a dark time. But when I moved to Washington, I first started going to Central Assembly in Houston and now Life Church in Washington. I've been open with the congregations, and that's been so helpful. Life Church believes in healing from addiction. That openness with my faith community has totally changed my outlook on life and how I feel about myself," Buckels said.

Yet, Buckels said if it weren't for his addictive personality, he might not have ended up falling in love with his passion of competitive powerlifting.

"Whenever high school ended, I needed something to replace sports," he said. "I met some powerlifters over at the now-closed Alexander's Gym. I just fell into it. I can't not lift, you know?"

He nabbed first place in deadlift in the World Association of Benchers and Deadlifters world qualifier in 2010, and several second- and third-place awards through the WABDL in 2011 and 2012. Buckels said he's ready to jump on momentum of rebuilding his gym – as well as his mind, body and spirit – to try and break the 622-pound state record for the 198-pound weight class.

"This building, everything in it, took years to purchase and pay off. This is a long-term game plan. Some pieces cost \$4,000," he said, "but as for the record, I can ably lift 600. So now it comes down to researching my weaknesses and incrementally getting there."

The other long-term plan is to return to full-time work as a physical rehabilitation therapist.

Buckels received his degree in physical therapy and rehabilitation from Kaplan Career Institute in 2009.

"I love working in hospitals, nursing homes. Somehow my life has always been around rehabilitation, whether it's been physical, mental or spiritual. I feel like my passion and ability to help people is a God-given talent," he said.

Until that happens, he said he'll continue to train men and women in his gym with his holistic approach to wellness, which includes "functional cardio" at the end – something most bodybuilders and powerlifters shy away from because they believe it cuts into muscle gains.

"I believe in actually using the muscles you've been training to work your cardiovascular system – actually using them and seeing how they perform. So it's hitting a punching bag, jumping rope or pulling a weight sled that shows you how much work you need to do," he said.

A lot of what Buckels trains for is to strengthen "stabilization" in support muscles. The stability he's trained his muscles to retain for so many years, he said, may finally be coming to his mind and spirit.

Doctors say new heroin treatment closing loop on universal therapy for heroin addicts

March 12, 2016**By David Singer**

Staff writer

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CANONSBURG – Thirty Canonsburg and Bethel Park residents now carry the fast-acting heroin and opioid antidote naloxone, also known as Narcan.

Canonsburg Mayor Dave Rhome and members of the Communities Moving Forward anti-heroin committee presented training Thursday on how to use the nasal spray and handed out free kits containing the drug, which costs \$36 and can be obtained without a prescription.

The audience heard from Dr. Mitch West, of Gateway Rehabilitation, who also is part of U.S. Attorney David Hickton's heroin task force.

"Washington County is becoming the model for how to treat this epidemic. We've got 60 percent of police departments carrying Narcan now, but it's still a royal battle with some departments. It's sometimes unbelievable what you hear from cops; that they don't want to resuscitate overdose victims.

We need a culture change, and that starts with those in this audience," West said.

In the audience at Frank Sarris Public Library were recovering addicts and those who knew family or friends struggling with addiction. They said they knew of the prejudice some officers and first responders hold toward overdose victims.

"One of the Canonsburg officers who reversed (revived) a girl wrote a letter to us at Gateway saying how it was one of the most rewarding and changing experiences of his life. But he didn't want to tell his fellow officers because he would appear soft on drugs. The idea that these are disposable human beings is just repugnant," West said, his voice often quivering when recalling friends and colleagues who had become addicted to heroin.

"I've seen patients get addicted from one pill. And I've had patients who don't get clean until they're in and out of treatment over 14 times. Should we give up on them? I'm not, and you shouldn't. You are in the moral right carrying and preparing to use Narcan," West said. Narcan has become widely available without prescriptions after

Act 139 was passed in November 2014 for it to be available to anyone. But reviving an overdose patient is only the first step in "medically assisted treatment," West said, and that a new post-treatment drug regimen is helping addicts stay clean.

Most addicts are treated during therapy and upon release with buprenorphine – known by its brand name Suboxone – a narcotic painkiller meant to gently step down addicts' cravings. But the fact that it's an opioid treating an opioid addiction, West said, isn't stopping the cycle as effectively as naltrexone, or Vivitrol.

"Vivitrol just quiets the voice. It lasts for a month. I've seen people on it three months later, and they look like they've been clean for a year," West said, "but it's not the same with Suboxone.

People can still get high off it, and they stash it. You can't get high on Vivitrol. You simply cannot get high from it, or get high while it's in your system."

A patient must be clean for 10 to 14 days before being given a shot of Vivitrol, or it will make them extremely sick, similar to

Doctors continued on next page

Doctors continued

symptoms of opioid withdrawal, West said.

"It's \$1,000 per shot, but it's covered by insurance. Highmark, UPMC – they'll cover up to a year. And if you don't have insurance, it's tough, but we can get samples for those who need it.

Half of our outpatients are on Vivitrol. We're getting up to nearly 100 since we started about a year ago," West said.

Director of the Washington Drug and Alcohol Commission, Cheryl Andrews, said including Vivitrol as part of jail release could reduce addicts' likelihood to return to crime or using heroin.

Andrews said that would be part of Hickton's initiative for "360-degree treatment" from overdose or arrest, to jail or treatment, and ultimately release and further therapy.

"We've had 270 overdoses since August of this past year. We can't arrest our way

out of this problem. We're trying to work with the county commissioners to figure out a funding stream for the jail. That is a high-risk overdose population upon release. We need that blocker in place, then set them up with a monthly treatment provider so they don't relapse," Andrews said.

A new study released by the University of Pittsburgh Thursday said whites, women and people ages 35 to 44 are most at-risk to die from a heroin overdose.

Building acceptance, offering assistance

June 19, 2016

Even with the forces of local, state and federal governments arrayed against them, opioids are tenacious, resourceful foes, and exceptionally difficult to defeat.

For too many people in this region and in other parts of the country, opioids like heroin or oxycodone have been robbers, stealing away youth, vitality, potential and life.

Since this is an all-hands-on-deck battle, we are pleased to see that several religious communities in Washington County have joined the fray.

As we reported last week, 40 churches in Washington County have banded together

to form Project Refuge. Teaming up with the Washington Drug and Alcohol Commission, it is designed to educate congregations about drug abuse and help them combat it, and provide "safe spaces" for addicts to come and get help. According to the story by David Singer, some pastors have been reluctant to forward referrals to counselors out of concern that addicts would get in additional trouble because they are violating parole by using or possessing drugs. Project Refuge would work with the county's adult probation office to remove that danger. It is also joining a Canonsburg-centered effort, the Communities Moving Forward Coalition, which also deploys churches to help combat

drug addiction. Project Refuge will also be a spur for some congregations to change their approach to addiction, said the Rev. Michael Lehman of Fairhill Manor Christian Church on Montgomery Avenue in Washington. He explained, "Whether we like to admit it or not, our sanctuaries have not been seen as safe places, but as places of judgment because of the stigma of the disease." Lehman also said that "we need to build acceptance of those who are on this path and dealing with the disease of addiction."

That's a sentiment everyone should get behind.

Sen. Casey pushes federal funding for state drug crisis

April 06, 2016

By David Singer

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The "final horizon" of culture change to view heroin and opioid addiction as a public health issue and not solely a law enforcement problem would be made easier if \$600 million in federal funds were released, according to Washington Drug and Alcohol Commission director Cheryl Andrews.

U.S. Sen. Bob Casey, D-Pa., was joined by county, state and federal authorities April 1 at the WDAC as he pushed for final approval of the Comprehensive Addiction and Recovery Act, or CARA, which passed the Senate March 10. Officials talked about federal help as one of Pennsylvania's long-sought anti-narcotics measures – a pill-monitoring program – will finally launch in August.

"This is a problem straight from hell," Casey said. "States, and particularly this county, have been showing us how to deal with this problem. Now we just need Wash-

ington, D.C., to listen to Washington, PA." Casey said more appropriations for Pennsylvania and other states fighting the heroin epidemic should be a priority for Congress.

The push to provide funding to expand long-term treatment and care for addicts in recovery was highlighted by testimony from Ashley Potts, an addict who became a counselor to help those like herself.

"I've been clean for 10 years. When I was in a halfway house for seven months, I was tested to have a sixth-grade education. Now, here I am earning my master's – the unemployable heroin user. But that came through long-term treatment. I tried outpatient therapy so many times, and it just doesn't work. You go through withdrawal, and you tell yourself you're never going to use again, but you need help. My life was worth saving, and so is everybody else," Potts said. Potts' emotional testimony was followed by Gateway Rehabilitation Center director Dr. Neil Capretto and his revelation as he was undergoing treatment for an aggressive form of cancer for the past month.

"I'm getting the best care, and I still have an uphill battle," Capretto said, pausing to wipe tears, "but I'm afforded this opportunity. I want the same to be there for addicts. These lives matter. Every single one. And I want them to be able to get long-term treatment like I am."

Washington County District Attorney Gene Vittone said the culture war is being won with first responders administering naloxone, or Narcan, to revive overdose victims.

"We've had 46 Narcan saves from first responders like police and firefighters since August. The ambulance guys, they're always doing this. This is just first responders data. This means the message that we use this stuff and everyone carry it is working," Vittone said, noting there were at least 300 reported overdoses since summer in Washington County, 38 of them fatal.

U.S. Attorney David Hickton said the two main aspects of public support – widely available antidotes and Good Samaritan

Casey continued on next page

Casey continued

laws to protect those helping victims – will be supplemented and aided by the long-awaited prescription pill-monitoring program that launches in Pennsylvania in August. The state budget impasse prevented the program, which is an attempt to stop doctor- and pill-shopping, from launching in June 2015.

The “Achieving Better Care by Monitoring All Prescriptions,” or ABC-MAP program, was passed as part of Act 191 in 2014. The program will allow physicians, hospitals and pharmacies to monitor all drugs in classes Schedule 2 through 5. The current monitoring allows law enforcement to track Schedule 2 drugs – which includes narcotics – but

no health agencies have similar access. The updated program would also require law enforcement to get warrants to check on the information, according to representatives with the Pennsylvania Academy of Family Physicians.

“There’s still privacy protections in place, and add the fact that law enforcement would still need to go before a judge to seek info beyond what they have now (with Schedule 2 drugs) under the new program,” said Brent Ennis, advocacy officer with PAFP.

State Rep. Brandon Neuman, D-North Strabane, a vocal proponent of Act 191, and whose wife works in pharmaceuticals, said Pennsylvania was highlighted as a problem

because nearby states have programs that the Keystone State was lacking.

“Right now you can go to 10 different doctors, 10 different pharmacies and pay with cash and there won’t be anyone who knows better. It’s made worse in the fact you can take scripts across state lines, and despite West Virginia and Ohio having similar programs, there’s no communication from (Pennsylvania health agencies) on this, so addicts can still pill shop,” Neuman said.

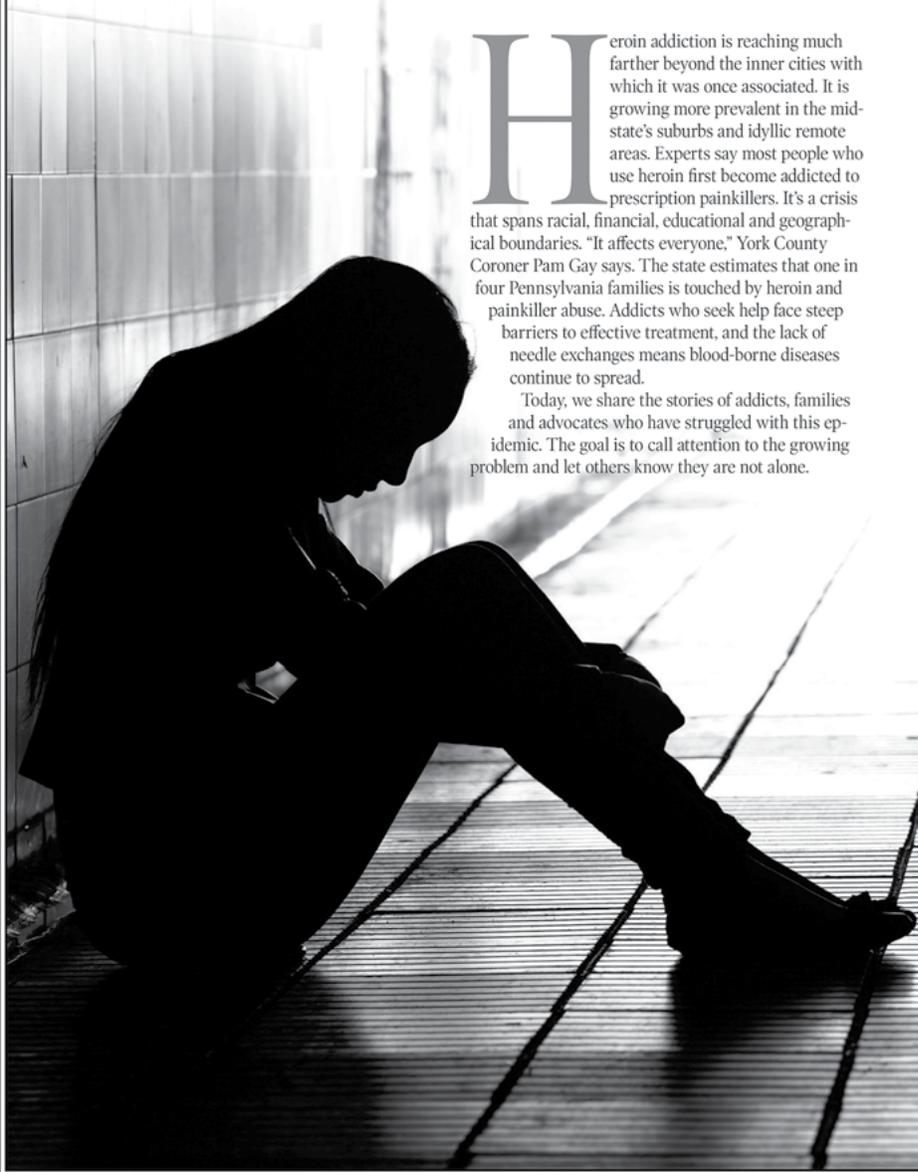
Pennsylvania and Missouri are currently the only two states without comprehensive pill- monitoring for pharmacies, doctors and hospitals.

THE HEROIN AND PAINKILLER CRISIS
IN CENTRAL PENNSYLVANIA

The downward spiral

Heroin addiction is reaching much farther beyond the inner cities with which it was once associated. It is growing more prevalent in the mid-state's suburbs and idyllic remote areas. Experts say most people who use heroin first become addicted to prescription painkillers. It's a crisis that spans racial, financial, educational and geographical boundaries. "It affects everyone," York County Coroner Pam Gay says. The state estimates that one in four Pennsylvania families is touched by heroin and painkiller abuse. Addicts who seek help face steep barriers to effective treatment, and the lack of needle exchanges means blood-borne diseases continue to spread.

Today, we share the stories of addicts, families and advocates who have struggled with this epidemic. The goal is to call attention to the growing problem and let others know they are not alone.



From back injury to heroin overdose: 'We live with it in solitude'

October 1, 2014

By David Wenner

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The picture on her parent's bookshelf shows a tanned and fit Kelly Sherrick holding a certificate honoring her "outstanding and exemplary service to persons with mental disabilities."

It was taken at a banquet on April 27, 2006. The beginning of the end, her parents believe, came soon afterward. Kelly hurt her back while helping a fallen resident of the group home where she worked. The doctor prescribed painkillers. She became addicted.

The end came Dec. 13, 2013, in the restroom of a Weis Markets in Swatara Township, where Kelly Sherrick died of a heroin overdose. She was 31.

In between those events, Kelly and her family were part of what has been declared a crisis and epidemic in Pennsylvania: Someone becomes addicted to opioid painkillers such as OxyContin or Vicodin. Eventually, they can no longer get the pills legally from a doctor or afford to buy them on the street. They switch to heroin, which costs \$10 or less per bag in central Pennsylvania. Authorities say it's as easy to purchase as beer or wine.

Opioid painkillers, it turns out, are far more addictive than was originally thought when doctors, responding to a new emphasis on alleviating pain, began prescribing them far more readily in the 1990s. Now, the number of prescriptions written in a year in the U.S. - 259 million - is enough to keep every American adult medicated for a month.

Some people become addicted following a legitimate prescription. Many others, with the pills so common in medicine cabinets and easy to find on the street, become addicted after taking painkillers to get high. That route is snaring many young people.

Alarm over the situation has spread from local families to police and coroners to the legislature and governor's office. Earlier this year, parents and grandparents filled rows of chairs at an opioid addiction "summit" in Lower Paxton Township. There, a Dauphin County commissioner told the crowd that, if everyone affected by opioid addiction but who doesn't know it were in attendance, the room would overflow.

A similar event was held in tiny Elizabethtown, home of about 1,500 people, in northern Dauphin County. Still another took place last month in York County in Hellam Township, population 6,043, in response to what was called the county's "fastest growing health issue."

Those locations reflect a noteworthy aspect of the crisis: It affects mostly white, middle-class people living in the suburbs. "A lot are coming from white-collar families. I treat physician's sons ... these are the kids that live next door," says Dr. Christopher Davis, the medical director at New Insights, an addiction treatment facility in Lemoyne.

The numbers are staggering

This summer, the Center for Rural Pennsylvania held hearings around the state to gather information about the situation. The resulting report, released Sept. 23, said abuse of painkillers and heroin affects one in four families and has caused about 3,000 deaths in Pennsylvania during the past five years.

The report said 80 percent of the people who use heroin first become addicted to opioid painkillers.

It also contained this frightening estimate: 34,000 people aged 12 to 17 try heroin annually in Pennsylvania.

Those familiar with the situation stress this: Heroin can snare anyone, no matter their income, their education or their neighborhood.

Kelly Sherrick grew up outside Hummelstown in a red brick house with a big porch and a backyard filled with well-tended shrubs and flowers.

"She had a regular life. She didn't live under a bridge," says her father, Jeff Sherrick, a retired welfare and fraud investigator for the state inspector general's office.

Kelly was the first-born child and only daughter of Jeff and Vickie Sherrick, who have been married 36 years. She graduated from Lower Dauphin High School. "She always got good grades and the teachers liked her," her father says.

She attended Harrisburg Area Community College for a while, then began working with people with intellectual and physical disabilities, first for Allegheny Valley School, then the Arc of Cumberland and Perry Counties.

She brought group home residents to family dinners and picnics. Her father recalls her being especially close to a middle-aged woman who wrote constantly in a notebook. Sometimes he followed her as she drove a van of people with disabilities to Friendly's, then helped shepherd the group inside for hamburgers or sundaes. "She bonded with a lot of them and they really liked her and they had their nicknames for her," Jeff Sherrick says.

Her life wasn't perfect. Her relationships with men didn't last, even after two children. Jeff Sherrick says he can't rule out the possibility she used drugs before the back injury, but saw no evidence of it.

A life going in reverse

The start of a horrifying decline seemed to coincide with the back injury. She became pregnant not long afterward, and was prescribed more painkillers by her ob-gyn after complaining of severe back pain, according to her mother.

"It's just unreal how easy it is to get this stuff," Vickie Sherrick says. The ob-gyn might have eventually suspected a problem, because Kelly asked her mother to accompany her to an appointment to vouch for her back injury.

Vickie Sherrick didn't recognize a problem until a 60-day supply was gone after two weeks. After finding empty painkiller capsules, Vickie and Jeff Sherrick realized Kelly was snorting the powder. Kelly's daughter was born addicted and shook with withdrawal after her birth.

Desperate for pills, Kelly made the rounds of the local emergency rooms complaining of back pain. For a while, they would give an overnight supply and tell her to see her doctor. Eventually, they came to recognize her and cut her off. She stole money and pills from family members.

Somewhere along the way she took up heroin, which is far cheaper and easier to get than prescription painkillers. She lost the job she once excelled at, then worked at a fast-food restaurant, then stopped working.

"A lot of her good features were starting to go away ... her work ethic ... everything was starting to fall apart," Jeff Sherrick says.

She did several stints at drug-treatment

Solitude continued on next page

Solitude continued

facilities in Cumberland County and one at a halfway house in Philadelphia. For a while she obtained treatment at a methadone clinic, where Jeff Sherrick would take her on Saturday mornings for the legally prescribed drug that can stave off the craving for heroin.

"We tried all these different things and it seemed nothing took effect. She couldn't change it around," her father says. Eventually, she seemed to give up, telling her mother she couldn't live without drugs.

Family members stopped receiving cards on birthdays and holidays. Near the end, Kelly lived in Harrisburg with no fixed address, sometimes sleeping in Riverfront Park.

Her parents no longer allowed her to live in their home, for reasons including fear of the people she associated with. Her mother says Kelly had become "like a caged animal" while at home. A counselor told them Kelly was an adult, and would either decide to get help or continue down a path of self-destruction. "I couldn't chase her anymore. We just couldn't do it," Jeff Sherrick says.

When she was sent to Dauphin County Prison for failing to appear at a hearing, Jeff Sherrick refused to bail her out, reasoning she was safer in prison.

Last September, she was robbed and assaulted in a drug house in Harrisburg. She walked to the emergency room at Harrisburg Hospital, where she talked of suicide.

She spent three weeks at the Pennsylvania Psychiatric Institute, which arranged for her to spend 90 days at a drug treatment facility.

By now she owned almost nothing. Her mother bought some clothing and packed a bag for her. They brought her children to see her off when she boarded a van for a publicly funded inpatient drug program in a former school in Beavertown, about 50 miles north of Harrisburg in Snyder County. That was in September 2013.

Hope, but it's temporary

Her parents saw she was badly shaken by whatever happened in the drug house. They hoped she had reached a turning point. For a while it seemed she did.

Beavertown, with fewer than 1,000 residents, is where former Monkees singer Davy Jones owned a home for years leading up to his death in 2012. "She got a kick out of that," her father says.

They took Kelly's two children for a visit near Thanksgiving. In the recreation room, Kelly played ping pong with them. It was mostly a happy visit.

Still, Jeff Sherrick noticed a "dullness" in Kelly and a seeming inability to feel much joy. "There was no twinkle in her eyes anymore," he says.

One unfortunate consequence of long-term heroin use are the changes it causes in the brain. Dopamine is a natural chemical in the brain released by pleasurable activities, and in response to exercise and pain. It's essential to helping human beings survive hard work and pain, and do the things needed to survive. Heroin floods receptors in the brain with dopamine – so much that receptors become de-activated in response to the overstimulation. The loss of receptors can be long-lasting and possibly permanent. As a result, former heroin addicts often have trouble feeling normal pleasure.

Jeff Sherrick believes that happened to his daughter.

Still, she chose to stay at the treatment facility – she was there voluntarily, and could have walked out. She spoke to her parents by phone weekly and gradually sounded stronger. The calls ended with "I love you." "Some clarity and reflection was restored at the rehab and she did show a flicker of her old self in those phone conversations," her father says.

The stay at Beavertown was supposed to last 90 days. Because Kelly was an adult, and because of medical privacy laws, her discharge plans were mostly between her and the rehab facility staff, her parents say. Apparently, the plan was for her to enter a halfway house.

The final hours remain a mystery

During the second week of December 2013 – near the end of 90 days – Kelly made a purported call to her parents to tell them she would be home for the Christmas holidays. The Sherricks say they never received such a call, although a staffer claims to have listened in.

Another patient from the facility was scheduled for a van ride to Harrisburg. Kelly asked to ride along, presumably to go to her parent's home. She apparently got off in Harrisburg. Her parents say they believe she connected with a man who had also been in rehab at Beavertown.

Two days later, in the evening, a police officer and a chaplain knocked on the Sherrick's

door. Jeff Sherrick thought something must have happened to their son – they thought Kelly was still in Beavertown.

She had died of a heroin overdose in the restroom at the Weis store a short distance away on Grayson Road. The coroner's office said she had one fresh needle mark, meaning the fatal dose was the only one she had taken since her release.

Dauphin County Coroner Graham Hetrick said that's common – the addict's tolerance drops while in rehab, but they take a dose they were accustomed to, causing an overdose.

Jeff and Vickie Sherrick don't know much about what Kelly did during her final 48 hours. Because of where she died, they figure she must have been returning to them.

"I don't think the addiction ever left," her father says. "She was still in active addiction mode and the halfway-house placement didn't come together in time."

An ongoing criminal case might provide some answers about Kelly's final days. Police have accused a local man, Tony H. James Jr., with supplying the heroin that caused the fatal overdose. The charges against James, who is awaiting trial, represent a new response to the overdose crisis whereby law enforcement is trying to hold dealers responsible for the deaths. James could face a maximum of 20 years in prison.

Jeff Sherrick is 61 and Vickie is 59. They are raising their granddaughter, Kelly's daughter, now 7. Kelly's 14-year-old son lives with them part time.

On a recent morning, the little girl sat at the kitchen table coloring, producing among her drawings one that showed a little girl in a green field under a golden sun and one bluebird among a flock of dark birds.

In the living room, her mother's ashes rested in an urn on a bookshelf, near the photo taken at the 2006 awards ceremony.

"Mostly we live with it in solitude now," Jeff Sherrick says. "We now belong to the saddest club on earth, with other parents who have lost a child."

If you or someone you know is struggling with drug addiction: The website of the Pennsylvania Department of Drug and Alcohol Programs contains information and resources for those seeking help, including a directory of treatment providers. The department can be reached by phone at 717-783-8200.

Addicted to a son's addiction:

Vickie Glatfelter tries to connect midstate addicts and families facing heroin

November 4, 2014

By David Wenner

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Bob Glatfelter shared a name with his father and grandfather, so they called him "Bubba."

Growing up amid farm fields and open space outside Dover in York County, he was so involved with football, basketball and baseball that his mother sometimes held up a blanket while he changed uniforms.

Vickie Glatfelter never withdrew her blanket of love and protection — even after Bob moved home in his mid-20s, and she had to sleep with her wallet, checkbook and car keys hidden inside her pillow case.

She only wishes she had known more about heroin addiction and how to help someone trapped in its grip.

If she had, she now believes, she might have prevented the events of April 22-23, 2014.

The dreaded knock

Vickie Glatfelter was lying in bed with her grandson — Bob's son, whom she and her husband had been caring for since painkillers, then heroin, derailed Bob's life.

Around 10 p.m., someone knocked on the front door. The elder Robert Glatfelter answered it. Vickie came down the stairs as a Northern York County Regional Police officer said their son had died of an overdose in a motel near Philadelphia.

She screamed.

Robert Glatfelter III was 28. He had recently completed a four-week stay in a treatment center near Philadelphia. The single father was waiting for an opening in a longer program where where he would also live. In the meantime, he had moved to a nearby halfway house, afraid he would face too many triggers if he returned to the Dover area where, according to Vickie Glatfelter, heroin is commonplace.

Yet on April 22, the final, heartbreaking blows opioid addiction would inflict on the Glatfelters weren't over.

The telephone rang. Now a police officer in Bensalem, Pa. was saying Bob had been revived at the hospital. Their first-born child was still alive.

The Glatfelters drove two hours to the

hospital, arriving around 2 a.m. They entered a room where machines were doing the work of Bob's heart and lungs. Vickie Glatfelter begged him to hang on.

But as a doctor spoke, hope evaporated. Bob's brain was bleeding and his kidneys and liver were damaged. His lungs had begun to shrivel. They needed to test for brain function. On the morning of April 23, 2014, Vickie Glatfelter signed papers allowing her son to be taken off life support. She can still picture the papers in front of her, and wonders if she made the right decision. He died at 7:38 a.m.

Refusal to watch in silence

The latter phase of Bob Glatfelter's addiction overlapped the worst event in Vickie Glatfelter's personal life. She worked for 27 years for York County, where she was assistant chief clerk. In 2011, she admitted embezzling \$347,000 by entering false amounts on postal items, and then obtaining and keeping the federal refunds. Her plea agreement involved a county prison term of nearly a year, restitution and probation.

Now, she says she has paid for her crime, and refuses to let her past dictate her future, and prevent something positive from arising from her son's death.

In August, she organized a "heroin rally" in Dover. She invited various government officials and anyone impacted by heroin. The attendees included Northern York County Police Chief Mark Bentzel, York County Chief Deputy Prosecutor Dave Sunday and York County Coroner Pam Gay.

About 30 people gathered outside Dover High School, where Glatfelter and officials spoke. Then the group that included parents, grandparents and young people walked to the town square, where they held signs calling attention to the toll of heroin.

On other occasions, Glatfelter has met with Gary Tennis, the secretary of Pennsylvania's department of drug and alcohol programs, and with Gay, to discuss ways to raise awareness and help addicts and families. She has received approval to start a chapter of "Not One More," a national non-profit whose mission statement expresses a goal of "Not One More overdose. Not One More lost spirit. Not One More grieving heart."

Glatfelter expects some people will hold

her past against her. But the death of her son, she says, has filled her with determination to fight back against addiction. She says the non-profit will have a board of directors and a treasurer to handle money. Glatfelter's role will involve organizing and outreach. "I've learned from my mistake and I've learned from my son's mistake," says Glatfelter, who works full time at a small York County medical equipment manufacturer. "I can't sit still and do nothing."

Heroin blots out the light

Robert Glatfelter, whose hands are rough from construction work, stands next to his wife in the kitchen of their brick home with an above ground swimming pool in the backyard. He shakes his head while recalling how busy his son used to be with athletics — immersed in things parents expect will keep their children healthy and strong and insulated from evils like heroin. On Facebook, he recently wrote, "Miss ya buddy you made me a proud father."

The Glatfelters aren't sure exactly how it began. Bob had become an apprentice electrician, working during the day and attending class at night. He had a car, an apartment, a girlfriend and then a child.

Sometime during his early 20s, Bob and his girlfriend began getting high on painkillers. There were claims of back pain and visits to multiple doctors to obtain painkillers such as Percocet and OxyContin and fentanyl patches, which his mother believes they altered to take orally.

The Glatfelters didn't realize anything was seriously wrong until he began losing things — jobs, his car, his apartment.

He moved back home, and they learned the extent of his addiction, although it took a long time until he admitted heroin use. At first, when his mother found needles and syringes, he would say they belonged to someone else.

He stole from his family, first small things that wouldn't immediately be noticed, then, according to his mother, "he robbed us blind." He loved his younger sister and they remained close until the end. But when she was prescribed a liquid cough medicine, most of it disappeared overnight, and she had to hide things in her car trunk.

At his service, Vickie Glatfelter told the

Addiction continued on next page

Addiction continued

gathering, "Addiction turned my sweet little boy so full of life and energy into a man I didn't recognize anymore."

Bob loved his son, now 7, who is autistic and doesn't speak. The love is obvious from pictures: Bob pressing his face against his son's cheek; helping him win a prize at a fair; squeezing him in the swimming pool.

But in the depths of his addiction, he would come home from work on a Friday and stay in his bedroom the whole weekend. Vickie Glatfelter would bring the boy to his room at bedtime, trying desperately to jumpstart his spirit and keep him connected to life.

Vickie Glatfelter, in her words, became "addicted to my son's addiction."

Bob entered treatment multiple times. He returned from the first stint after a few days. Vickie Glatfelter was elated, thinking the crisis was over. But he relapsed, and a pattern of treatment and relapse followed.

Gradually, Vickie Glatfelter learned what experts have begun to stress — recovering from painkiller or heroin addiction could well take months of intense inpatient treatment, years of aftercare and a lifetime of vigilance.

Had she known what she knows now, she would have scrutinized treatment programs more closely, pushed for better aftercare and, most important, been more insistent regarding adherence to aftercare.

"He would listen to me if I pushed, but I didn't push, because I didn't know. I didn't understand," she says.

Over the course of his addiction, Vickie Glatfelter heard her son cry from the sickness and despair of addiction. During clean periods, she heard him cry out of regret over things he did while addicted.

A flash of brightness

Early this year, Vickie Glatfelter gave her son an ultimatum. He must take responsibility for "fixing" himself. That was his only choice. She would no longer catch him. He entered the four-week program in Kennett Square. There, he seemed to finally understand what it took to stay clean, and to possess the necessary motivation. Vickie Glatfelter filled with fresh hope. Bob next

planned to attend a 90-day program, and moved into the halfway house to await an opening.

An ongoing criminal case in Bucks County sheds light on his death.

After about 10 days in the halfway house, he went to a motel with a woman in her mid-20s. Vickie Glatfelter says she believes he met the woman in rehab. According to an account written by Jo Ciavaglia of the Bucks County Courier Times, police believe the woman had recently overdosed after buying fentanyl she thought was heroin.

Police allege that on April 22, the woman arranged to buy heroin from the same dealer who sold her the fentanyl that had caused her recent overdose, and that she knew the drug was the same "brand."

In the motel room, the woman allegedly injected herself with half of a packet of the drug, while Glatfelter injected a full packet. Police allege cellphone records show that at 2:30 p.m. the woman sent a text stating something was wrong with Glatfelter, and that she sent subsequent texts that stated he was unconscious, and that asked what to do for an overdose victim. Police allege the woman waited six hours before calling 911.

She is charged with felony drug delivery causing death, which has a maximum sentence of up to 40 years in prison. The charge reflects a new approach by prosecutors, who are trying to hold people who sell heroin accountable for resulting deaths, and to send a message to dealers.

A movement spurred by grief

"I think as a mother your love gets in the way," Vickie Glatfelter says, referring to the time before she began reading about heroin addiction and began to understand what it takes to recover.

But she disagrees with those who say you must turn your back. Rather, people must understand how heroin affects someone and how it changes their brain, and stand behind them. "It has so much of a grip on them it's almost impossible unless you have someone behind you," she says.

Glatfelter is part of a growing movement of midstate residents impacted by addic-

tion who are reaching out to each other to provide support and information, and to fight the stigma that can isolate people from information and support. Another is Tracy Donbach of Dauphin County, who also is reaching out to government officials and who has been contacting to families who, like her, have lost a loved one.

Still another is Lori, a Dauphin County resident whose son is struggling against heroin and who endured years of isolation and shame over the situation. She says she found support and strength at a website, The Addict's Mom, and its related Facebook page.

Many others — parents, grandparents — have been slipping into town hall meetings, listening quietly and intently, and perusing tables of informational pamphlets afterward. One of Glatfelter's ideas is to hold some sessions where the TV cameras aren't running throughout, so people who have been struggling alone because of stigma don't stay away, or remain quiet, out of fear of appearing on the news.

A leading midstate official in the movement is Gay, the coroner, who is accepting invitations to hold town hall meetings in communities that want to learn about the problem. York County also has formed a "heroin task force." Gay recommends a website, ihavewill.com, which encourages people to share personal stories and is developing a phone app to connect people to resources.

Glatfelter, who is working with an accountant and expects to soon apply to the state for non-profits status for the local chapter of Not One More, expects to have it functioning by early next year. She has already established a Facebook page and an email account, notonemoreyorkpa@gmail.com, which she expects will be functional within a few days.

In her prepared remarks used when speaking about the painkiller-heroin crisis, Glatfelter says, "If you know someone who is suffering, please try to be open-minded and lend them your love and support. It's a devastating road they are on and you may be the one that makes the difference for them to find their way out of darkness."

Why not just put addicts in prison?

Not treating heroin abuse is costlier than treatment, official says

December 12, 2014

By Daniel Simmons-Ritchie

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Although Pennsylvania's treatment system is criticized by former heroin addicts and drug prevention advocates, there is hope for improvements in the short term.

Next year, the state will expand Medicaid eligibility under the Affordable Care Act, which means that roughly 600,000 uninsured residents in the state will be covered by the program. The expansion should significantly reduce the cost to counties to cover uninsured addicts.

But that still will leave a gap of uninsured addicts and, coupled with systemic problems around the length of inpatient rehab through Medicaid, health insurers or county-level assistance, it's unclear what difference it will make to the state's addiction rates in the long term without larger changes.

Jack Carroll, executive director of the Perry County Drug and Alcohol Commission, said while it can be tempting to think of treatment issues as a problem isolated to addicts, improving the system should remain a priority for all Pennsylvanians.

"The point is that even though they aren't being funded for treatment, the cost is probably greater to our society for not providing the treatment," he said. "And that's a message we have been trying to communicate to policy-makers for some time now."

Carroll said multiple studies, including a report by the U.S. Department of Health and Human Services, have found that every dollar spent on treatment saves taxpayers \$7.

Among those long-term costs, addiction experts have said they believe that each time an addict fails at treatment he or she becomes more difficult to treat, a concept known as "treatment resistance" in the

field. Researchers have said that addicts who relapse after treatment are less likely to think treatment is effective and are therefore less likely to seek it again. By the time addicts return to treatment, their addiction is often more severe, their health has deteriorated and rehabilitation is lengthier and more expensive.

Beyond the cost of repeated, unsuccessful treatment, Carroll said addicts pose a long list of other potential costs. Addicts who lose their jobs reduce the state's economic productivity and may become homeless, relying on welfare or other taxpayer funded assistance. Addicts are more likely to cause motor vehicle accidents, end up in hospital emergency rooms or give birth to children with birth defects that might require lifelong taxpayer assistance.

But perhaps most glaring, Carroll said, is that addicts are more likely to commit crimes such as theft to feed their habit and end up in jail. Although residential rehabilitation for opioid addiction isn't cheap, incarceration is even more expensive. It costs about \$42,000 per year to incarcerate an inmate in Pennsylvania, according to an estimate from the Vera Institute for Justice.

"There's a generally accepted figure in the corrections field that about 70 percent of inmates have a substance-abuse problem," Carroll said.

It's for that reason that some state lawmakers, such as Dan Frankel, D-Allegheny County, are pushing to undo the state's succession of cuts to addiction treatment funding.

"Not only does it need to be restored but our investment in care and prevention needs to be expanded," he said in a phone interview. "Not only do I think it will save lives, I think it will save the commonwealth a lot of money."

Frankel said he believed those cuts, and other cuts to the human services, had been

deeply misguided under Gov. Tom Corbett's administration.

Greg Heller, a Philadelphia-based trial attorney who specializes in insurance issues, also sees state-driven solutions to ensure better treatment for addicts.

Heller said the limited treatment coverage provided by self-insured entities, which cover more than three million Pennsylvanians, is likely illegal under the federal government's Mental Health Parity and Addiction Equity Act.

New York is one of the only states that has begun to crack down on those violations and, if Pennsylvania chose, it could also employ a variety of enforcement methods to ensure compliance with the law.

"There's a lot of information that is available to regulators and law enforcement, but you cannot expect the insurance companies to volunteer it," he said. "What they did in New York is just the tip of the iceberg of what the government is capable of doing when it comes to identifying and addressing these violations."

As one starting point, Heller said, the state's Insurance Department, Department of Health, Department of Drug and Alcohol Programs and Attorney General should work together to formulate an enforcement strategy using all available tools. First steps could include a review of insurance company data, which will illustrate pretty clearly who's paying for treatment and who's not.

Until steps like those and others are taken by the state, drug prevention advocates and former addicts said, addicts will continue to churn in and out of the system – at a cost measured in dollars and human lives.

"It's an epidemic of people dying from this because they can't get help," said Cristy Rafferty, a former heroin addict from Elizabethtown. "They can't get help when they need it."

'It took all my morals':

Heroin addict looks back on hellish existence

September 16, 2015

By David Wenner

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Heroin taught Drew Reed many hard lessons, including a slow-arriving one: he can't have any mood-altering substances.

Not even a beer.

One beer easily leads to two, then eight. "Clean date" momentum vanishes. Will-power disappears. Then comes a notion of "just this once." Then comes a return to the hellish life Reed, and his loved ones, endured for much of his 20s.

As the painkiller-heroin addiction crisis rages in the midstate, Reed and many others are learning it takes lots of learning, personal change, and sometimes multiple attempts, to stay clean. It also can require knowledge and change on the parts of loved ones.

Reed comes from a solid, hard-working family. His father is a deputy coroner in Franklin County. His mother runs a family-owned restaurant. By 21, Reed was an emergency services veteran who had turned it into a well-paid career.

After years of addiction to painkillers and heroin, and numerous rehab attempts, the 29-year-old spent seven months in treatment facilities last fall. Finally, he learned what successful recovery entails.

Still, thoughts of heroin sometimes fill his mind, and he must draw on everything he learned.

On July 4, heroin delivered another terrible lesson about what can happen if he forgets.

A 28-day fiction

Recovery from heroin is hard – much of society, in fact, is only beginning to understand how hard. It's the same with addiction to prescription painkillers such as Oxycontin. They also are opiates, and act the same as heroin inside the brain.

Unlike many drugs, opiates quickly create a physical dependence that causes the addict to become unbearably sick without the drug. On top of that, they bombard the brain so hard with pleasure-causing chemicals that the brain stops producing natural ones. Recovering addicts often go months without the ability to feel good, making it still harder to live without drugs.

There are more obstacles. Most opiate addicts need a great deal of help to stay

clean, especially for the first few months. A growing movement says most need at least three months in a treatment facility where they live full time, separated from their drug using environment, and learning new ways of living.

It's expensive. And despite laws intended to prevent it, insurance companies often cut off residential treatment well short of a month.

Other addicts lack insurance or money for treatment. Counties have funds to help them. But with so many people needing treatment, counties are running out of money before they meet the need.

The good news is the painkiller-heroin crisis has moved to the front of public awareness, with public officials, recovering addicts, and families of dead addicts steadily sounding an alarm.

For example, in response to all the overdoses, the state has allowed police to carry naloxone, a drug which can reverse an overdose. Naloxone quickly began saving lives in the midstate. But addicts wake up still addicted, with a raging need for heroin.

Now, the effort has entered a new phase: figuring out how to give all those opiate addicts the help they need.

Rehab, home, death

Drew Reed's friend from rehab seemed to have absorbed the lessons about addiction and recovery.

They met at St. Joseph Institute in Port Matilda, Pa. Reed spent 30 days at the facility, where faith is stressed, sugars and glutes aren't served, and a couple dogs romp about. One of the things he learned was he still wasn't ready to go home, where he had relapsed in the past. He moved on to a recovery house in North Carolina. So did his friend, who was 24 and from Baltimore.

Both came home in May after about seven months away from heroin. Each returned to a family and a job. Reed felt well-prepared to live a different life. As far as he could tell, so did his friend.

His friend went on a family vacation, returning home on July 3. Reed saw pictures full of sunshine and smiles taken at Disney World.

On July 4 his friend died of a heroin overdose.

Reed figures his friend gave in to the

idea of using just once. After being clean for months, his tolerance had fallen, and a once-routine dose killed him. It happens often to people trying to kick heroin. York County Coroner Pam Gay recently looked at dozens of local heroin deaths and found about 70 percent of the victims had recently been clean, either because of rehab or jail.

"It really puts things in perspective for me, because sometimes I need to be reminded the next time I pick up could be the last," Reed says.

Reed nearly lost his marriage because of heroin. He lied and stole and broke his parents' hearts.

With all he had going for him, it might seem hard to fathom why Reed would have struggled with painkillers and heroin for so long. But it's not hard for people who understand opiates.

Full of promise

Reed grew up next door to the Pleasant Hall Volunteer Fire Company near Shippensburg. His dad spent years as an officer in the company. Reed joined at 14, becoming a certified emergency medical technician at 16 and a paid EMT while in high school.

He clearly remembers the Tuesday 15 years ago when he first smoked pot. He was a freshman. Sun beamed down from a blue sky. Reed and a few buddies and a girl went to an Italian ice stand, then walked to a spot on the railroad tracks behind Shippensburg Fairgrounds. Getting high changed him. "I felt like I had no worries, I could finally be myself and feel comfortable in my own skin. From that moment on, I knew I wanted to feel that feeling as often as I could," he says.

He smoked pot every day, including before school, yet seemed OK on the outside. By his senior year at vo-tech, he had completed all the firefighting and emergency medical courses, and spent the last half of the year on a co-op job as a paid EMT.

After graduation, he worked as an EMT, then, at 20, went to paramedic school in Virginia. It led to a good-paying federal job as a firefighter-paramedic.

In 2007, he crashed his Suzuki Katana street bike and was given Oxycontin. That was another life-changer. More than the pain relief, Reed fell in love with the

Morals continued on next page

Morals continued

emotional peace the drug provided. Soon he was running out of pills before he was due a refill, and he began buying them illegally.

On the street, pain pills cost about \$1 per milligram — typically \$30 for a 30 milligram pill. They were easy to find. Many came from local people, including elderly people, whose prescriptions were paid for by Medicare or Medicaid. Reed knew a woman who sold her mother's supply and split the money with her. "You'd go to a normal house in Shippensburg," he says.

Reed eventually was spending \$1,000-\$1,500 per week on pills. One day a supplier said, "I have no pills, but I have bags." "Bags" meant heroin. "I didn't want to be sick, and it was a lot cheaper, so I said OK," Reed says.

The surge in heroin use is blamed in part on the fact that, about 15 years ago, the purity of heroin increased. Beginners could get high by inhaling the powder, rather than injecting it. But Reed, who had inserted needles into hundreds of people as a paramedic, immediately shot up.

Into darkness

One day a dealer who Reed owed came to the house. Reed's mother got him out of the jam. His fiancée threatened to break up. Reed entered a part-time treatment program. But he did it only to appease the others. He knew he would use again, although he told himself he would confine it to weekends and special occasions.

Throughout his 20s, Reed possessed the ingredients of the good life — a great job, a wife with a good nursing job, kids, a nice house, a camper, a truck.

Eventually he stole from a co-worker and was fired. He entered a residential treatment program in Scranton. He was using again two weeks after leaving.

One of the great lures of heroin is that it's cheaper than pain pills, costing \$10 per bag or less in the midstate. At first, one bag caused a high that lasted hours. But tolerance builds. Eventually Reed was injecting up to ten bags at a time, every few hours.

He took to buying dozens of bags at a time, telling himself he would make it last a few days. It didn't work. "Literally, the next day I was going back for more," he says.

Now heroin only kept him from getting sick. "There comes a point when you start to use just to avoid withdrawal — that happens to every addict," he says. He was consumed by shame and guilt, but couldn't stop. Many people think addicts are making

a choice, he explains. But they have only one choice, and that's to feed the addiction.

One day he wrote a suicide note. He drove the GMC Yukon he used to pull the family camper to a favorite spot at Letterkenny Reservoir. He sat down on a rock near the water and pointed a .45 caliber pistol at his head. Willing himself to squeeze the trigger, he kept thinking about his kids.

At home, his wife found the note. She called his father, who mobilized police, family and friends. Sitting on the rock, Reed saw his buddy pull into the parking lot. Then police came, and took him to the hospital for a psychiatric evaluation. Drug addicts are known as incomparable liars. Reed proved it. "Within an hour I had convinced the lady at the hospital it was all a big misunderstanding, and they actually released me from the hospital," he says.

He went back to heroin.

Last fall, he stole from a volunteer organization. "That used to be sacred to me," he says. "That's how bad my addiction got. It took all my morals, all my ethics."

That was rock bottom.

Reed went online and found St. Joseph Institute. He "detoxed" at home, telling his wife to hide his wallet and car keys, and suffering through several days of nausea, chills and diarrhea. People describe withdrawal as excruciating — one local addiction counselor describes it as the flu multiplied by 100. "If I would have had keys or money, I would have gone and got heroin," Reed says.

Residential not free nor freely authorized

For people who pay themselves, St. Joseph Institute charges a sliding fee of between \$18,500 and \$26,500 for 30 days. Reed's stay was covered by health insurance. Or so he thought. The insurance company stopped paying after two weeks, deciding it was no longer medically necessary. The St. Joseph staff disagreed. Reed had been injecting 50-60 bags per day. He had relapsed repeatedly. He had been suicidal. People at St. Joseph believed he was at high risk of dying if he left, according to Reed. No one told Reed about the situation until after nearly 30 days, so he wouldn't leave. Nine months later, St. Joseph was still appealing to the insurance company to cover the full stay, Reed says.

St. Joseph CEO Michael Campbell says privacy laws prevent him from discussing Reed's situation.

However, he said insurers deciding residential treatment is no longer needed is

common. Often, he says, "by day 14 we're into serious arm wrestling and appeals."

Campbell says two laws, Pennsylvania Act 106 and a federal act that took effect in 2010, are helping. The Pennsylvania law says, among other things, that health insurers must cover 30 days of inpatient treatment, and sometimes an additional 15 days, if a doctor says it's needed. The federal law, called the mental health parity and addiction equity act, bars insurers from putting limits on addiction treatment benefits that are stricter than those put on medical benefits. It has eliminated, for example, the once-common tactic of insurers saying residential treatment isn't covered until the addict has failed at outpatient treatment, according to Campbell.

Yet the two laws often don't apply, or they aren't enforced. For example, the Pennsylvania law doesn't apply to coverage provided by the many large employers who "self insure." Campbell estimates they apply to only about a third of insurance plans. Moreover, treatment advocates are calling for better enforcement of the laws.

Enabling hurts

Reed would steal. His mother would threaten to call police, but wouldn't follow through. On occasion she paid off a dealer. Other times she broke down and gave him money. She did it because she feared the alternative, such as a police record, would be worse. Teresa Reed wouldn't make those mistakes again. "I was a huge enabler," she says. "In the long run, we're only hurting them more by not letting them fall and get in trouble for what they've done."

Enabling is a widespread problem among addicts' loved ones. That's one reason why experts recommend counseling for them also, so they understand addiction and recovery. Beyond that, families and partners sometimes must change their own lifestyle for the good of the addict. They must learn things like the importance of aftercare, and that recovery never ends, and that they shouldn't offer the recovering addict a beer or a glass of wine, even on a special occasion.

Opiate addicts need time away

The painkiller-heroin crisis is proving the "28-day" treatment stay, which was never based on science, usually isn't enough.

Gary Tennis, Pennsylvania's secretary of drug and alcohol programs, says studies involving such addicts show little success with less than three months of residential

Morals continued on next page

Morals continued

treatment. "The research shows we start to get good outcomes after three to six months ... the research on that couldn't be clearer, yet it's very hard to get that kind of treatment funded," he says.

Experts say effective residential treatment can take place in various settings, based on the person and the circumstances. The detox phase, when the addict is at high risk of medical problems such as seizures, often requires a hospital-like setting for up to about a week. The next phase often requires a facility such as St. Joseph Institute, where the addict gets intense counseling and learns to control the temptation to use. After that, they often need several months in a place, such as a halfway house, that separates them from people and places that might trigger a relapse.

Campbell, the St. Joseph CEO, says he understands the funding challenges posed by a facility such as his, and doesn't expect people to stay longer than 30 days. In that length of time, he says, his staff can impart the needed information. But most addicts still aren't ready to put it into daily practice. Campbell wants them to move on to a less expensive facility, such as a halfway house, until they are able to withstand the temptations and triggers they'll face at home.

Tennis, in defending longer treatment durations, says "it is much more expensive to have people going in and out of 15- and 28-day rehabs."

He further warns of the danger that lurks in the early weeks after stopping heroin, when tolerance has dropped, but the impulse to use remains strong. People who relapse at that point often take a dose they were used to, and die of an overdose. "Fifteen days is about the right amount of time to kill someone," Tennis says of short treatment stays.

Insurers give their side

Dr. Lonnie Marshall, a medical director at health insurer Highmark, says "it doesn't happen very often" that Highmark pays for three months of residential treatment.

Highmark, she explains, bases treatment decisions on criteria established by the American Society of Addiction Medicine. For example, the society says intensive residential treatment is warranted in instances such as when the addict is in withdrawal and vulnerable to medical issues such as seizures. Or when the addict has other physical or mental illnesses that can complicate treatment, or prevent the addict from being able to manage daily living.

However, Marshall points out that Highmark abides by Act 106, and when a doctor orders 30 days of residential treatment, Highmark covers it, no questions asked.

Susquehanna Township-based Capital BlueCross takes a similar approach, according to Dr. Jennifer Chambers, Capital's chief medical officer.

However, Chambers points to a distinction between "inpatient treatment" and "residential treatment." Inpatient treatment, she explains, refers to a level of care needed to protect the patient's health, and typically involves medical care. Residential treatment refers to a setting intended to "sequester" the addict from a drug-using environment.

She says, "Residential services are meant to sequester someone from the every day stressors of their life. I would say that is really a public health issue, it's not a health insurance issue."

Chambers points out Capital recently paid to put naloxone, which can reverse an overdose, in police cars throughout Capital's 21-county service area. That should make Capital's commitment to addressing the crisis obvious, she says. And although Chambers didn't say it, the truth is it's cheaper for health insurers when addicts die.

Rather than relying solely on health insurers, Chambers sees a need for a "summit" of public and private entities to figure out how to get addicts the help they need.

Something like that is underway. This year, lawmakers held three hearings around the state to hear advocates and experts talk about how to improve the level of available treatment.

Moreover, Gov. Tom Wolf's proposed budget includes \$5 million to be doled out to counties for innovative treatment programs that give opiate addicts the needed level of treatment the latest research says is needed. According to Tennis, the results will be tracked, with a goal of proving what level of residential treatment results in recovery success, and using it to persuade insurers and lawmakers to fund that level of treatment.

With time, lessons stick

At St. Joseph Institute, Reed met with a counselor for hour-long, one-on-one sessions three times per week, and attended additional small group sessions. Staffers still keep in contact with him.

He finally understood what long-term recovery entails.

One of the things he learned was he wasn't ready to go home after 30 days.

So he went online and found a "recov-

ery" community in Asheville, N.C. It cost \$150 per week. He lived in a small house and shared a bedroom with another addict. They were subject to random drug tests, mandatory counseling sessions, curfews, and eventually required to have jobs. Reed worked at a mall clothing store, which covered his costs at the recovery community.

Only after six months did he feel ready to come home.

Recovery never ends

Reed, on lunch break from his nearby workplace, sits at a table at his family's restaurant. The staff cooks and waits tables while his mother works in the back putting away a delivery. His father takes a seat near him. Reed, with close-cropped hair and wiry build, wears a Dallas Cowboys cap and a cross hanging from his neck.

His musical tastes have long included both rap and Christian. But when he used heroin, he listened only to rap – he didn't want to think about his Christian values.

In earlier recovery attempts, temptation would grow in Reed's mind until he gave in. He has learned tactics for shifting his thoughts. He listens to music. He calls someone. If temptation persists, he knows he must call a support group sponsor.

Meanwhile, Teresa Reed, who comes out of the kitchen and sits down beside him, worries that with a busy sales job, and wife and kids and house, his attendance to after-care and recovery meetings will falter.

Reed has given loved ones a list of signs he might be using again. The list includes missing money, lying, sleeping a lot, and caring less about his appearance.

Kristin Noecker of the RASE Project, which works with addicts, says signs of relapse – blowing off commitments, lying – usually begin before the addict resumes using.

It's now understood that with addiction to opiates, relapse is common, and many addicts will need several attempts before getting good traction on the road to recovery.

Campbell, the St. Joseph CEO, points out some people who end up in rehab aren't ready to embrace what true recovery entails, and substantial resources end up wasted on them.

Noecker says, "Something changes in a person when they finally decide to stay in the recovery process. It can happen at different times. You never give up on someone."

Note: this article was revised to state that the federal mental health parity and addiction equity act applies to self-insured health plans. An earlier version said it did not.

Mapping heroin's grim toll in Pennsylvania

December 7, 2015

By Nick Malawskey

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The following map of Pennsylvania shows all of the drug-induced deaths (overdoses) that occurred in 2012. The data was compiled from the Pennsylvania Department of Health's EpiQMS application, and represents the most up-to-date listing of drug-related deaths available. Data from 2013 is expected to be released early next year.

Mousing over a dot (a death) will highlight some information about each of these individuals – the county in which they died, their age range and their sex. Note: Death locations have been randomized within each county.

Clicking on the button at the bottom of the map will clear the map and re-draw the deaths over the course of a year, in which each second roughly equates to one day. The order and timing of each death has also been randomized.

Due to the complexity of the map, the program will run slower for users on older computers or mobile phones. Also, for best results, mobile phones should view the map in landscape.

Due to the complexity of the map, the program will run slower for users on older computers or mobile phones. Also, for best results, mobile phones should view the map in landscape.

Mapping Pennsylvania's worsening heroin crisis

March 6, 2016

By Nick Malawskey

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Here's the frightening thing about Pennsylvania's heroin epidemic: It has spread to almost every corner of the state and does not discriminate based on age.

And it's getting worse.

Fueled by a boom in prescription pain medicine, heroin and related drug overdoses increased by 20 percent in 2014. And based on preliminary reports to the Pennsylvania Coroner's Association, the number of overdose deaths in Pennsylvania likely increased again in 2015.

And it isn't just in Pennsylvania. Across the nation, according to the Center for Disease Control and Prevention, opioid overdoses have quadrupled since 2000. Particularly hard hit have been Rust-Belt states and Appalachia where the number of deaths per 100,000 population are among the highest in the nation:

Drug overdoses have swept across the state, from a few pockets in the cities and suburbs to the rural northern tier.

According to the Pennsylvania Coroners Association, there were at least 2,488 deaths resulting from drug poisoning in 2014 – and that number is likely under-reporting the true scope of the crisis. The 2014 report, for example, doesn't include

numbers from 13 counties – including Montgomery, one of the largest counties in the state.

The Pennsylvania Department of Health has a more robust reporting system on "drug-induced" deaths, but its reporting suffers from a time lag, meaning the most recent information available only extends through 2013. It also includes poisonings from medically prescribed drugs.

The map below shows drug-induced deaths per 100,000 residents per Pennsylvania county by year. Use the slider at the bottom to change the year.

The number of deaths appears to be increasing. The coroners association's 2015 report probably won't be issued until April, but preliminary numbers show that the number of deaths in 2015 was higher than in 2014.

In October Gov. Tom Wolf signed an order allowing state and local police agencies to use Naloxone, a drug that reverses heroin overdoses. So far the drug has been credited with saving the lives of more than 550 people – including two men last week at a gas station near York.

Significantly, the opioid and heroin epidemic is not confined to young Pennsylvanians – the group people typically think of as being susceptible to drugs. Instead, the age groups which have been hardest hit by the problem have been middle-aged Pennsylvanians.

The following age pyramid shows drug-induced deaths by age group, broken between women and men, by year. Again, use the slider at the bottom to change the year.

"It is NOT a young person drug/issue by any stretch of the imagination," wrote Eric Kocian, a researcher at Saint Vincent's College in Latrobe who has been studying the issue. "We have interviewed many people in their 30s and 40s who got addicted to pain medication following a surgery where they followed their prescription and still became addicted.

"This is not something that is recreational, from what we are seeing. The pain pill addiction is real. Eventually prescriptions expire or run out and people resort to buying pain pills on the street or from others. When that becomes too expensive and there is still a need to function, heroin is the logical step for them [cheaper and more effective]. From there, it is a sad downhill process," he said.

To see the full extent of the problem in Pennsylvania, the map below plots each 2013 drug-induced death along with basic demographic data. Press 'play' to run a time-lapse of the year. Intra-county locations have been randomized, as has the date and pacing of drug deaths.

Sandusky accuser: Paterno told in '76

Unsealed documents raise new questions about who at Penn State knew what, when.

By Jeremy Roebuck and Susan Snyder
 STAFF WRITERS
 A man who claimed that he told Joe Paterno in 1976 that Jerry Sandusky had sexually abused him in a Pennsylvania State University locker room shower testified under oath that the iconic head coach brushed off his complaint, saying he had "a football season to worry about," according to newly un-

sealed court records. The allegation from the man identified as John Doe 150 was included in a trove of previously confidential filings made public Tuesday. Together, they suggest that Paterno or members of his staff may have known, but did nothing, about Sandusky's sexual assaults decades before the assistant coach drew law enforcement scrutiny. See **PATERNO** on A6



Joe Paterno brushed off complaints about Jerry Sandusky, an accuser said.

Why PSU paid \$93M

By Susan Snyder and Jeremy Roebuck
 STAFF WRITERS
 How did Pennsylvania State University decide to hand out nearly \$93 million to more than 30 of Jerry Sandusky's accusers? The process spanned months, involved lawyers and mediators, and hinged on much more than the merits of the claims, said Kenneth Feinberg, a lawyer who mediated the settlements on Penn State's behalf, along with his law partner, Michael Rozen.

"This was a very intense and difficult mediation," said Feinberg, who also managed as mediator the 9/11 victims' compensation fund and the settlements with those affected by the 2010 BP Gulf oil spill. His comments came in an interview arranged last week by Penn State as a Philadelphia judge prepared to release settlement records sought by the Inquirer and Daily News, and other media outlets. Those filings became public. See **FENBERG** on A6

Mike Jensen: Keep the Paterno statue in storage. **Sports, C1.**

A NATION IN TURMOIL

Obama: Don't Despair



President Obama (right), with his wife, Michelle, joins former President George W. Bush (center) and his wife, Laura, and Vice President Biden and his wife, Jill, at a memorial service in Dallas for the five fallen police officers. **ERIC GAY / Associated Press**

Mourning Dallas officers, he urges empathy and rejects division.

By Darlene Superville and Kathleen Hennessey
 ASSOCIATED PRESS
DALLAS — President Obama urged Americans rattled by a week of violence and protests to find "open hearts" and new empathy Tuesday in a speech that seewaxed between honoring police officers for their bravery and decrying racial prejudice that can affect their work. Obama stood next to five empty chairs for the white police officers killed last week by a black

man seeking vengeance for police killings. Behind him, underscoring his message of unity: Dallas police officers, a racially diverse church choir, and local figures who ranged from Police Chief David Brown to former President George W. Bush, a Dallas resident. Obama sought to reassure the nation that he understands the impact of the unsettling events of the last week — including the killing of two black men by police officers as well as the Dallas attacks. See **DALLAS** on A8

INSIDE

► Mother Bethel leader: "Social justice is in our DNA." **A8.**
 ► Mike Newall: Protests aren't supposed to make us feel comfortable. **B1.**

Temple board set to oust Theobald

Trustees voted no confidence in the president a month after he removed the university's provost.

By Susan Snyder and Steve Bohnel
 STAFF WRITERS
 Temple University's board of trustees on Tuesday took a unanimous vote of no confidence in president Neil D. Theobald during a private session, and announced its intention to dismiss him. The board's action, announced by spokesman Kevin Feeley, came after a regularly scheduled meeting. News of the planned ouster came less than a month after Theobald removed provost Hai-Lung Dai from his post and blamed him for a \$22 million shortfall in the university's merit scholarship program. It means the university could lose its top two leaders in less than a month. The announcement stunned the Temple community. "It's shocking and it's unprecedented, losing the two top leaders outside of the health system at once," said Art Hochner, president of the faculty union. "I'm unsure what this means for the university as a whole, but it certainly is an earthquake." The board plans to vote on Theobald's ouster on July 21, Feeley said. Theobald was given the chance to resign, he said, but refused. The intention to dismiss Theobald — an expert in education finance — is "largely based on Theobald's handling of events" surrounding Dai's ouster, Feeley said, as well as the \$22 million deficit. Feeley said Theobald knew of the deficit a year ago, when it was \$9 million. "Instead of insuring that the problem

See **TEMPLE** on A7

DEA: Drug deaths a 'worst' epidemic

By Don Sapatkin
 STAFF WRITER
 Drug overdose deaths in Pennsylvania jumped more than 23 percent last year, the Drug Enforcement Administration reported Tuesday, by far the biggest increase in at least a decade and a sign that the addiction epidemic remains out of control. An analysis of drug-related fatalities

by the DEA's Philadelphia Field Division found a 5 percent rise in deaths involving heroin, along with an astonishing increase — up 93 percent in one year — in the presence of the synthetic opioid fentanyl in the bodies of people who died of overdoses. It also found a resurgence in cocaine, which was detected in 41 percent more cases. Most people had multiple types of drugs in their bodies,

coroners found, so it's not always possible to blame one substance. "The nation and the commonwealth are in the throes of the worst drug epidemic in the country's history," Gary Tuggle, special agent in charge of the Philadelphia division, said at a news conference. He said his division is the only one in

See **OVERDOSES** on A14

Sanders endorses Clinton to fight for his issues



Hillary Clinton and Bernie Sanders join forces in Portsmouth, N.H., where the senator said his former rival was "far and away the best candidate" to meet the needs of Americans. **Story, A2. © AP/WIDEWORLD/GETTY IMAGES**

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Heroin extends grip in society

Addiction has climbed in the last decade, with mortality in Pa. and N.J. exceeding the average.

July 8, 2015

By Don Sapatkin

INQUIRER STAFF WRITER

Primed by widespread use of prescription pain pills, heroin addiction and overdose deaths have increased rapidly over the last decade, touching parts of society that previously were relatively unscathed, federal health officials reported Tuesday.

Between 2002-04 and 2011-13, heroin use doubled among women (vs. a 50 percent rise among men) and more than doubled among whites (vs. a decline in other races and ethnicities combined). It also went up faster in households with incomes between \$20,000 and \$50,000 than in those with more or less, and among the privately insured.

People addicted to prescription opioid painkillers were 40 times as likely to move on to heroin.

"We are priming people to addiction to heroin with overuse of prescription opiates," Tom Frieden, director of the Centers for Disease Control and Prevention, said at a news conference.

Death rates from heroin overdoses nearly tripled just between 2010 and 2013 nationally and in Pennsylvania, according to federal mortality data. They quadrupled in New Jersey.

For years, officials have focused their worry on misuse of prescription opioid painkillers such as Vicodin and OxyContin.

Meanwhile, heroin has become a popular alternative. It is essentially the same chemical as that in the prescription painkillers, but costs roughly five times less on the street, Frieden said.

And while heroin typically is injected, newer users increasingly are snorting and smoking it - an option that can work when the drug is unusually pure. The Philadelphia region has some of the purest and cheapest heroin in the country, according to the Drug Enforcement Administration.

The link between use of prescription painkillers and heroin is not new. Nor is the sharp increase in heroin-overdose mortality (and the even sharper, and larger, rise in overdoses from pain pills, although there is some evidence of a leveling off in recent years).

Between 1999 and 2013, heroin-related deaths have doubled or tripled in every Pennsylvania and New Jersey county in the Philadelphia region except for Philadelphia, where rates are high but relatively unchanged.

Heroin-overdose mortality is well above the national average in both states.

But the new report - drawing on an analysis of annual face-to-face surveys of about 67,000 Americans, the government's main source of data on illegal drug use - confirms and expands upon the findings of smaller studies.

Nearly 3 in every 1,000 Americans said that they used heroin in the previous year. That's up from under 2 per 1,000 about a decade ago, a 62 percent increase, which translates to hundreds of thousands more people, government researchers said.

Use more than doubled among ages 18 to 25, while rising 58 percent for ages 26 and older.

All but 4 percent of the people who used heroin in the last year also used another

drug, such as cocaine, marijuana or alcohol, according to the report.

The death rate from heroin nearly quadrupled to 2.7 per 100,000 people nationally between 2002 and 2013, when it claimed about 8,300 lives. In 60 percent of those cases, the cause of death was attributed to heroin and at least one other drug, often cocaine, according to Chris Jones, lead author of the new report.

But it is the highly addictive painkilling opioids, prescribed and sometimes overprescribed by physicians who are not highly trained in pain management, that concern officials most, Frieden said.

"A few doses and someone can have a life of addiction, a few too many and someone can die of an overdose," the CDC chief said.

Between 2011 and 2013, about 663,000 people said they had used heroin in the last year, officials said at Tuesday's news conference. About 12 million have used prescription opioids.

Once reserved for cancer and end-of-life pain, these narcotics now are widely prescribed for conditions ranging from dental work to chronic back pain.

Frieden called for more judicious use of the painkillers by physicians who, he said, should seek other ways to manage some forms of chronic pain; expanding the use of naloxone, an emergency medication that can reverse the effects of an overdose; and greater efforts by law enforcement to disrupt heroin distribution networks.

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Inquirer wire services contributed to this report.

Leading the anti-drug effort

Head of Phila. DEA sets dual priority: "Heroin and prescription opioids."

August 6, 2015

By Don Sapatkin

INQUIRER STAFF WRITER

Placed purposefully around Gary Tuggle's new office are small treasures picked up on past assignments: a Don Quixote statue recognizing his work in Trinidad, a Baltimore Ravens cap from his hometown, and, from a visit to Colombia, three dried opium poppies.

"I use them as inspiration," he said of the flowers whose seed pods are the source of heroin. "Every time I look at them, it reminds me of how bad the problem is in this country, and how much needs to be done to combat it."

In June, Tuggle reported to work as special agent in charge of the Drug Enforcement Administration's Philadelphia Field Division, which covers Pennsylvania and Delaware.

Tastes in illicit drugs vary around the country. Methamphetamine is the drug of choice in some western states (and pockets of rural Pennsylvania). Baltimore, where Tuggle began his career as a police officer and spent the last two years with the DEA, has long been big on heroin.

Heroin is at least as big in Philadelphia. But the drug available on the street now is hardly comparable to that of past years.

"When I was a cop in Baltimore," 25-plus years ago, "purity was 2 to 5 percent," said Tuggle, 51. Now it is over 85 percent.

Philadelphia heroin is more than 90 percent pure - the highest average found over the last two years in the United States, he said. Meanwhile, prices per kilo have been cut in half over a quarter-century.

Cocaine has also been a major drug here, but its price has recently gone up as heroin's has been coming down, Tuggle said.

Historically, he said, Baltimore's heroin problem was "generational." He dates it to the 1970s and '80s, when industry began to leave, and poverty and despair became more entrenched. He saw it growing up on the city's east side.

"A lot of people couldn't make the adjustment," he said. Philadelphia followed a similar pattern.

Those communities of older, largely African American, heroin addicts are still around. But they have been joined by growing numbers of younger users, predominantly white and from rural or suburban counties, who got hooked on prescription painkillers containing synthetic opioids. Low on OxyContin or the cash to buy it, desperate to avoid withdrawal sickness, they try heroin - the exceptionally pure stuff can be snorted or smoked - and get addicted.

"Oxy would go for approximately \$1 per milligram on the street, so 30 milligrams cost \$30," Tuggle said. "Heroin is \$5, \$10, \$15 on the street" for an equivalent dosage. But heroin, lacking the quality control and precise dosage labeling of pharmaceuticals, can be more deadly, especially for inexperienced users.

Because of the "gateway" role played by prescription painkillers, sometimes written for legitimate reasons, Tuggle refuses to single out heroin as his top priority.

"Heroin and prescription opioids," he said, "you can't say one without the other."

The dried stalks on his table stand in for both. Heroin is derived from the opium poppy, while synthetic opioids like oxycodone and Percocet attach to the same receptors in the brain, mimicking the effect. Together, they were responsible for more than 23,000 overdose deaths nationwide in 2013, a number more than quadrupling over 15 years, according to federal data.

Tuggle, who recently moved to Center City, was speaking from his 10th-floor office at DEA division headquarters in the federal building at Sixth and Arch Streets, sun streaming through huge windows overlooking the Ben Franklin Bridge.

This is his eighth assignment in 23 years with the DEA, which he joined after a short stint with what is now the Bureau of Alcohol, Tobacco, Firearms and Explosives. That has given him a variety of perspectives on drug issues - some of them academic, from an M.B.A. and a master's in government from Johns Hopkins University that he picked up along the way.

Each location was unique. From Miami in the early 1990s, he worked on cases involv-

ing Colombian drug cartels. In a Caribbean posting, he got to see the corruption-infused "narco-democracy" that the trafficker Charles "Little Nut" Miller built on the tiny island of St. Kitts, using fees he charged those cartels to safeguard their drugs en route to the United States.

His next assignment was Chicago, where he saw the same drugs killing kids.

The narcotics business has changed a lot since then. "Drug cartels used to be linear. Pablo Escobar controlled everything," Tuggle said. Then the Colombian cartels started using Mexicans to smuggle their goods across the border. Mexican cartels grew, and viewed the Colombians as mere suppliers. Street dealers here started buying from whichever distributor could provide the highest purity for the lowest price.

The evolving business model made tracking illegal imports like heroin more difficult. But the rapid growth in prescription opioids presents additional challenges. The pills can be stolen from a pharmacy or sold by a patient. Legitimate use can turn into addiction if not carefully managed. A handful of doctors sell painkillers for cash, leaving their patients addicted and vulnerable to heroin.

Tuggle said his staff of 300 would target the traditional criminal gangs, "but we'll also go after the 'rogue providers' that are putting these illicit opioids on the street."

Although his field is law enforcement, Tuggle is aware that demand drives supply, and considers raising public awareness about the risks of prescription painkillers to be part of his job. He says his past postings have broadened his perspective. They also have taught him to think beyond the next undercover operation.

In Baltimore, he said, he organized a trip to Colombia for four local police chiefs. They flew down in black ops helicopters, and met and talked with farmers as well as law enforcement officers. The goal was motivation and education.

"You had four police chiefs," he said, who would "come back and communicate about the issue."

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Many police forces not using OD antidote

August 22, 2015

By **Mari A. Schaefer**
INQUIRER STAFF WRITER

Ten months after police in Pennsylvania received the go-ahead to carry naloxone, the lifesaving antidote used to reverse opioid overdoses, a survey by the Center for Rural Pennsylvania show that many municipal departments have not yet opted to carry the drug.

The center surveyed the 1,008 municipal police chiefs in the state. Of them, 57.3 percent returned the questionnaire, which was designed to find out where coverage gaps exist and why departments declined to use naloxone.

The State Police, which serves large swaths of the state, already has its troopers carry Narcan, the common brand name for the drug.

The survey was mailed in May and the results were tabulated in late June, according to the center. The center did not report whether the responses came from rural or urban police departments.

Of the surveys that were returned, 82 percent of the departments reported they had not yet opted to carry Narcan.

The center reports that while drug overdoses are widespread, police departments cite cost and the fact that emergency medical service workers carry Narcan as the main reasons they do not provide the drug to officers.

"The survey indicated to us there still needs to be an educational program for police departments," said Barry Denk, director of the Center for Rural Pennsylvania.

When responding to emergency calls for an overdose, police were on the scene first for about 70 percent of the calls, according to the survey.

Twenty-eight percent of departments who responded indicated that they would begin to provide Narcan to officers within the next three months. Of the departments that have access to Narcan, 28 percent said they used the drug in the last 30 days.

Other reasons cited for not carrying Narcan were concerns for officer safety, access to training, demands on officers' time, liability, elected officials not supporting the program, and opioid /heroin use not being a problem for the community, according to the survey.

Gary Tennis, secretary of the Department of Drug and Alcohol Programs, said initial reluctance was seen in other states when police use of Narcan was approved.

"It is just a question of creating momentum," he said. Once police understand it fits within the duty of "protect and serve," they use it, he said.

Tennis said his department has about \$500,000 in funding for Narcan kits available to municipalities. A provision in the law protects officers from any liability, Tennis said.

Fatal heroin overdoses are on the rise

across the state. According to the state's coroner's association, in 2014 there were 2,489 people who died from a drug-related cause, up 20 percent from 2013.

In response to increases in heroin deaths, Pennsylvania joined at least 17 other states in allowing police to carry Narcan. Police in New Jersey began using the drug in 2014.

In Delaware County, the first county to permit police to use the drug, police have revived 84 people since the law went into effect in November.

"It is critical for saving lives," said District Attorney Jack Whelan.

County officials initially purchased 900 doses of nasal Narcan at a cost of \$16,000 to distribute to 42 municipalities, the county Park Police, and the Sheriff's Department.

The county is also using drug-forfeiture money as a funding source, said Whelan.

"Cost should not be a factor," Whelan said.

"All chiefs have to embrace this administration of Narcan," said David Montella, chief of Upper Providence Township police, where officers have saved two residents. It is vital that officers be trained with the drug just like they are with defibrillators, he said.

"Time without adequate oxygen results in brain-tissue damage, if not death," Montella said.

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Overdose reversals

The state reports 289 revivals using Naloxone.

September 1, 2015

By **Don Sapatkin**
INQUIRER STAFF WRITER

Police in Pennsylvania have revived 289 people using overdose-reversal medication that they were approved to carry late last year, the Wolf administration announced Monday.

"Pennsylvania has been seeing a sharp increase in drug overdoses across the state. Having naloxone kits in the hands of our first responders, who are often first on the scene, can make the difference between life and death," Gary Tennis, secretary of the

Department of Drug and Alcohol Programs, said in a statement.

About 2,400 residents died from drug overdoses in 2013, the most recent figures available. A majority of those deaths were likely due to opioids - mainly prescription pain pills or heroin.

Naloxone is an emergency medication that immediately blocks the effects of an opioid overdose, restoring breathing. Police, who often arrive before paramedics, can administer it easily, often via nasal spray.

The medication, which is also sold under the brand name Narcan, is not a narcotic and has no effect on conditions not caused

by opioids. It typically is administered when a subject is found unconscious and barely breathing, when there is no time to wait for an emergency medical technician.

It is impossible to tell how many of the 289 people revived by the police would have died otherwise. Some might have come around on their own or been taken to a hospital and received treatment there.

Delaware County, the first in the state to equip local police departments after the law changed in November, has reported at least 84 overdose reversals. Pennsylvania State Police began carrying the medication in the

Reversals continued on next page

Reversals continued

spring. Monday's news release from the state said that 27 of the state's 67 counties had reported that local police were carrying naloxone or would be soon.

But 82 percent of local departments that

responded to a Center for Rural Pennsylvania survey in May said they were not yet carrying the medication, center officials said earlier this summer.

The change in Pennsylvania law also allows families and friends of opioid users to

purchase naloxone by prescription. Experts say that most overdoses are observed by someone else, who could save them.

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Pill-disposal day moved for papal visit

September 8, 2015

By Don Sapatkin

INQUIRER STAFF WRITER

If the traffic box, ticket blocks, and worn-out socks aren't enough to illustrate the disruptive power of the pope in Philadelphia, try this: The papal visit is moving National Prescription Drug Take-Back day.

Yes, the big effort to get people to turn in their unused medications - 2.4 tons were collected over the last four years - is scheduled for Sept. 26.

Except in the Drug Enforcement Administration's Philadelphia Division, which covers Pennsylvania and Delaware, where it will be Saturday.

"I think it is safe to say that greater Philadelphia will be gridlocked," said Patrick Trainor, a local DEA spokesman. Some people would be unable to reach drop-off boxes, the agency would have a harder time collecting the drugs, and, of course, much of the region's law enforcement would be on pope duty.

New Jersey is sticking with the original date. Bucks and Montgomery Counties have gone off on their own. More on that later.

Most Americans have unused drugs sitting in medicine chests. Using them in the future, without a physician's guidance, can be unsafe. Flushing them down the toilet pollutes the drinking-water supply. Leaving them on the shelf invites abuse, particularly of prescription pain pills - teens may experiment with them, guests may swipe them, friends may ask to "borrow" them.

Doctors wrote 259 million prescriptions for opioid painkillers in 2012, the Centers for Disease Control and Prevention reported last year, and there were 46 prescription opioid overdose deaths per day. That doesn't include overdoses from heroin, to which prescription narcotics are often a gateway.

Nearly 65 percent of people 12 and older who illicitly used prescription pain pills such as Percocet and oxycodone got them from a friend or relative, most of them for free, according to the 2012 National Survey on

Where/When

National Prescription Drug Take-Back day is Sept. 26. But the pope's visit that day has changed some local schedules:

DATES

Most of Pennsylvania and Delaware: This Saturday.

New Jersey: Sept. 26.

Bucks, Montgomery: Oct. 17.

TIMES

All three Saturdays: Drop-offs from 10 a.m. to 2 p.m.

Other days: Some police stations maintain permanent drop-off boxes during regular hours. (Call to find out.)

FIND LOCATIONS

Most of Pa., N.J., and Del.: www.dea.gov or 1-800-882-9539.

Bucks, Montgomery: Locations posted on county websites as the date approaches.

Drug Use and Health.

To reduce the supply, the DEA in 2010 began working with local agencies to sponsor biannual "take-back" days, when residents could safely empty their medicine cabinets. It skipped this year's spring event. But some highly organized counties - like Bucks, which pioneered collection efforts in Pennsylvania, working in recent years with Montgomery County - went ahead on their own.

Having twice-yearly drop-offs "creates healthy community habits," said Donna Foisy, cochair of the Bucks County Medication Collection Project. "Change your clock, check your batteries, clean out your meds."

During the last national take-back day, in September 2014, Bucks collected 7,201 pounds of drugs - nearly twice as much as any other Pennsylvania county and a quarter of the statewide total. Philadelphia, by contrast, took in 557 pounds, according to the DEA.

Take-back days across the country are organized by community organizations, which plan and publicize them; local law enforcement, which hosts the drop-off boxes and delivers the contents to a central county location; and the DEA, which in most cases picks up and disposes of the county's haul.

When the DEA announced earlier in the summer that the next National Prescription Drug Take-Back would be the same day that Pope Francis visits Independence Mall, the agency's Philadelphia Division quickly got permission to hold it Saturday instead.

Bucks and Montgomery Counties decided that their complex joint operation needed more time, Bucks District Attorney David Heckler said. Bucks alone has around 50 drop-off locations, twice as many as any other county in the state; each site must be staffed by law enforcement. The two counties will hold their prescription drug take-back day Oct. 17.

The DEA's New Jersey Division, headquartered in Newark, is staying on the national schedule.

"We do not perceive any issues," said Andy McNeil, spokesman for the Camden County Prosecutor's Office. "We encourage any residents of Camden County who have unwanted prescription drugs to drop them off on or before Sept. 26. The majority of police departments have permanent drug drop boxes at their stations that are available year-round."

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Targeting prescription abuse

Too many pills, too little oversight

October 18, 2015

By Don Sapatkin

INQUIRER STAFF WRITER

Pat McGuckin barely recognized her 39-year-old son. Once a personal trainer and bodybuilder, Michael now was exhausted, his limbs bloated, his mood so volatile that he ripped the phone off her wall.

He told his worried mother that he was in pain from a car accident but that a doctor was helping him.

On Oct. 21, 2007, his younger brother found Michael in bed, his body cold. A few days later, their mother stared at the words on the death certificate, struggling to understand what had killed her son.

She dialed Richard J. Hollawell, a friend of Michael's since childhood in Northeast Philadelphia.

"I said, 'Rick, it says 'adverse reaction to prescription drugs.' How could that be? He was under a doctor's care,'" Pat McGuckin recalled.

Hollawell soon would learn from medical records that his friend was being prescribed nearly 200 narcotic pain and anxiety pills every week in dosages that easily could be fatal, an expert said. And the doctor who wrote those prescriptions operated on a cash-only basis, which meant no insurance company could flag the extreme pattern.

For Hollawell, now a lawyer in South Jersey, that call - and what he said he discovered about his old buddy's care - triggered what has become an eight-year quest. In seeking justice for three casualties in the national epidemic of painkiller overdoses, he is taking aim at the small number of doctors who play an outsize role in the crisis.

Hollawell had known Michael McGuckin ever since the boys, both students at Our Lady of Calvary grammar school, would hang out at the McGuckin home next door, playing video games. They followed different paths as adults, but kept in close touch.

Several years after McGuckin died, Hollawell got a call about the death of a second childhood friend. The cause was heroin, but his addiction began with pain pills, almost 20,000 prescribed over four years.

His source was the same as McGuckin's, a physician with a solo practice near Rittenhouse Square named Thomas C. Barone.

Hollawell pursued medical-malpractice

lawsuits in both cases. McGuckin's went to trial four years ago but was settled for \$1 million against Barone before the jury's verdict could be read in court. The second was also settled, for more than \$800,000, two years later.

A third suit, involving another death, was filed last month.

"He got them all sick instead of helping them," Hollawell said. "He literally gave them an illness, and that illness was addiction. And they never came back from it."

The cases illustrate key issues in the deadly drug crisis: Many addictions begin in medical offices, when patients seek help for pain. Without appropriate monitoring, patients can obtain astonishing quantities of drugs that hook them, kill them, or lead them to prescription opioids' street relative, heroin.

Anyone, from any background, can fall prey to prescription-drug addictions.

Meanwhile, as a frustrated Hollawell would learn, regulators and other officials charged with protecting the public can be slow to act.

In Barone's case, state action came four years after the first of Hollawell's three complaints. A fourth death was found by state investigators. Barone has temporarily lost his medical license and cannot practice.

He did not respond to repeated efforts by The Inquirer to reach him by phone, in person, and by mail.

Expert witnesses at the 2011 civil trial painted vividly different pictures of Barone's treatment of Michael McGuckin.

"I found it to be appropriate. I found it to be caring. I found it to be within the standards of care," Gerald Hansen, a physician at Abington Memorial Hospital who is board-certified in family medicine and pain management, testified for the defense.

Warren Wolfe, a trained pharmacist and board-certified family physician who practiced in Cherry Hill for 40 years, said the treatment was "reckless." Barone failed to record basics such as the patient's weight and temperature, review records from other doctors, and ignored obvious signs that the patient was in trouble, Wolfe said. "He is seeing Mr. McGuckin every two weeks, with the same pain, giving him more and more medicine. . . . There is no treatment plan," said Wolfe, who is now retired in

Virginia. "There are so many other things he could have done."

Barone has never been charged criminally and did not admit guilt in negotiating his license suspension.

His license could be reinstated next summer, at the end of an 18-month suspension.

Call for help

Not long after Pat McGuckin called Hollawell to help her understand what had happened, she showed him prescription bottles that the family had found in Michael's bedroom. Hollawell was no expert in narcotics, but he recognized some of the names on the labels: highly addictive opioid pain relievers as well as antianxiety medications known to enhance the high that users get from opioids. TV news was reporting about Florida "pill mills" so notorious they drew customers from around the nation.

"That's when the alarms started to go off," he said. "I just knew that they were dangerous drugs."

Hollawell, a partner in the small Marlton firm of Console & Hollawell, was a personal-injury lawyer who had handled some medical malpractice, but this case required him to dig into a world that was almost entirely new to him.

At first he was driven by emotion. "I went to elementary school with Mike," he said. "I was on Little League baseball with Mike."

As a youngster, he often went home for lunch with Mike to his boisterous household, always full with six McGuckin children and all their friends.

The boys went through high school together. After Fordham University and Widener Law School, Hollawell got married, and McGuckin was there.

McGuckin started at Temple University but quit after a year and a half to concentrate on bodybuilding. He won trophies and paid his expenses by training others. But after hurting his back in a 2005 car crash and starting on painkillers, he began to spiral downward.

Reviewing the medical records after he died, the family pieced together what had happened.

Warning signs that might suggest drug abuse were included in Barone's brief medical notes. The doctor wrote that McGuckin told him he had lost pills in his luggage on

Prescriptions continued on next page

Prescriptions continued

a trip. Another time his patient said he had accidentally spilled the pills down the drain. He also claimed they were stolen when his car was towed.

Each time, Barone wrote new prescriptions.

Barone testified he did eventually have concerns that McGuckin might be lying about how many pills he was taking. He asked McGuckin to bring in his pill bottles, but McGuckin did not.

"I could have decided at that point that I can't treat him anymore," Barone testified during the civil trial. "But he expressed to me how appreciative he was, thankful for the care that I gave him, the treatment that I gave him, and that he really was not getting adequate treatment or care from his other doctors. So I felt that responsibility that I could not abandon him."

Pat McGuckin sees it differently.

"You trust a doctor to do the best for his patient," she said in an interview at her home, where Michael grew up. "He didn't. He was just 'Here, here's your prescription, see you.' I'm heartbroken that a doctor would do that."

Barone testified that he never performed routine checks such as recording Michael McGuckin's height and weight, or ordering blood work or urine tests. He decided McGuckin had a "possible lumbar disk bulge/herniation," but said he had not needed diagnostic tests to confirm it.

Yet he doled out more and more pills.

By the time McGuckin died, Barone was writing on average 210 Percocets (10 mg.), 104 OxyContin (80 mg.), and 70 Xanax (2 mg.) every two weeks.

"That's a huge dose," Larry Axelrod, a physician whose South Philadelphia practice is devoted to workers' compensation injuries, said in an interview. Knowing nothing else about the case, he guessed that the patient had died. Axelrod is hired by insurers to review other doctors' records when excessive prescribing is suspected. But Barone would not have been flagged by any insurer. He accepted only cash, a practice typical of pill mills, a spokesman for the U.S. Drug Enforcement Administration said.

'Rogue providers'

More than 100,000 people have died in the U.S. of opioid overdoses in the last decade, according to federal data. No one knows how many deaths can be attributed to "rogue providers," as Gary Tuggle, special agent in charge of the DEA's Philadelphia Di-

vision, dubs the doctors, dentists, and others who prescribe drugs without proper care.

But Tuggle would characterize the problem this way:

"It's really big," he said, explaining that if even just 1 percent of the more than 50,000 providers registered to prescribe narcotics in Pennsylvania "go off the reservation to become rogue distributors, that's a lot."

Barone began practicing in Center City in 2004. He grew up in North Jersey and graduated in 1995 from the Philadelphia College of Osteopathic Medicine, where he is currently teaching as a part-time clinical associate professor. (Asked about his status, a spokeswoman emailed on Friday that "his role at the College is solely academic, which does not require him to have a license - he has no contact with patients nor oversight of any prescription medication.")

Barone, 46, is board-certified in family medicine but not pain medicine, and had admitting privileges at Thomas Jefferson University Hospital until the state's first action against him last year. In spring 2013 he was elected to a two-year term as a trustee of the Pennsylvania Osteopathic Medical Association, an independent group.

He did not respond to repeated messages left in person and by phone at his former office in the Medical Tower office building on South 17th Street. He signed a receipt for a certified letter sent to his home a few blocks away.

Arthur K. Hoffman, a lawyer in Harrisburg who represented Barone in his license-suspension case, said he was not authorized to comment.

A different kind of case

A typical case of medical malpractice involves a direct line between cause and effect: A physician fails to diagnose a cancerous nodule, the patient develops cancer.

Hollawell's lawsuits were different. Patients who are addicted to prescription drugs often lie to doctors and pharmacists to feed their habit, which means jurors might blame them for their own deaths.

"People just think it's your fault," Hollawell said. "Everybody was telling us how difficult it would be to prove the case."

Hollawell disagreed. "You get hooked, your behavior changes, all you want to do is get what the doctor's giving you."

Talking to jurors after the McGuckin trial - though it was settled before their verdict was recorded - showed Hollawell his argument was persuasive. But he faced a tougher test when he took on the case of

another childhood friend, Nicholas Rallis.

Rallis died at age 40 of a heroin overdose. When his body was found in an empty Kensington warehouse in September 2011, it had been more than two years since he had received a painkiller prescription from Barone.

Today, experts attribute much of the recent surge in heroin use to people who started on prescription opioids. Hollawell said he always has been certain this was true for Rallis.

"Barone made him the addict," he said. "He would have never encountered heroin had he not met Barone."

Back at Archbishop Ryan High School, Hollawell knew Rallis as a smart kid who would go on to be an A student at Drexel University. "He had a nice job with Coca-Cola in finance," the lawyer recalled.

Rallis started seeing Barone for treatment of a back injury in 2005 and recommended the doctor to McGuckin, Hollawell said. In the four years Rallis was his patient, Barone wrote prescriptions for 19,935 pills, according to records compiled by Hollawell.

Some time after his last visit to Barone, he turned to heroin. His mother, Lorraine McNulty, thinks it was because heroin is much cheaper than prescription medication.

McNulty said her son tried hard to beat drugs, including two stints in rehab.

"I watched him cry many times when it was just him and I over the way his life had turned out and how he wanted to cure himself from this disease and demon," she said.

Rallis would have turned 45 on Oct. 4. His mother keeps a series of unanswered text messages she sent her son the day he died: "Hi, what are you up to? . . . Are you at a meeting? . . . Are you OK: have not heard from you."

On his birthday, she pulled out her phone, read the messages, and cried.

Malpractice settlement

When Hollawell threatened to file a lawsuit on behalf of Rallis' estate, the doctor's malpractice insurers settled for \$825,000, according to court records.

Both Pat McGuckin and Lorraine McNulty said what they really wanted was to stop the doctor from practicing medicine, permanently.

Back in 2010, Hollawell said, he shared his evidence against Barone in the McGuckin case with the state Board of Osteopathic Medicine, which issues and oversees

Prescriptions continued on next page

Prescriptions continued

licenses. He later did the same with the records he compiled in the Rallis case and again in his most recent lawsuit.

It took four years and a fourth death, which state investigators found on their own, before the board suspended Barone's license in September of last year. It then negotiated a consent agreement that required him to get additional training in prescribing narcotics and a skills assessment during the 18-month suspension.

Barone admitted no wrongdoing. Neither the February consent decree nor the osteopathic board's one-paragraph public announcement mentioned any deaths.

The board can revoke licenses but rarely does so. A request to interview board chairman Jeffrey A. Heebner, a family-practice doctor in Montgomery County, was denied. A spokeswoman for the Department of State said that as a matter of policy no members of any of Pennsylvania's 29 licensing boards speak to reporters.

Opioids for migraines

Joey Caltagirone went to see Barone for migraines in 2005. Medical guidelines generally recommend against using opioids for migraines, because they can cause even worse headaches when patients go off them.

But Caltagirone left that first appointment with a prescription for 100 Percocets, according to the lawsuit filed by Hollawell in Philadelphia Court of Common Pleas.

Over the years he got more narcotics, but

the headaches continued, said his father, Joe. His marriage crumbled. He lost his room-service job at the Marriott Downtown, where his father still works.

Worried about him being alone, Caltagirone suggested that he live with him in Kensington a few years ago.

"He was my best friend. A beautiful boy. Kind heart. Quick to laugh. My soul mate," the father said.

Though Joey could not use his health insurance for his visits to Barone's cash-only practice, he did use it to pay for the medications. In 2009, Express Scripts, the pharmacy benefit manager, notified Barone that his patient was getting large quantities of narcotics, including fentanyl, oxycodone, and Percocet.

His father repeatedly found Joey collapsed on the floor. One day, Joey told him about his doctor and the drugs. His father called Barone:

"I said to the doctor, 'Why does he have to take Percocet every single day when all he has is migraines? This is insane.' " He said Barone told him that he would reduce the dosage.

Eventually, father and son went together to see a specialist at Thomas Jefferson University Hospital's Headache Center. "He said to Joey, 'You have been taking lethal doses of medication, and we are going to get you into a hospital,'" Caltagirone said.

Shortly after his release, medical records show, Barone wrote Joey a prescription for methadone, an opioid he had never taken

before. Methadone is best known as a highly regulated treatment for addiction, but can be prescribed by any doctor for pain. The risk of overdose is particularly high.

Six days after the first prescription, Barone wrote a second for twice as many tablets. Three days later, on May 15, 2014, Joey Caltagirone died at age 39.

Manner of death, according to the medical examiner's report: methadone toxicity.

"Too much methadone can kill you," Stephen M. Thomas, a pain specialist from Pittsburgh, testified at Barone's license-suspension hearing in Harrisburg five months later.

Barone knew that the patient had been behaving like an addict for years, with his pill-taking "out of control," Thomas said in a phone interview Friday. "It is one thing if I put paper on a fire that is already burning. It is another thing if I put gasoline on," he said, adding that the death was entirely predictable.

A few days after Joey died, Barone called the Caltagirone house. "He said, 'Can I talk with Joey?' " the father recalled. "I said 'He died.' "

The doctor then asked if he could come to the funeral, he said, and added a request:

"He said, 'Sometimes the family is hostile against the doctor. Can you make sure that I'm all right?' "

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Pa. young mens overdose deaths lead U.S.

New Jersey ranked fourth. In the eight-county region, more than 100 from ages 19 to 25 die annually.

November 20, 2015

By Don Sapatkin

INQUIRER STAFF WRITER

Inquirer staff writer Chris Palmer contributed to this story.

Pennsylvania leads the nation - and New Jersey is fourth - in drug overdose deaths among young adult men, according to a new analysis, raising the level of urgency about an epidemic that over the last decade has killed more than twice as many Americans as homicide.

Bucks and Gloucester Counties led their respective states in overdose fatality rates

among males ages 19 to 25 - each of them nearly three times Philadelphia's rate. In the eight-county region, more than 100 young men a year are dying from overdoses of both illicit and legal drugs.

The state numbers are included in a report on teen substance abuse released Thursday by the Trust for America's Health. The public health nonprofit examined federal statistics for 2011-13 filtered by age and sex. An Inquirer analysis did the same at the county level.

Pennsylvania, with 30.3 deaths per 100,000 young-adult male residents, was less than one-tenth of a point higher than No. 2 New Mexico.

But when all ages and genders are combined, Pennsylvania ranks ninth, with a death rate that is two-thirds that of the worst state, West Virginia. New Jersey's overall rate is below the national average.

The difference has to do with the far-higher overdose rates in middle age. But state-by-state variations depend on numerous factors, including occupation. For instance, West Virginia disability-claims records suggest many coal miners were prescribed addictive painkillers.

The new report focuses on teens and young adults, to make the point that

Deaths continued on next page

Deaths continued

stepped-up prevention efforts when youngsters are still in high school could have a major impact on deaths later on. Overdose fatality rates for ages 12 to 18 are one-tenth those of young adults.

"The opportunity to do prevention work is when they are still in school, that captive audience," Jeffrey Levi, the foundation's executive director, said in an interview.

Patterns of drug use as teens transition into adulthood are not well understood, Brian Bumbarger, a founding director of the EPISCenter at Pennsylvania State University, said Thursday.

The report praised the work of Bumbarger's center (the acronym stands for Evidence-based Prevention and Intervention Support), a statewide collaboration of several agencies and efforts. It also scored states on how many of 10 recommended policies they had adopted, from bullying prevention to mental-health funding. New Jersey was one of only two states with a perfect 10; Pennsylvania was above average with seven.

The indicators mainly seemed to indicate how little is known about teen addiction.

But why would young adults in Pennsylvania be any different from those elsewhere? And what explains the higher rates in the suburbs? Bucks, Montgomery, and Delaware Counties all have much higher fatality rates than Philadelphia (Chester County is also lower). Gloucester, Camden, and Burlington Counties are above the New Jersey average.

Jeanine M. Buchanich, who studies overdose data at the University of Pittsburgh's Graduate School of Public Health, said that patterns in some parts of Pennsylvania seem to be an extension of neighboring Appalachian states, where prescription painkiller addiction is greatest.

Over the last decade, painkillers have become a major gateway to heroin. Some people who are addicted to synthetic prescription opioids move on to the substance derived from opium poppies to avoid withdrawal sickness when they can no longer afford the pricier pain pills.

Buchanich cited a couple of reasons for

the suburban death rates. One is essentially the result of "competing risk": Philadelphia loses so many young men through homicide that overdose rates are lower.

The other, which she attributed to research by the journalist Sam Quinones for his recent book *Dreamland: The True Tale of America's Opiate Epidemic*, is that Mexican drug importers years ago targeted suburban areas, where painkiller use was already high, in an effort to avoid urban drug gangs.

Overdose deaths have leveled off in some parts of the country in recent years. "Unfortunately, Pennsylvania is not one of those places so far," said Buchanich, who has seen more recent data than what were used for the new report on teens and young adults.

A separate, just-released Drug Enforcement Administration analysis of overdose fatalities in Pennsylvania noted that some of the cheapest and purest heroin in the nation passes through Philadelphia. Extremely potent heroin can be snorted or taken orally.

Roland Lamb, director of Philadelphia's Office of Addiction Services, pointed to a report that "heroin tablets" disguised as the prescription opioid oxycodone, complete with similar markings, had been seized in New Jersey last year.

"The idea is that with swallowing, you have less of an aversion" compared with injecting it, he said.

A decade ago, Mike Pelone started taking OxyContin and Percocet that he purchased on the street while living in Bucks and Montgomery Counties.

A 2005 graduate of Wissahickon High School, he went through rehab three times. In August 2010, after 90 days of sobriety, "he scored some heroin, got high, and died," said his father, Michael J. Pelone. He was 23.

Despite the tragic end to a five-year struggle, Pelone said, Mike's family had learned to accept his addiction as a form of chronic disease, as the medical profession has in recent decades. He wishes everybody would.

"There are no annual parades or ribbons to wear for them," Pelone said. "Just a

robust stigma remains, with plenty of 'what ifs' and 'whys' from the folks who know so little of drug addiction."

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Several Moves This Week

Thursday's report, "Reducing Teen Substance Misuse: What Really Works," comes amid a flurry of activity to combat overdoses.

The Food and Drug Administration on Wednesday approved a nasal-spray version of the opioid overdose-reversal medication naloxone, which is increasingly being carried by police and other first responders and is known as Narcan.

The Pennsylvania Health Department recently announced a "standing order" for the medication, essentially meaning that pharmacies can provide it without a prescription to families and friends of people who are at risk of overdose. New Jersey allows this as well.

The American Medical Association on Tuesday called for a ban on direct-to-consumer advertising for prescription drugs and implantable medical devices, arguing that they are a factor in increasing health-care costs and encouraging patient demands for inappropriate treatment. Research shows that prescription pain relievers are not effective for chronic pain, but they are heavily advertised and frequently prescribed by doctors.

Federal advertising restrictions were loosened in 1997, and drug sales soared over the next decade. New Zealand is the only other country that allows prescription medication commercials on television with minimal regulation.

Also on Tuesday, the Obama administration released its 2015 National Drug Control Strategy. It encourages Congress to permit Medicare to review and restrict inappropriate prescribing. Private insurance companies and state Medicaid programs have used such reviews for years to reduce the use of addictive drugs. - Don Sapatkin

Doing more to fight addiction

November 30, 2015

By Katie McGinty

I have seen firsthand the destruction of addiction. Alcoholism has hit my family, close friends, and relatives, causing heart-break and snatching away lives, relationships, and careers.

My family and I aren't alone. An addiction epidemic is taking hold throughout Pennsylvania and the country as more people are turning from prescribed painkillers to the cheaper alternative of heroin.

Pennsylvania has moved from 14th to ninth among the states in drug overdose deaths per capita. Recent headlines highlighted the horrific reality that young men in Bucks County are dying from overdoses at a greater rate than anywhere in the country.

In August, Washington County made national headlines when eight overdoses took place in the short span of 70 minutes. In 24 hours, there were a total of 18 overdoses that resulted in the deaths of three people.

In 2014, 119 people died in Erie County as a result of heroin.

Last year, the Reading Eagle named heroin the "Local Newsmaker of the Year" as Berks County saw heroin overdoses rise for a fourth consecutive year to double the number in 2010.

In less than a week, Delaware County saw a total of nine heroin-related overdoses.

Heroin respects no borders. It does not

discriminate. It knows no race or ethnicity. It is a drug that is affecting families of all incomes and backgrounds in Pennsylvania.

The heroin crisis traces its roots to prescription painkillers such as OxyContin and Vicodin. Doctors began prescribing these narcotics to manage pain, but as the pills ran out, people turned to a cheaper option - heroin. The average cost of a bag of heroin is \$10 and sometimes even cheaper.

We need to fundamentally change our approach in dealing with this heroin epidemic - which means treating it as a health issue, not simply as a criminal justice issue. We need to shift away from locking up heroin abusers and instead move them into treatment services to combat their addiction. This is not only the most compassionate way to tackle this issue; it is the most effective way to do so.

First, we need increased access to mental-health resources under the Affordable Care Act, and we must ensure that health insurance is fully covering substance abuse and behavioral disorders. Ensuring access to treatment for individuals struggling with opioid or heroin addiction will be an important component of any effort to address substance abuse.

We need to pass two pieces of legislation introduced by Sens. Bob Casey (D., Pa.) and Ed Markey (D., Mass.) that would expand funding for states and counties to pay for treatment of addicts and allow medical professionals increased access to buprenor-

phine, a drug used to treat opiate addicts.

More must also be done to increase the preparedness of first responders, such as giving them access to naloxone, also called Narcan, to administer to those experiencing an overdose. According to the Centers for Disease Control and Prevention, Narcan has saved more than 26,000 lives in the United States. With Gov. Wolf's leadership, state troopers now carry and have administered Narcan to save lives.

Lastly, we need to prevent overprescription of painkillers. A team approach, in which the patient works with the prescribing doctor, a mental-health provider, and an addiction specialist to monitor progress, makes sense. This way, pain is effectively managed and narcotics use is diminished as the patient returns to health.

Addiction is a costly and all-consuming disease that can control those closest to us. It is time to take immediate steps to help families and their loved ones fight the heroin epidemic sweeping the state.

Mothers, fathers, spouses, brothers, and sisters across the commonwealth and country are struggling every day to save loved ones trapped in addiction's death grip. Let's act now - decisively and effectively - to help and to heal.

Katie McGinty is a Democratic candidate for U.S. Senate from Pennsylvania. katie@katiemcginty

Guidelines help ER doctors limit meds

A Temple study says the rules are a straightforward way to control prescriptions of risky, addictive opioids.

December 30, 2015

By Tom Avril
STAFF WRITER

Emergency rooms are increasingly a prime spot for patients seeking powerful pain medications, with doctors caught between the desire to help people in pain and the need to discourage addiction and even overdoses.

Temple University Hospital reported Tuesday that it had found a straightforward way to limit prescriptions of these opioid drugs, such as Percocet, Dilaudid, and Vicodin:

a set of guidelines that helps ER doctors determine when to say no.

Among patients with dental, neck, back, or unspecified chronic pain for which opioids are not advised, the number getting prescriptions dropped below 30 percent immediately after the guidance was distributed in January 2013 - down from 52.7 percent beforehand.

These findings, published in the Journal of Emergency Medicine, came from more than 13,000 patient visits to Temple's main location on North Broad Street and its Episcopal Campus on East Lehigh Avenue.

Patients who needed pain medication still got it, said lead study author Daniel A. del Portal, an assistant professor at Temple's Lewis Katz School of Medicine. The guide

helped physicians explain to patients why, for certain kinds of pain, they were better off with non-opioid drugs.

"It facilitates the conversation," del Portal said. "It gives us a tool to use."

Nationwide, abuse of opioids has soared in recent years, now accounting for more deaths from overdose than heroin and cocaine combined. And when the overdoses are not fatal, patients often are able to go back to doctors for more, according to another new study this week, led by researchers at Boston Medical Center.

In a national sample of nearly 3,000 patients who suffered a nonfatal opioid overdose, 91 percent were able to get subsequent prescriptions for the drugs,

Guidelines continued on next page

Guidelines continued

the authors reported in *Annals of Internal Medicine*.

Temple is not alone in trying to tackle the problem by spelling out when such drugs are a poor choice. Various medical societies and state governments also have weighed in.

But so far, prescribing practices have not changed much in response, said Marc R. Laroche, the lead author of the study of overdose patients.

The Temple study was unusual in that it saw improvement both immediately after the guidelines were issued and a year later, Laroche said. From January to July 2014, the opioid prescription rate for patients with dental, back, or other chronic pain was 33.8 percent - well below the original 52.7 percent.

"It's actually pretty impressive," said Laroche, an assistant professor at Boston University School of Medicine. "It seems that they had a lasting effect. The question is, is this translatable on a large scale?"

Temple's del Portal said guidelines are not enough to get the job done. It is also important to have strong networks of substance-abuse counseling and mental health treatment, among other resources.

Most states also have electronic databases to help physicians tell if patients are filling opioid prescriptions from multiple doctors, though sometimes these programs are designed more for use by law enforcement, he said.

One reason that emergency rooms are a common source of opioid prescriptions is that physicians usually do not know the patients and are less able to tell if the drug is medically necessary. Emergency room physicians also may not be readily able to tell if patients are getting more pills elsewhere.

Some emergency patients ask for opioids by name because they are in severe pain and believe them to be the strongest weapon, del Portal said. Physicians, who are increasingly evaluated through patient satisfaction ratings, may be reluctant to say no.

But for dental pain, a dental block (an injected anesthetic) is a better option. And for back and neck pain, an anti-inflammatory drug like ibuprofen is more effective and safer, del Portal said. In addition to the dangers of addiction and respiratory arrest, opioids also can lead to hallucinations.

The Temple guidelines go beyond listing which conditions are not best treated with opioids. They also state that emergency physicians should not refill prescriptions,

Temple Guidelines

Here is a recently updated version of the guidelines for prescribing addictive pain medicine (opioids) at Temple University Hospital's emergency department.

Objective: To appropriately relieve pain for patients and attempt to identify those who may be abusing or addicted to opioids and refer them for special assistance.

Guidelines for treating non-cancer pain

1. Opioid analgesics may be appropriate for acute illness or injury when less addictive therapies such as NSAIDs (nonsteroidal anti-inflammatory drugs) or acetaminophen are contraindicated or deemed inadequate to reasonably control pain.

a. Physicians should prescribe the least addictive medications that are expected to provide appropriate analgesia. When appropriate, the physicians should consider prescribing Schedule III or Schedule IV drugs instead of Schedule II drugs (see table).

b. Emergency physicians should not prescribe long-acting opioids such as OxyContin, extended release morphine or methadone.

2. Discharge prescriptions are limited to the amount needed until follow up and should not exceed 7 days' worth.

3. The patient should not receive opioid prescriptions from multiple doctors. Emergency physicians should not prescribe additional opioids for a condition previously treated in our ED, in another ED, or by another physician.

4. Emergency physicians should not replace lost or stolen prescriptions for controlled substances.

5. Emergency physicians should not prescribe opioids to patients who have run out of pain medications. Refills are to be arranged with the primary or specialty prescribing physician.

6. Opioids are discouraged for dental and back pain, whether acute or chronic.

a. Non-opioid alternatives such as dental block or NSAIDs may be offered.

7. Opioids should not be used to treat migraines, gastroparesis, or chronic abdominal/pelvic pain.

8. Patients with chronic non-cancer pain should not receive injections of opioid analgesics in the ED.

9. Physicians may consider drug screening as needed to guide treatment decisions.

10. Patients with suspected addictive behavior may be referred to detoxification resources.

leaving that task to primary-care doctors or pain specialists, who can follow the patient over the long term.

Emergency physicians also should not write a new prescription for a patient who says the old one has been lost, the guidelines state.

Inappropriate prescribing of opioids has consequences for others beside the patient, del Portal said.

Every time someone seeks an opioid refill in the emergency room, other patients have to wait longer to be treated, he said.

In addition, opioids can end up in the wrong hands.

"You see kids come in with drug overdoses, and we know we didn't prescribe them a bottle of Percocet," del Portal said.

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Opioids by DEA Drug Schedule

The U.S. Drug Enforcement Agency classifies opioid drugs by their potential for abuse and psychological/physical dependence.

Schedule I (highest potential). Includes heroin and other illegal drugs.

Schedule II (high potential for abuse, severe dependence potential). Includes Hydro-morphone (Dilaudid), Oxycodone (Percocet), Hydrocodone (Vicodin) and Fentanyl.

Schedule III (lower potential for abuse than II, still high potential psychological dependence). Includes Tylenol with codeine (Tylenol 3).

Schedule IV (lowest potential for abuse/dependence). Includes Tramadol (Ultram).

SOURCE: Temple University Hospital

Schools can get heroin antidote free

February 2, 2016

By **Kathy Boccella**
STAFF WRITER

Pennsylvania school districts will be eligible to receive one free carton of Narcan nasal spray - which can reverse the effects of a heroin overdose - under a partnership between the state and the Radnor-based maker of the drug, Gov. Wolf announced Monday.

Pennsylvania would be the first state to implement the program, sponsored by Adapt Pharma and the Clinton Health Matters Initiative, part of the Clinton Foundation.

Pennsylvania public high schools also will have access to new educational materials and training developed by the National Association of School Nurses.

Narcan nasal spray is the only FDA-approved, ready-to-use, needle-free nasal spray version of naloxone hydrochloride, used for the emergency treatment of opioid overdose.

The state Health Department, through school nurses, will help with the distribution. Each carton contains two doses of the drug.

Adapt Pharma has provided a grant to the National Association of School Nurses to develop educational materials for nurses, students, and families to prevent drug overdoses.

At a news conference, state officials noted that in rural areas, it might take longer for emergency responders to reach patients, and so stocking the drug on school grounds could prevent deaths.

State officials said they did not keep track

of in-school overdoses. Thom Duffy, executive director of marketing at Adapt, said he was not aware of any in Pennsylvania; however, some schools have been stocking the antidote.

Last week, Delaware County officials said the county's police officers would be the first in the state to use the newly developed Narcan spray.

Each of the nearly 400 police vehicles will be equipped with two 4-milligram applicators at a cost of \$37.50 per dose.

In just over a year, police have saved 170 lives with naloxone, Delaware County officials said. They also said the number of heroin deaths continues to rise, with 191 drug overdoses in the county last year.

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To end painkiller epidemic, make it personal

February 4, 2016

By **Ed Rendell**

Last year, 44,000 people died of drug overdoses, and 52 percent of them were related to prescription drugs. More than two million Americans are dependent on opioid painkillers, and every day, 44 Americans die of an overdose of these drugs.

When the cost of these painkillers becomes too great, addicts will turn to lower-cost heroin. In 2007, there were 373,000 heroin addicts in the United States, and 2,400 deaths resulted from heroin overdoses. By 2014, those numbers ballooned to 914,000 addicts and 10,500 overdose deaths. The overdose death rate among people ages 25 to 34 was five times higher in 2014 than it was in 1999.

As you read these statistics, you are probably stunned, horrified, saddened, and angry. But you'll put your newspaper or device down and go about dealing with the challenges of your life. As bad as these facts are, they don't affect you - it's not personal.

On Jan. 16, it became personal for me and for hundreds of Philadelphians when John Decker died. John was an incredible young man who had it all. If you read his obituary, one thing is clear: If John Decker, a gifted athlete and financial analyst, could fall victim to opioid painkiller addiction, then any young

person could.

Most importantly, the three people to whom John's death was the most personal - his wonderful mom and dad, Tad and Candy, and his loving sister, Samantha - have decided to do something about this problem.

Tad asked me to speak at John's memorial service. I decided to try to find out what has caused this explosion of addiction, what our government is doing to stop it, and what we should be doing but are not. I found that in the early 1990s, opioid painkillers were prescribed only for long-term use by terminally ill patients suffering from diseases like cancer. They were prescribed on a short-term basis only for people recovering from surgery.

In the mid-'90s, all this changed as a result of an aggressive marketing campaign by pharmaceutical companies. Doctors responded by prescribing opioid painkillers for long-term, chronic, nonmalignant medical conditions like lower back pain. It often led to ridiculous treatment. A friend of mine told me that after his hernia operation, his doctor wrote a prescription for 30 Percocet pills. Ridiculous! He didn't need them and took only Motrin.

So what has our government done to slow down the epidemic? Virtually nothing. In fact, you can make a case that it has responded to special interests and failed to

take deterrent action. Last year, the Food and Drug Administration unbelievably authorized the use of OxyContin for 11- to 16-year-olds. The Centers for Disease Control and Prevention have delayed issuing a directive aimed at curbing overprescription of opioid painkillers. Six U.S. senators wrote the CDC that they were "troubled by reports that the delay occurred after opposition from companies that have a significant financial stake in the role of opioid painkillers."

However, despite this gloomy picture, I believe there is a clear path to dramatically reducing the use of opioid painkillers and heroin. The only question is, will our leaders have the courage to stand up to these special interests and go down that path?

First, Congress should pressure the FDA to reverse its directive allowing OxyContin to be prescribed to 11- to 16-year-olds. Second, it should continue to pressure the CDC to issue those guidelines.

Third, Congress should immediately pass the Comprehensive Addiction and Recovery Act, whose main sponsor is Sen. Amy Klobuchar (D., Minn.). The act would strengthen the prescription-drug monitoring programs that exist in most states, and make those programs interoperable across state lines and available to all doctors and pharmacies.

These monitoring programs are essential

Epidemic continued on next page

Epidemic continued

to curbing overprescription. They can tell the authorities when an individual goes to three different doctors in the same week for the same drug or when a single doctor issues far too many unnecessary prescriptions for painkillers.

The act would also provide additional funding to create drug courts, which have had some success in getting addicts into treatment. Treatment isn't always successful, but it can be, and today, only one in 10

addicts is in a treatment program. It would also provide additional funding for treatment programs and to make naloxone, a powerful antidote for overdoses, available to first responders.

I believe we can curb this epidemic if we all make it personal. We need to pressure Congress, our state legislatures, and our government agencies to act. We should demand that medical schools include the dangers of overprescription in their curriculums so that young doctors understand the role their profession has played in aiding

this explosion. We should demand that the American Medical Association and local prosecutors crack down on "dirty docs" who overprescribe for their own financial gain.

It has to be personal for all of us to succeed. Our goal is simple: no more John Deckers, no more kids anywhere.

Ed Rendell is a former governor of Pennsylvania and a former mayor of Philadelphia. rendell@ballardspahr.com

Wolf: Bolster medical school teaching on opioids

February 23, 2016

By Jonathan Tamari
WASHINGTON BUREAU

Gov. Wolf plans to urge Pennsylvania medical and dental schools to bolster their teaching on pain management and opioid addiction to help fight prescription drug abuse, he said Monday.

Speaking at a White House briefing, Wolf said he hoped Pennsylvania would follow Massachusetts, where medical and dental schools last year agreed to start requiring students to demonstrate skills aimed at preventing painkiller abuse.

"That is a really good idea that Pennsylvania can learn from," he said. "Twenty percent of all doctors in the United States come through Philadelphia. Pennsylvania can play a big role in making sure that that becomes integrated into the teaching."

Wolf spoke alongside Massachusetts Gov. Charlie Baker and Michael Botticelli, President Obama's director of national drug control policy, at a briefing on efforts to stem the surge in opioid addiction.

Pennsylvania saw 2,400 deaths from drug overdoses in 2014, Wolf said. The commonwealth ranked ninth in such deaths from 2011 to 2013, according to one study.

Wolf and Baker both said one key to fighting addiction is cutting down the number of painkiller prescriptions and the amount of such drugs in circulation. "I've never seen

an issue in my life with the kind of negative momentum that this one has," said Baker, a Republican.

In November, Massachusetts' four medical schools, working with the Massachusetts Medical Society and Baker's administration, developed 10 "core competencies" that students would be required to show. Dental schools in Massachusetts announced a similar agreement this month.

The topics include considering pain management options, discussing risks with patients, evaluating addiction risk, recognizing signs of abuse, and treating addiction as a chronic condition.

Some schools already covered those topics, but the agreement was aimed at making the education more uniform.

Wolf heard about the idea at the National Governors Association meeting in Washington last weekend. He has not taken formal steps to implement the idea, but a spokesman said he had asked his staff to look into it.

"I don't think that this is something that you need to legislate," Wolf said. "Medical schools are waking up, like the rest of us, to this problem, and they want to make sure their graduates are prepared."

Staff at two Philadelphia schools said they already cover opioid addiction, but would be open to new ideas.

The Philadelphia College of Osteopathic Medicine "would look at all possible

resources that would allow the institution to provide the best possible training," spokeswoman Renee Cree wrote in an email.

Anita Gupta, an anesthesiologist and pain specialist at Drexel College of Medicine, said pain management and addiction are integrated into the school's curriculum, "but I don't believe anything we're doing now is enough."

She said she welcomed the governor's interest, but added, "No one wants regulation or mandates on how to educate future doctors."

Gupta said medical students would benefit from more clinical experience with patients who suffer from chronic pain. Drexel's one-month pain rotation is optional.

Wolf also touted several other ideas already in place in Pennsylvania, including giving state police naloxone, a medicine that can counteract overdoses. Over the last year or so, more than 600 Pennsylvanians have been saved by naloxone administered by local and state emergency responders, his office said.

The state Health Department is also working to build on existing prescription guidelines and monitoring programs.

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Staff writers Stacey Burling and Sam Wood contributed to this article.

After video of OD on bus comes an arrest

February 24, 2016

By Caitlin McCabe
STAFF WRITER

Taken by a SEPTA camera, the video is shocking.

It shows a young man, surrounded by a dozen other riders on an afternoon bus in Delaware County last week, shooting heroin into his arm.

Then he slips into a daze and collapses on the floor.

Minutes later, police and paramedics bound aboard the bus, administer the drug Narcan, and revive the passenger.

Upper Darby police released clips of the video Tuesday, an unusual step designed to highlight both the potentially devastating effects of the heroin epidemic and the lifesaving steps responders now regularly employ.

"There is a lot of value in seeing how people who are addicted will go to whatever ends to use drugs," Upper Darby Police Superintendent Michael J. Chitwood said. At "1 p.m. on a Thursday afternoon, 30 or 40 people on a bus . . . it's devastating."

The video's release also coincided with his department's newest strategy on opioid abuse: arrests. On Tuesday, police arrested Michael Meeney, the Middletown Township 25-year-old saved last week on the Route 111 bus, on heroin possession charges.

The case reflects the opioid epidemic coursing across the country. On Monday, Gov. Wolf was one of two governors at a White House briefing to discuss the surge and what states and municipalities can do

about it. Pennsylvania recorded 2,400 drug overdoses in 2014, Wolf said.

Charging people for drug use could be complicated by Pennsylvania's Good Samaritan Law, passed in 2014 to prevent law enforcement from prosecuting a person who calls for help amid a drug overdose. The law is designed to grant immunity to the person who called for help or the person overdosing, as long as they cooperate with authorities.

Most overdose victims are not arrested, Chitwood said. Usually, the focus is on immediate medical treatment.

Chitwood said officers arrested Meeney because he injected the drug and passed out in a public place. Police also allegedly found four small bags of heroin in his wallet, which led to the possession charges.

Chitwood said Meeney was charged in part to force him into treatment - ideally, ordered by a judge, he said.

"OK, we saved a life, for what?" Chitwood told reporters at a news conference. "So that [he] can continue down a path of addiction?"

Chitwood said the incident began Thursday around 1, when Meeney boarded the bus as it headed toward Chadds Ford. Within minutes, he pulled out a needle and injected heroin into his arm, the video shows.

When Meeney collapsed in the aisle, other passengers called 911.

Upper Darby police and paramedics used Narcan, the FDA-approved nasal spray used to reverse the effects of opioids. It was the 58th time Upper Darby police had success-

fully used Narcan since December, the department said.

Meeney was treated at a Delaware County hospital, and released. Police later obtained an arrest warrant and served it on him Tuesday. After not posting bail, Meeney remained jailed Tuesday night.

Chitwood said he did not show the video just to talk about Meeney's arrest. "Hopefully, as a result, he can get help," he said.

Some law enforcement agencies across the country have begun moving away from arresting drug users, using different strategies to encourage them to seek help.

Chitwood said he and Upper Darby Mayor Tom Micozzie have been in talks to create a haven at the police station for people who voluntarily seek help for drug addiction. In theory, he said, a person who asks for help would be linked to social workers, rehabilitation centers, or counseling programs to help with treatment.

But Chitwood said he believed users often do not seek help after they are saved by Narcan. When not barred by the Good Samaritan Law, he said, Upper Darby police will arrest users after they are medically treated, in the hope that a court may order their attendance at a drug-treatment program.

"The only way a guy like this is going to get [help], he has to go through the system," Chitwood said. "He's not going voluntarily."

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Fighting the gruesome grip of heroin

As a suburban family learned the hard way, a magnet for lost souls in Phila. is not so far.

March 2, 2016

By Barbara Laker
STAFF WRITER

The day Heaven Harkins' brother brought her back from the dead started out like so many they had shared.

It was the Saturday of Easter weekend last year. Fresh out of rehab and drug-free for three months, Heaven, 21, and Jason, 24, drove from their family's comfortable

suburban home to "The Ave" in Philadelphia's Kensington section, ground zero for dope's lost souls.

The siblings scored 14 bags of heroin for \$120 and parked their black Ford Focus at the ShopRite on Aramingo Avenue in search of the euphoria she desperately missed and he knew just as well.

Heaven pulled a couple of bags of white powder out of her bra, mixed the heroin with water, filled a syringe, and plunged the needle into her arm. Her eyes closed, her head slumped forward.

"She just died," Jason recently recalled.

"Her face was white. Her lips were purple. She was like a body in a casket. I felt her heart. Nothing. She was dead."

Jason frantically called 911.

The dispatcher told him to pull her out of the car, elevate her head, and do CPR.

Jason, who hadn't yet injected, carried his sister onto the pavement, tilted her head back, crossed his hands to pump her chest, and blew air into her mouth.

"All of a sudden she let out a big gasp of air," he said.

Paramedics arrived and gave Heaven a

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dose of Narcan, an opioid overdose antidote, then took her to a hospital.

Now alone in the car, Jason shot up before driving back to the hospital to get his sister.

"As soon as I walked out the door, I got high again," Heaven, now 22, recently recalled.

"I was sick. I had no choice. If heroin was in my pocket, I was going to use."

Number-one cause

Opioid overdoses are now the number-one cause of accidental deaths in the state and the nation, killing more people each year than car accidents. Pennsylvania leads the nation in drug overdose death rates among young adult men - and Bucks County, where the Harkins family lives, ranks first in the state on that score. The death rate from overdoses in Bucks has more than doubled in the last 15 years.

Unlike drug epidemics of the past, opioid abuse often starts in a suburban physician's office with a prescription for an opioid painkiller before escalating into street dealing of pills and then heroin. Another difference: More parents are talking about what once was taboo in hopes of reaching others who believe heroin could never claim their children.

Eddie and Paula Harkins, both 48, describe Jason and Heaven as "perfect children," driven high school students, constantly busy with activities and part-time jobs. Jason picked up the saxophone at age 3, playing in bands and Mummers parades when he wasn't playing football or softball or boxing. Heaven played softball, too, and loved ballet, jazz, and tap.

They both graduated from Bensalem High School and went on to Bucks County Community College.

For both, the road to heroin started with Percocet, a prescription opiate, but it was a road they traveled separately.

A doctor prescribed Percocets to Jason after he suffered a severe back injury from softball. Before long, Jason was hooked and needed more than the prescription provided.

"One day I saw him buying some from someone and we realized we were both doing it," said Heaven, who got her supply from friends. "Everybody in the neighborhood" would pop pills in the woods near the family's charming 1752 home, with an inground pool and waterfall pond.

After about 10 months, the siblings and their friends switched to heroin, first sniffing it, then shooting up.

"The Percs got to be \$30 a pill, and heroin was \$10 a bag," Jason said.

Jason and Heaven got to know Kensington Avenue, a favorite haunt of heroin addicts. The newbies are easy to spot, with their wide eyes, clean clothes, and backpacks. The longer they stay, the more they deteriorate. Many are homeless and sleep on the street, in alleys, or in what they call abandominiums.

Paula and Eddie had no idea that their children were scoring drugs in the very neighborhood they had worked so hard to escape.

Paula, who grew up in a rowhouse on F Street, got pregnant in high school and had her son Stephen when she was 17.

She and Eddie married in 1989, and Eddie adopted Stephen. They moved to Bucks in the early '90s and built a solid middle-class life. Eddie is now an information technology specialist for the Federal Reserve Bank of Philadelphia, and Paula is a dealer at the Parx casino.

Stephen, now 31, is in prison for selling marijuana and threatening the police officer who arrested him, they said.

It didn't occur to them that Heaven and Jason could get in even more trouble.

The first signs were subtle.

"They were sleeping a lot and didn't seem to want to do much," Eddie recalled. "They hid it well."

But then cash started to go missing. Heaven and Jason pawned flat-screen TVs, phones, laptops, stereos, a food processor, artwork, even Jason's beloved \$4,000 saxophone. Anything for their next \$10 hit.

Once he got addicted, Jason said, he needed heroin just so he wouldn't feel sick.

"To withdraw from heroin is hell on Earth," he said as he stood in the kitchen on a recent Saturday, pacing and smoking cigarettes.

"You feel like you're going to die, like you want to rip your legs off and just end it."

Tried rehab and failed

The kids tried rehab and failed. They continued to steal. Their parents thought maybe tough love was needed. They kicked them out and dead-bolted the door. When they were at work, Jason and Heaven would sneak into the four-car garage and sleep on pool floats and outdoor cushions.

Paula and Eddie kept their despair from family and friends.

"I used to hide it from everyone and that eats you alive," she said.

"I didn't understand why. Just why? What did I miss? Everything went to the kids. Did I spoil them? Did I give them too much? Where did I go wrong?" she asked.

"I was just so scared they were going to die. All we did was worry."

Michael Armstrong, a family friend who works at Liberation Way, a Yardley drug treatment center, described the family as "remarkable, loving, very honest, and very genuine."

He praised their courage for sharing their story: "People would be naive to think that this couldn't happen to their family. It can happen to any family."

Eddie Harkins said he once would have judged parents with two addicted children.

"I was one of those people," he said. "I would have blamed the parents. But then it happened to us. I've learned how bad it is for so many people. I can't believe the number of families who are going through this."

Desperate for money

As Jason and Heaven grew more desperate for money, they rented their car to drug dealers. It wasn't really even theirs to rent. Heaven made the \$8,000 down payment, but then everything she had or stole went to heroin. Her parents took over the payments, and tried to hide the car or trap it behind their own vehicles to keep their daughter from driving. "But Heaven always found a way to steal it back," her mother said.

Then Jason, Heaven, and her former boyfriend swiped artwork that their parents had stored for the owner and pawned it for \$2,800. They were charged with theft.

Right after they left court on the case last Aug. 20, they headed to Kensington.

Heaven shot up a bag of heroin and started babbling about the car registration. Jason tried to take the wheel, but she pulled out of the Walgreens parking lot onto Kensington Avenue under the El. Jason was looking down at his phone, so he didn't notice that his sister had started to nod off and pass out.

She slammed into a parked police cruiser. One cop was in a nearby store, the other was standing on the sidewalk and saw what happened.

Heaven and Jason were arrested.

Their father calls the crash "the best thing that ever happened to me. The car is gone. And for now, the kids are safe," he said.

Heaven, charged with aggravated assault, reckless endangerment, and DUI, was sent

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to rehab. Now she lives in a halfway house in Port St. Lucie, Fla., and works at a treatment center in nearby Jensen Beach.

"I'm never around drugs, and really it's not hard at all," she said with a confidence that she says she wouldn't have if she still lived where she used heroin. She wants to stay in Florida, go to school, and become a counselor.

She came home recently for court on her aggravated assault case. The visit coincided with her 22nd birthday, so family and friends celebrated at home with pulled pork sandwiches, pasta salad, cookies, chips, and iced cakes.

Jason has been in treatment at Liberation Way in Yardley since December. He is prescribed suboxone, a synthetic opioid that helps prevent heroin cravings, and he can come home for visits.

Still suffering from the severe back pain that started him on Percocet, he chose to not sit in the kitchen, only to pace or stand, while taking several smoke breaks outside on the deck.

"He's grown up a lot in the last year," his mom said. "I'm very proud of him."

Jason said he hasn't used heroin since the August crash. "You have to want to get sober," he said.

Is it forever?

"Never say never, right?" he responded.

His mom looked down, her expression changing from pride to anguish.

When his back pain is at its worst, he thinks of the relief that Percocets gave him.

"My fear is that I will worry about this the rest of my life," his father said.

"I don't want someone showing up at my door with bad news. I don't want to bury my kid."

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Pa. drug deaths far outpacing the nations rate

The biggest increases since 1979 were among white women ages 35 to 44, an analysis found.

Mar 11, 2016

By Don Sapatkin
STAFF WRITER

Accidental drug deaths among whites, women, and people ages 35 to 44 are much higher and rising far faster in Pennsylvania than nationally, according to a detailed analysis released Thursday that covers more than three decades.

The examination by researchers at the University of Pittsburgh goes well beyond the already worrisome data showing that the state's overdose fatality rates have exceeded the national average by more than 50 percent in recent years. Between 1979 and 2014, for example, U.S. death rates rose sixfold, data from the National Center for Health Statistics show.

Yet in Pennsylvania, these deaths increased by a factor of 14. (New Jersey's fatal overdoses went up slightly more than the national average.) White Pennsylvanians? Up 16 times. The state's women? Up 17 times.

The paper, published in the open-access journal PLoS ONE, did not address reasons for the differences. What's happening in Pennsylvania may simply reflect national trends, but amplified. Overdose fatalities everywhere are trending toward younger people and whites, who often live in the suburbs, as more prescriptions for potentially addictive pain pills are written there. Women are more likely to be prescribed

opioids for pain.

About 5 percent of prescription drug users move on to heroin to avoid withdrawal sickness, other research has found.

And Pennsylvania has unusually cheap, pure, and easy-to-find heroin, Jeanine M. Buchanich, a coauthor of the new study and a research assistant professor of biostatistics at Pitt's Graduate School of Public Health, said in an interview.

Overdose risk is especially high when tolerance has declined - typically when someone is released from jail or rehab, or returns to a group of old friends after a period of abstinence.

That apparently is what happened to Jennifer Rose Werstler, who had been living in a halfway house in Florida following her release from rehab in West Palm Beach.

A judge in Chester County insisted that the former manager of a burger place in Newtown Square return home for a hearing on drug paraphernalia possession charges. Her parents, who live in the house where she grew up in East Goshen Township, said they pleaded for understanding, fearful that she would meet up with old friends.

The judge turned down the request, so Werstler flew home and went to court. She went out the next night to celebrate her birthday with friends, who scored some heroin in Philadelphia. A video camera captured her two friends leaving a Kentucky Fried Chicken store. Werstler was found unconscious by an employee in a bathroom stall.

She died in the emergency room on May 9, 2014. It was her 20th birthday.

Release from rehabilitation is a dangerous

time because addiction affects the brain's "ability to make a decision and impulse control," said Beverly J. Haberle, executive director of the Council of Southeast Pennsylvania, the regional affiliate of the National Council on Alcoholism and Drug Dependence. When a substance abuser returns to familiar surroundings - and users - "the automatic response to that kind of feeling is to use," she said.

The federal data used for the new study have been around for years but independent researchers have not published analyses that went this deep or back so many years for any state, said Buchanich. The paper examined accidental drug poisonings for ages 15 to 64 in various demographic groups beginning in 1979; earlier data are not comparable.

When it comes to drugs, 1979 seems like another world. It would be nearly two decades before the government permitted prescription drug advertising on TV, considered a key driver in the demand for opioid painkillers once reserved for cancer pain.

In 1979, four black women died of accidental overdoses throughout Pennsylvania; in 2014, there were 101 deaths among black women. For white women, 34 in 1979 and 719 in 2014. Chester, Burlington, and Camden Counties recorded three deaths apiece in 1979; their respective totals for 2014 were 71, 64, and 62. Even in Philadelphia, there were just 17 overdose deaths in 1979, compared with 480 recorded 35 years later.

Among black men statewide, death rates peaked among 55- to-64-year-olds. For white males, it was ages 25 to 34.

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Rate continued

Buchanich speculated that those differences were due to choice of drugs. African Americans are more likely to use crack and cocaine, and "they are living longer as drug users," she said, while prescription pain pills and heroin may cause "a more rapid acceleration in whites to accidental overdose death."

Men die at far higher rates than women locally and nationally. But women are narrowing the gap, especially in Pennsylvania. For women who are white and ages 35 to 44, the 2014 overdose fatality rate was 141 times greater than in 1979.

Although it was unclear why women would be worse off in Pennsylvania, "women in general are more likely to pursue health care and they are more likely to be prescribed these therapies" - opioid painkillers - "for a medical reason," said Cynthia Reilly, a pharmacist and director of the Pew Charitable Trusts' Prescription Drug Abuse Project.

She said that women also are more

likely to be prescribed benzodiazepines like Valium, which make overdoses more likely when used in combination with opioids.

Women also move on to more potent painkillers more rapidly than men, Buchanich said, a process known as telescoping.

While death rates have plateaued or declined in some states, "my sense in Pennsylvania is that we haven't reached our peak yet," she said, noting that the state's overall fatality rate increased an average of 8.3 percent annually over the last 35 years.

Caleb Alexander, a physician and pharmacoepidemiologist at Johns Hopkins Bloomberg School of Public Health, didn't see much positive news in the study.

"At the end of the day, things are getting worse for everybody, but they are getting much worse for certain groups," Alexander said.

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	1979	2014
Bucks	0	.117
Chester	3	.71
Delaware	1	.124
Montco	9	.125
Phila.	17	.480
Pa.	134	2,458
Burlington	3	.64
Camden	7	.123
Gloucester	3	.62
N.J.	105	1,154
U.S.	3,848	39,964

SOURCE: National Center for Health Statistics, ages 15-64

A NEW PAIN PRESCRIPTION

Guidelines aim to halt steep rise in addiction. But some patients are worried.

March 20, 2016

By Don Sapatkin
STAFF WRITER

As a teen growing up in Lansdale, Pat Alan may have experimented with painkillers.

But what put him in serious trouble, his family believes, was the Vicodin prescribed after his wisdom teeth were removed in high school. He escalated into abusing prescription opioids bought on the street and their cheaper cousin, heroin.

He was 30 years old when New York City police called to say he had been found dead of an overdose. His little sister Kay listened on her dad's speakerphone.

When her own wisdom teeth came out the next month, she declined the Vicodin.

"My whole family does," said Kay, now a 20-year-old nursing student at Penn State.

Last week, the federal government made its biggest move yet to educate Americans on the dangers of prescription painkillers, issuing detailed recommendations on their use.

The Centers for Disease Control and Prevention's "Guideline for Prescribing Opioids

for Chronic Pain" unrelated to cancer is aimed at primary-care doctors. The 12 points range from trying nonaddictive therapies first to testing patients' urine to offering the overdose-reversal medication naloxone for families of high-risk patients to have at hand in case of disaster.

They say initial prescriptions should be for limited amounts. Research shows that many unused pills wind up in the hands of a child or sold on the street.

The guidelines largely agree with existing recommendations from other medical groups. But how they were announced guaranteed attention, especially from doctors: publication in the prestigious Journal of the American Medical Association, which also ran five related pieces. A sixth was published in the New England Journal of Medicine.

"They give us a lot more visibility," said Michael Ashburn, an anesthesiology professor at the Hospital of the University of Pennsylvania and director of the Penn Pain Medicine Center.

More than 20,000 deaths

More than 20,000 Americans a year die from prescription pain-medication overdoses. Thousands more die of heroin use, which some seek to avoid withdrawal sickness.

"That's a small city each year that's dying from these things," Ashburn said.

In the 1980s and '90s, physicians realized that pain was generally undertreated. Many worried about giving patients addictive painkillers, but pharmaceutical marketing reassured that their pain medications were safe. The government allowed direct-to-consumer prescription drug advertising for the first time, fueling demand.

Opioid prescriptions skyrocketed, reaching 259 million - more than a bottle for every adult - in 2012, and then declining slightly. Many were long-term scripts for drugs like Percocet that were intended for short-term use.

There still are no gold-standard randomized trials of these drugs' effectiveness for chronic pain. Other studies have shown little benefit, and even harm for most, but not all, patients.

"Every day I have had new caution, new concern about prescribing narcotics," said Charles Cutler, a family physician in Norristown and president-elect of the Pennsylvania Medical Society.

For decades, doctors "focused on pain when we should have focused on function," said Chris Echterling, medical director for vulnerable populations for WellSpan Health, a central Pennsylvania hospital group.

Prescription continued on next page

Prescription continued

"If your goal is to go biking, then we can get you biking with a little back pain," he said, using other therapies without overdose risk. "If you solely track the pain out of context of function you may not be improving things."

Charles P. O'Brien, founding director of Penn's Center for Studies of Addiction, said most doctors have little or no training in addiction, let alone prescription opioids.

O'Brien said the first thing he teaches medical residents is to respect the addiction potential of opioids. That doesn't mean not to use them, he said, but to understand when they are appropriate and what to expect, like withdrawal.

"Physical dependence is a normal adaptation; you take a drug and your body adapts to it and changes. When the drug stops, your body reacts to that change," O'Brien said.

"Addiction is getting a high, doctor-shopping, doing all those things. It's pathological." Genetic differences, he added, influence who goes from the first to the second.

State guidelines

In the absence of federal guidelines, many state medical societies created their own.

Massachusetts Gov. Charlie Baker last week signed a law limiting initial opioid prescriptions to a seven-day supply.

New Jersey has voluntary guidelines in the works. Pennsylvania, where death rates from prescription-drug overdoses are lower - but rising faster - than the national average, released a series of recommendations for different specialties over the last year. They are posted at www.pamedsoc.org/opioidguidelines.

Pennsylvania's guidelines make no mention of federal recommendation No. 9 - checking the Prescription Drug Monitoring Program, a database designed to detect doctor-shopping - because it is one of only two states that doesn't have one. (That should change in August.)

Patients adjusting

But patients who fear losing the drugs they need are worried about the new guidelines. "Three days or less will often be sufficient" is one example of a recommendation that some say could make doctors cut off needed medication.

Julie Odell says the nerve condition brought on by walking into a steel beam four years ago causes her so much pain - "as if somebody stabbed you with a screwdriver in the back of your head and the tip

came out your eye" - that she'd have to give up her job teaching college writing without Vicodin tamping it down.

The 51-year-old from Roxborough has tried numerous alternatives: Botox, nerve ablations, acupuncture, yoga, Alexander technique, massage, physical therapists, chiropractors, IV lidocaine, and nearly 20 medications. That would more than satisfy the guidelines, so she's not worried about losing her access to Vicodin.

But she worries about people who can't try so many options, like some of the people in her chronic pain support group on Facebook. "These are people in tiny towns, no specialist for 200 miles," Odell said.

"I think she has reasonable fears," said Echterling, the WellSpan physician based in York, Pa., who nevertheless strongly supports the guidelines.

Ashburn, the pain doctor at Penn, frames the question of whether and how much to prescribe this way: "Being liberal likely increases the risk of death, which of course is irreversible. . . . If you end up prescribing a little bit too low," he said, "you have an opportunity to adjust the prescription and make it right."

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Inquirer Editorial

Heroin loves the burbs

March 22, 2016

An alarming increase in drug-overdose deaths is finally putting more focus where it's needed - on suburban and rural communities once considered immune from addiction problems more typically associated with America's inner-city neighborhoods.

Pennsylvania, which ranks first in the nation in drug deaths among young men and third overall nationally, has become a battleground. University of Pittsburgh researchers say overdose deaths in the state increased 14-fold between 1979 and 2014. That's more than double the national rate of increase.

The study indicated that white women have been particularly susceptible, with their overdose deaths statewide jumping from only 34 in 1979 to 719 in 2014. In Philadelphia, overdose deaths among white women during that period rose from 17 to 480.

Such numbers illustrate the importance of the Comprehensive Addiction and Recovery

Act, which the U.S. Senate passed earlier this month. The bill would commit \$725 million over the next five years to train first responders to handle overdoses and create more drug treatment programs.

An amendment sponsored by Sen. Pat Toomey (R., Pa.) would help prevent Medicare enrollees from doctor hopping to get addictive drugs. But Toomey wouldn't support an effort to add \$600 million to CARA's funding. That's unfortunate given the assessment of the Centers for Disease Control and Prevention that heroin and opioid overdoses now kill more people than car accidents.

Opioid addictions often start when a doctor prescribes a painkiller for a backache or recovery from a minor surgical procedure. Last week, the CDC heeded the call to issue opioid prescribing guidelines. In a recent Inquirer commentary, former Gov. Ed Rendell criticized pharmaceutical companies for aggressive marketing campaigns that play a role in physicians' overprescribing opioids.

About 5 percent of patients become addicted to the painkillers, studies show. Withdrawal sickness may kick in when their prescriptions run out, so they move on to heroin, which is cheaper, can be bought on the street, and, in cities like Philadelphia, is often of much higher quality.

Many heroin shoppers take what they bought in the city back home to the suburbs to get high - and too often to die. One suburb trying to prevent overdose deaths is Upper Darby, which has started a program that invites drug addicts to go to the police station without fear of arrest to get connected with treatment programs.

Meanwhile, Pennsylvania hopes its new prescription monitoring system will be operational by late summer. That's good news. Pharmacies and physicians will be required to identify every patient who has been prescribed and purchased addictive drugs. That will provide a database that can be used to help determine which patients may be addicts.

Opioid blocker helps keep ex-cons clean

March 31, 2016

By Don Sapatkin
STAFF WRITER

Giving former inmates with histories of addiction monthly injections of a medication that blocks the effects of opioids cuts relapse rates by a third, according to research at five medical centers.

Release from prison is among the riskiest times for former addicts, with the loss in physical tolerance and behavioral control so common that often “they relapse the same day,” said Charles P. O’Brien, senior author of the study and founding director of the University of Pennsylvania’s Center for Studies of Addiction.

Over the 1 1/2 years of the comparison study, seven participants in the non-treatment group overdosed, three of them fatally, compared with none in the medication group.

The paper, published online Wednesday evening in the *New England Journal of Medicine*, comes amid a slew of federal actions aimed at stemming an epidemic of opioid abuse that is blamed for 78 deaths a day.

The Centers for Disease Control and Prevention last week issued guidelines for primary care physicians to reduce prescriptions for narcotic painkillers, which are responsible for most of the deaths; others die from heroin. On Tuesday, President Obama announced a series of moves to expand treatment, improve physician training, and cut illegal access to the drugs.

Large numbers of people in the criminal justice system have histories of substance abuse, and O’Brien said that he had been urging for years that a medication to prevent relapse be issued upon release. Some systems treat prisoners with maintenance opioids such as methadone and buprenorphine under certain circumstances, but few issue the newer, long-lasting opioid blocker tested in the new study.

The researchers recruited volunteers with a history of incarceration and substance abuse who did not want to be on the better-known opioid maintenance therapies. They were assigned randomly to two groups.

The 155 people in the control group received the “usual treatment”: substance-abuse counseling and referrals to community treatment programs.

The 153 in the treatment group were also given monthly injections of extended-re-

Opioid Blockers

By keeping cravings at bay, medication-assisted substance-abuse treatment allows addicts to focus on the critical behavioral changes they must make to avoid relapse. Most insurance covers the medications.

Naloxone (brand name Narcan) has been in the news recently as an overdose-reversal “rescue” medication. It is not used for treatment by itself.

There are three main treatment medications:

Methadone

Method of action: An agonist, it activates the same opioid receptors as pain pills and heroin, but dispensing is tightly controlled.

Regulation: For substance-abuse treatment, pill can be given only at daily visits to certified centers until patients reach certain milestones.

Pros: Avoids withdrawal. Can be tapered.

Cons: Can be abused and lead to overdose. “Methadone maintenance” has been stigmatized over the years; some see methadone as a substitute drug.

Buprenorphine

Method of action: Partial agonist activates opioid receptors less fully. It also blocks other opioids.

Other formulation: The brand Suboxone combines buprenorphine with naloxone in a daily film placed under the tongue. The overdose-reversal part has no effect when taken orally, but will trigger withdrawal when crushed and injected, preventing abuse.

Regulation: Physicians can prescribe it to limited numbers of patients with a special license. The Obama administration plans to relax that standard.

Pros: Private physicians can write weekly or monthly scripts. Avoids withdrawal. Can be tapered.

Cons: Current regulations limit its use.

Naltrexone

Method of action: This opioid antagonist blocks receptors, preventing other opioids from attaching.

Other formulation: The more commonly used extended-release version, sold as Vivitrol, is a monthly injection. (The brand drug was used in a new study of former inmates with abuse histories.)

Regulation: It can be prescribed by any provider.

Pros: Long-acting version avoids daily temptation to skip a pill and use. Not a narcotic; can’t be abused.

Cons: To avoid withdrawal at the start, patient must be opioid-free for seven to 14 days, depending on the drug that was abused.

- Don Sapatkin

lease naltrexone, a non-narcotic opioid “antagonist” that works by blocking opioid receptors. Heroin or any other opioid would have no effect while the person is using the blocker medication, sold under the brand name Vivitrol.

The injections ended after six months. At that point, 43 percent of the treated group had relapsed compared with 64 percent of the controls, and the median amount of

time before relapse was 10 1/2 weeks as against five weeks. It also calculated that five people had to be treated in order to prevent one relapse. Many public health initiatives, such as vaccines and screenings, require treating hundreds of people to save one individual from disease.

The participants were tracked for an additional year, with the effects of the

Blockers continued on next page

Blockers continued

medication waning over time until the two groups were roughly equal. That suggested continuing treatment longer might be more effective.

Research shows that the three main kinds of medication-assisted therapy - methadone, buprenorphine, and Vivitrol - are far more effective than programs such as Narcotics Anonymous or even residential treatment that is based entirely on counseling without medication. But the counseling is critical to the drug therapy's success; adding medication helps former users to focus more intently on changing their lives. That may be even more important for people getting out of prison.

"They have no family support," said Akia Feggans, director of behavioral health for Philadelphia Fight, an AIDS services organization that works with recently released prisoners. "It's more than just willpower," Feggans said. "It's learning, 'how do I deal with being angry, how do I deal with a family that is dysfunctional.' " The usual reaction, she said, would be to "go back to what you know": using drugs.

O'Brien said there were two key messages in the study findings.

"If someone is scheduled to get out of prison with a history of opioid addiction, you could give them one injection, and at least for the next month, they cannot relapse," he said. A colleague at Penn is just starting a study with prisoners in Philadelphia that will give Vivitrol before release.

The second message, he said, is that doctors must be trained in pain management, as well as dealing with addiction to pain medicine. O'Brien said many physicians have never heard of naltrexone.

Among the announcements made by the Obama administration on Tuesday was the agreement by 60 medical schools to include instruction on prescribing opioids. The list includes just two schools in Pennsylvania: Penn, which has required instruction for decades based on O'Brien's work, and the Philadelphia College of Osteopathic Medicine. On the list in New Jersey: Rowan University School of Osteopathic Medicine and the Rutgers Robert Wood Johnson Medical School.

Laura Bamford, a physician who prescribes substance-abuse treatment at Fight

and another clinic, said that release from prison is "a perfect time" to give extended-release naltrexone but cautioned that it would not be appropriate for everyone.

Because it blocks the effects of opioids, for example, someone must be clean for one to two weeks, depending on the opioids they had been abusing, or the medication will send them into withdrawal. Methadone and buprenorphine, on the other hand, contain substitute opioids that are tightly controlled.

For someone who has not used opioids, Bamford said, it is hard to understand the challenges of stopping. The brain must be retrained.

Most addicts "don't want to be using heroin or pills," she said. "It is not a conscious decision to go out and get high every day, like it is not a conscious decision for someone with diabetes to have high blood sugar."

Both are slip-ups, and medication helps people avoid them.

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Against Opioid Abuse

Technology helping fight opioid abuse

A company in Wayne has come up with technology that would make abuse of prescription painkillers more difficult.

April 3, 2016

By Linda Loyd
STAFF WRITER

America is in the midst of an opioid epidemic, and Egalet Corp. thinks it can help.

The Wayne company has developed technology that makes it harder for prescription painkillers to be altered for a quick high.

The company's "abuse-deterrent" technology arrives at an auspicious time; the federal government is calling for stricter guidelines governing the distribution of opioids, and many companies are trying to find the right niche as new rules are developed.

Egalet is one of more than a dozen companies working on abuse-deterrent formulations of oxycodone, hydrocodone, and morphine, and its stock has been on a wild ride.

Egalet's stock was the best performer among Philadelphia-area publicly traded companies last year, but hit a 52-week low in March, a sign of how volatile a small pharma stock can be.

What is unique about Egalet's process is its plastic-like injection technology, similar to what is used to manufacture bottle caps and car bumpers. It produces tablets that cannot be broken into small particles to chew, crush, or dissolve.

Attempts to melt the pills result in a goopy gel too thick to get into a syringe to inject. But if swallowed normally, the pills erode gradually in the gastrointestinal tract.

Combating opioid dependence and overdose "is a complex problem," said Jeffrey Dayno, a neurologist and Egalet's chief medical officer. "We don't think abuse-deterrent formulations are the only solution, but we certainly believe they should be part of the solution."

Prescription painkillers have come under scrutiny because addiction and overdose deaths have reached epidemic levels, according to the Centers for Disease Control

and Prevention. Sales of prescription opioid painkillers quadrupled since 1999.

The Food and Drug Administration on March 24 released draft guidelines for manufacturers to develop less-costly generic versions of abuse-deterrent prescription opioids.

Currently, the opioid medicines with abuse-deterrent features are brand-name drugs that can carry higher co-payments, such as \$20 to \$30, rather than \$5 for a generic, depending on the insurance plan.

"The FDA looks forward to the day, hopefully soon, when the majority of opioids in the United States are marketed in effective abuse-deterrent forms," FDA commissioner Robert Califf told reporters on a conference call.

"Abuse deterrent doesn't mean abuse proof," cautioned Douglas Throckmorton of the FDA's Center for Drug Evaluation and Research. "There is not yet technology to prevent opioid abuse" by taking more than one pill, or more than prescribed. "There may always be some potential for abuse."

Technology continued on next page

Technology continued

Most addiction begins by swallowing pills whole, said Andrew Kolodny, director of Physicians for Responsible Opioid Prescribing. "If all our opioids were harder to crush for snorting or injecting, that would be a good thing," he said. "But it doesn't make a very big dent in an addiction epidemic because the drugs are not less addictive. "

The FDA said it will not remove older opioids from the market until it knows whether the new products reduce abuse. Companies will be required to conduct follow-up studies to measure "the real-world impact" of their products, the FDA said.

The CDC last month issued new voluntary standards, urging doctors not to prescribe opioid alternatives for chronic pain other than for cancer, palliative, and end-of-life care.

When prescribing opioids, physicians were advised to use the lowest possible effective dosage and to limit the quantity, the CDC said.

The FDA has approved five opioids with abuse-deterrent features, and may approve as many as five more - including Egalet's first product - in the next 12 months, said Ken Trbovich, a specialty pharmaceutical analyst with Janney Montgomery Scott in Philadelphia.

Egalet's Arymo, an extended-release, long-acting morphine tablet, has been accepted for review by the FDA. If approved, Arymo would be manufactured by Halo Pharmaceutical in Whippany, N.J., and could be available by the end of the year, the company said.

"There is significant interest from the pharmaceutical industry in developing abuse-deterrent opioids," Trbovich wrote in a client note. "But our analysis reveals they are not all equal. We think some are in a better position than others. . . . We think Egalet will be successful with Arymo. "

Trbovich said that regulatory approval could be slowed because the FDA is reviewing a number of applications for abuse-de-

BY THE NUMBERS

18,893 – U.S. deaths from overdose of opioid pain medications in 2014, up from 16,235 in 2013.

500 – Percent increase in total consumption of oxycodone, including OxyContin, from 1999 to 2011.

900 – Percent increase in people seeking treatment for opioid addiction between 1997 and 2011.

80 – Percent of heroin users who began their drug use with opioid pain medicines.

SOURCE: Centers for Disease Control and Prevention.

terrent opioids. The FDA division for anesthesia, analgesia, and addiction products "has been stretched thin" and may not act "as swiftly as it normally would," he said.

Chiara Russo, specialty pharmaceuticals analyst at Cantor Fitzgerald, said Egalet's technology, has the "potential to be a best-in-class" formulation. The technology "creates an extremely hard, plastic-like material that has proven to be very difficult to manipulate using physical or chemical means," she wrote in a client note.

Egalet was founded in Vaerlose, Denmark, where researchers in the late 2000s discovered that the injection molding technology when mixed with the active opioid ingredient had "very robust abuse-deterrent" properties," said Robert Radie, Egalet's president and chief executive officer.

Given that the majority of opioid abuse occurs in North America, especially in the United States, Egalet moved its headquarters to Wayne.

Radie, the former CEO of Topaz Pharmaceuticals in Horsham, became Egalet's first U.S. employee in March 2012.

"There wasn't any reason not to base the company here," Radie said, at the company's new offices on Lee Road. The Philadel-

phia region is a hotbed for biotechnology and pharmaceutical development. "It was home to me, so it made sense to have the U.S. headquarters here. "

Egalet has about 50 employees in Wayne, 25 in Denmark, and a sales force of 71 who work on contract.

"We expect to continue to grow," Radie said. "We continue to build out our manufacturing capabilities and support functions for our commercial efforts and sales. "

Egalet is developing a second abuse-deterrent drug, Egalet-002, an extended-release oxycodone, currently in Phase 3 patient testing.

The company is also working on an attention deficit hyperactivity (ADHD) stimulant drug with the same heat and pressure technology to create a crush-resistant pill. ADHD pills are also prone to abuse.

Last year, Egalet acquired two commercial products that are being sold to treat pain:

Oxyado is an immediate-release abuse-deterrent oxycodone that can cause a burning sensation if someone tries to crush and snort it.

Sprix nasal spray is a nonsteroidal anti-inflammatory drug (NSAID) - not an opioid - being marketed for short-term treatment of moderate to severe pain.

Charles P. O'Brien, a physician and addiction specialist at the University of Pennsylvania, said he welcomed "any method that could reduce the likelihood of abuse.

"The way that a drug is taken is a big factor in the abuse liability and the propensity to become addicted," he said. Many drugs, not just opioids, are abused including attention-deficit medications for children through snorting, crushing, dissolving, or injecting to get "more rapid onset, pleasure, and euphoria.

"I think this is a good idea," O'Brien said, about efforts to create abuse-deterrent medicines. "My position is it's good to try it. Good luck."

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Addressing opioid crisis as a top threat

At the conference, Wolf said high schools will get the drug naloxone.

April 13, 2016

By Don Sapatkin
STAFF WRITER

The prescription-drug addiction crisis has been more than two decades in the making. Now, all levels of government are scrambling to stop a public health disaster that Pennsylvania's top drug official described Tuesday as the worst since the 1918-19 flu.

Meetings in Philadelphia highlighted the urgency, with physicians gathering in the morning and a top federal drug official appearing at another panel in the afternoon. Meanwhile, Gov. Wolf announced Tuesday that all public high schools will get free supplies of the drug Narcan to reverse overdoses of opioid painkillers and heroin.

Gary Tennis, secretary of the state's Department of Drug and Alcohol Programs, called the U.S. epidemic the worst public health threat since the Spanish flu nearly a century ago. He predicted that within a few years, annual drug fatalities will exceed the 58,000 American military deaths during the entire Vietnam War.

Michael Botticelli, the White House official in charge of drug policy, struck a different tone before the afternoon panel at the National Constitution Center. "I'm moved by the tragedy of this epidemic but also moved by the hope of this epidemic," he said, noting that President Obama has made it a top priority and has put \$1.1 billion to expand treatment in his proposed budget.

Botticelli's appointment last year as director of the White House Office of National Drug Control Policy was symbolic. He openly discusses his 27 years of recovery from alcohol addiction.

The emergency overdose-reversal drug naloxone was discussed throughout the

day. Wolf announced that his administration had partnered with Adapt Pharma, which sells the rescue drug as Narcan, to supply all public high schools in the state free. The Irish company has its U.S. headquarters in Radnor.

But not all schools are likely to accept it, Tennis said, adding that some prefer to keep a drug-free public image.

And Philadelphia City Councilman David Oh announced a series of community meetings around the city about the opioid crisis focusing both on illicit pain pills and heroin. (See the schedule online at <http://bit.ly/1YsqkiJ>.)

Nearly two dozen doctors and other health officials from around the region spent the morning at the Philadelphia County Medical Society sharing observations and ideas. Physicians were long criticized for failing to adequately treat pain, and the response, more prescriptions of pain pills, ended up leading many patients to addiction.

But how do you hold the line on prescribing pills without harming people who genuinely need the pain relief these medications provide?

The answer is often complicated - but not always.

Andrew Gurman, an orthopedic surgeon from Altoona, Pa., who is president-elect of the American Medical Association, recalled a study by a small hand-surgery practice in Iowa. The doctors routinely prescribed 30 pills after surgical procedures for conditions such as trigger finger and carpal tunnel.

When they surveyed their patients, they discovered that most took fewer than half the pills prescribed.

"The total amount of unused opioid analgesics from these 250 patients was 4,639 tablets," the doctors wrote in the *Journal of Hand Surgery*. They could be swiped and sold on the street. The practice halved its routine initial prescription to 15 pills.

The overdose-reversal drug naloxone has sparked a lot of interest as well as confusion.

The U.S. Centers for Disease Control and Prevention issued opioid guidelines for primary-care physicians last month. They included a recommendation that doctors prescribe naloxone to patients who are getting pain pills legitimately but could be at risk for overdose.

At the roundtable, one doctor worried about legal liability for prescribing naloxone. Tennis, the Pennsylvania drug official, said that not prescribing it was a far bigger legal risk.

The reversal medication is often prescribed to family members, since someone who is overdosing would be unable to revive themselves. That third-party practice is unusual, and required a change in state law. The Wolf administration went further - as have several other states - in issuing a "standing order" that does not require a prescription.

But many pharmacists don't understand how it works, said Rachel Levine, the state's physician general, who has been speaking with pharmacy groups. She also said that insurance coverage varies.

The state's Medicaid program will cover naloxone prescribed to either the patient or a family member, she said. Aetna will as well, a spokesman said Tuesday. Independence Blue Cross will cover only the patient, a spokeswoman said.

A legal change also allows police - often the first to respond to an overdose - to carry naloxone. But only seven counties - including Chester, Delaware, and Philadelphia - are doing so countywide, Tennis said. About half the counties - among them Bucks and Montgomery - have partial coverage, he said.

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Peter C. Madeja

His workers comp claims firm seeks to prevent opioid abuse.

April 24, 2016

By Jane Von Bergen

For many, the path from opioid use to heroin addiction begins at work when an injury sustained on the job is treated, or rather, over-treated, with painkillers such as Oxycontin or Vicodin.

"So, the original injury might have been a back, a knee, a shoulder that obviously you would hope could be treated, and [the worker] healed and returned to employment," explained Peter C. Madeja, 57, chief executive and president of Genex Services L.L.C. in Wayne.

Genex handles workers' compensation claims for businesses as they try to keep medical costs down and return employees to work.

In March, at a time of increased public attention to the issue, Genex introduced a new service, Medication Safety 2.0, to monitor and prevent opioid addiction.

What happens to the injured workers?

"If there were too many narcotics prescribed, in many situations an addiction developed as a secondary issue. And that became even more damning than the original injury. We're often brought in where there is a related issue of addiction or abuse.

Because you monitor the workers' compensation claims, you get to see all patients' prescription histories. What

does Genex's new service do with that information?

We make sure that in the treatment of that individual, the medical community is using evidentiary medical guidelines. You show them the medical guidelines to indicate why you might not want to prescribe [an opioid] for a patient with these circumstances, diagnoses, symptoms, and medical conditions.

How do you communicate this to doctors?

Between our nursing staff and our physician advisers, we'll work proactively with the physician to try to create a better solution. We'll actually accompany the injured worker to appointments.

Any other strategy?

If we see the patient is treating with a number of physicians, there's where one of the issues has come in. Physicians don't always know that, and all of a sudden [the patient is] getting prescriptions from three physicians. The benefit of our involvement is we're able to spot that.

You read about companies forcing injured employees back to work too quickly, or firing them when they get hurt. What do you see?

You're dealing with a pretty big system, so when it goes wrong, it can [still] be a pretty large number. Often overlooked is that most employers we see and deal with are really interested in the welfare of the individuals.

They want to make sure that they get the right care and are treated right.

At first, you and some partners owned Genex. Then you sold it to a large public company. Next, it was owned by a series of three more public companies. Finally, in 2007, you, your team, and private equity investors repurchased Genex, which was recapitalized with new investors in 2014. Through that, how did you maintain Genex's culture?

You have to decide where you put a stake in the ground as to what's really important to the integrity of your company, your culture, and your ability to serve your customers well, versus meeting the interests of that new owner/investor, who obviously has bought the company and should have a right to do as they see appropriate. As a leader, you're trying to balance that.

You've survived as a leader through many changes. Any advice on managing up?

Communicate when things are going well, but equally, communicate when there's a problem. [Investors] like it when they feel like they have a sense for what's going on in the business. Try to put yourself on the other side of that equation. They've made a significant investment in your business. They're responsible to people who have given them money to invest on their behalf.

Interview questions and answers have been edited for space.

Opioid bill with local link gets OK

May 12, 2016

By Jonathan Tamari
WASHINGTON BUREAU

The House passed a bill Wednesday aimed at combating opioid abuse and named for a Gladwyne resident who died after struggling with addiction.

The John Thomas Decker Act would require the Department of Health and Human Services to study and report on the information given to young athletes about the dangers of opioid abuse, alternative treatments, and how to seek help, according to the measure's sponsor, U.S. Rep. Patrick Meehan, a Republican from

Delaware County.

The bill is named for a 30-year-old who died in January. His family believes it was caused by an accidental drug overdose as John Decker grappled with heroin addiction.

Decker became addicted to pain pills after multiple surgeries for a knee injury, sustained while playing basketball. It started with an OxyContin prescription, according to his family.

"Nationwide, young people who play sports and suffer injuries have become a demographic particularly susceptible to addiction," Meehan said.

Adolescent men who play sports, he said,

are twice as likely to be prescribed painkillers and four times more likely to abuse them than non-athletes.

Democrats have criticized Republicans for, in their view, talking about the opioid crisis but refusing to approve more funding to address the issue.

The bill was approved as part of a package of measures aimed at dealing with opioid addiction. It must be reconciled with a Senate package before it can head to President Obama.

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Additive may explain overdoses

W-18 is believed to make heroin so strong that the antidote is ineffective.

May 24, 2016

By Sam Wood
STAFF WRITER

Anita Gupta first suspected that the Philadelphia heroin trade could be taking a deadlier turn months ago, when she saw overdose patients at Hahnemann University Hospital who didn't respond as they should have to the antidote drug emergency workers gave them.

"The symptoms were worse than we were used to seeing," said Gupta, an anesthesiologist, pharmacist, and pain specialist at Drexel University College of Medicine. "We were getting patients with symptoms of near-death, and often required multiple doses of the antidote naloxone."

Now she and other physicians think they may know what's to blame: A synthetic opioid called W-18 that law enforcement officials say may be circulating in Philadelphia. It's so powerful that it can cause death in microscopic doses, according to a recent Drug Enforcement Administration bulletin warning that the substance is said to increase the strength of heroin and cocaine.

"It put a name to what was already going on," Gupta said. "My suspicion is, W-18 is something we're already dealing with."

The opioid epidemic - whether doctor-prescribed painkillers, heroin, or both - is considered the worst drug crisis the United States has ever faced. About 78 people die each day from opioid overdose, according to the Centers for Disease Control and Prevention. A half-million have died from opioids since 2000.

Naloxone, marketed as Narcan, frequently brings drug users back from the brink of a

fatal overdose.

But W-18, along with a handful of other synthetic opioids that can be added to heroin without the user's knowledge, may be too strong for naloxone to reverse. And, local physicians say, it's even throwing off seasoned drug users.

"We're seeing more unexpected overdoses in patients who were chronic, stable users, suggesting there's a contaminant in the heroin they were using," said Jeanmarie Perrone, director of medical toxicology at the Hospital of the University of Pennsylvania.

Most hospital laboratories are not equipped to spot W-18, Perrone said. Law enforcement officials say they haven't been able to prove that W-18 has killed anyone here.

"It scares the living crap out of us, but we haven't seen it yet," said Patrick Trainor, spokesman for the DEA's Philadelphia office.

But according to a police informant quoted in the DEA's unclassified bulletin, users were "dropping like flies" from W-18-tainted heroin. Drug dealers were giving naloxone to overdosing customers, according to the source. The DEA said it was not known whether the dealers were charging extra for saving their lives.

In internet forums, veteran opioid users warned against W-18. One commenter dismissed it as "not as pleasurable as heroin." Another cautioned that "the margin between high and death is incredibly small." A Reddit commenter compared W-18 to "chemical warfare" against users.

Though W-18 is often described as 10,000 times more potent than morphine, the claim is based on experiments with mice more than 30 years ago. It has never been officially tested on humans.

W-18, first synthesized more than 35 years ago, has been rising in visibility in re-

cent months. In September, federal agents discovered more than 2 1/2 pounds of W-18 in the home of a Florida man implicated in an international fentanyl drug ring. (Fentanyl is a legal opioid, available by prescription, that sometimes is added to heroin to make it stronger.) In December, police seized nearly nine pounds of W-18 in a raid in western Canada.

W-18 is one of several so-called novel opioids, typically manufactured in China, that dealers purchase online. They're so novel that they are not yet restricted by the DEA and remain legal to possess in the United States.

These legal synthetics have caused "upwards of 50 deaths" nationwide during the last four months, according to Barry Logan, director of the Center of Forensic Science and Education. The center is the nonprofit research arm of NMS Labs, which tests for the substances at its Willow Grove headquarters.

NMS confirmed one death in Illinois caused by W-18 and is investigating its role in another.

"The bigger problem right now is the designer opioid U-47700 and the designer fentanyl, furanyl, fentanyl," Logan said, adding that NMS had detected the two substances in a string of fatal overdoses that reached from Florida to Maine.

Philadelphia doctors are braced for more overdoses, with or without the novel opioids.

"With so many people dying already, we don't need this," said Ted Christopher, chair of the department of emergency medicine at Jefferson Health. "The opioid epidemic is already a catastrophe, and this raises the ante."

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FDA approves anti-opioid implant

A six-month option is both familiar and groundbreaking, but not without critics.

May 27, 2016

By Don Sapatkin
STAFF WRITER

With effective therapy for opioid addiction in short supply, the Food and Drug Adminis-

tration on Thursday approved a new option that is both groundbreaking and familiar.

Probuphine, a six-month implant the size of a matchstick, will be the longest-acting therapy on the market. The medication that it dispenses, buprenorphine, is one of the most common for addiction to pain pills and heroin, currently available only in daily doses.

The new formulation, from Braeburn Pharmaceuticals, a small, Princeton-based

company, is intended for people in stable, long-term recovery who have been on low amounts of the oral medication for at least six months.

The company said it would move quickly to manufacture Probuphine and expected to begin shipments within a few weeks. Braeburn plans to build a plant in Durham, N.C.; meanwhile, production is being outsourced

Implant continued on next page

Implant continued

to a company in Texas, with packaging by Sharp Packaging Services in Allentown.

Michael Frost, an addiction specialist whose private practice in Conshohocken was one of 23 sites nationwide for the most recent clinical trial, said the implant allowed patients to "start focusing less on my medication and more on other parts of my recovery, personal relationships, going back to school."

Kyle Kampman, a psychiatry professor at the University of Pennsylvania who oversaw another site, said a major advantage was avoiding the daily choice of continuing treatment or getting high. The implanted drug, which contains enough opioid to keep users from going into withdrawal, cannot be diverted for street sales, he said.

Critics have dismissed it as no better than what is available now, usually sold as Suboxone.

The FDA rejected the implant in 2013, mainly for a lack of evidence of its effectiveness. The latest clinical trial was limited to patients already stable in recovery. Those data led an advisory committee in January to vote 12-5 for approval, saying the implant was about as effective as the oral version.

Behshad Sheldon, Braeburn's president and CEO, said in an interview shortly before Thursday's approval that the implant had significant advantages over current versions of the drug. A key one is overdose protection.

Maintenance buprenorphine allows patients to do the long-term behavioral work that is necessary to sustain recovery.

But the temptation to skip a daily dose and do heroin one more time remains even as the body's tolerance declines, creating conditions for an overdose.

"You don't know if a year from now, they are going to break up with a boyfriend and then slip and make a mistake and then die," Sheldon said.

More than 28,000 Americans died of opioid overdoses - prescription painkillers or heroin - in 2014, according to the latest federal data. The vast majority were not in treatment at the time, but the period immediately following abstinence - typically release from prison or rehab - is known to be high risk.

"Opioid abuse and addiction have taken a devastating toll on American families. We must do everything we can to make new, innovative treatment options available that can help patients regain control over their lives," FDA Commissioner Robert M. Califf said in a statement Thursday. "Today's approval provides the first-ever implantable option to support patients' efforts to maintain treatment as part of their overall recovery program."

The FDA said Probuphine should be used as part of a complete treatment program that includes counseling and psychosocial support.

Braeburn, which is financed largely by the New York-based venture fund Apple Tree Partners, has weekly and monthly injections of buprenorphine in clinical trials.

Probuphine, which uses new technology licensed from Titan Pharmaceuticals of San Francisco, consists of four one-inch-long rods that are implanted under the skin on the inside of the upper arm, providing slow release for six months. It is pronounced Pro-BYOO-fee-n, for "providing buprenorphine."

There are three main types of medication-assisted treatment, all shown to be more effective than 12-step and other abstinence-based programs.

Naltrexone works by blocking the effects of opioids; patients must be completely free of the opioids before starting or they will experience withdrawal.

Methadone is a replacement opioid but is more powerful than buprenorphine and is dispensed daily under tight controls at clinics. Specially trained physicians can write prescriptions for buprenorphine, but can treat no more than 100 patients.

Buprenorphine is most commonly sold in a tamperproof version called Suboxone that must be dissolved under the tongue. It contains a small dose of naloxone, the emergency overdose-reversal medication. The naloxone is released only if the drug is crushed and abused, sending the body into withdrawal.

About 1.3 million Americans take some daily form of buprenorphine; Braeburn estimates at least one quarter meet the criteria for the implant.

The company has not announced pricing but said it would be "lower than other long-acting medications currently on the market." That could mean up to \$6,000 for six months.

Sarah Wilson said her doctors prescribed opioid painkillers after a 2008 car accident but balked at the higher doses she required, so she bought them on the street, leading to addiction.

She was successfully treated with buprenorphine but enrolled in an implant clinical trial near her Jacksonville, Fla., home. The effects of her car crash remain. "Yes, the pain is bad," said Wilson, 40, "but mostly I'm just grateful to be here."

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Opioid fight starts with a dental chair

Why Dentists Write Too Many Scripts

May 29, 2016

By Paul Jablow
FOR THE INQUIRER

The dentist and the ex-cop first met about five years ago at a pain management seminar at Tufts University.

"He asked me what I was doing there," recalls Carlos Aquino, who spent 23 years on the Philadelphia police force before retiring in 1995 as a sergeant specializing in narcotics investigations. "When I told him, he understood."

Elliot Hersh, a professor at the University of Pennsylvania dental school who specializes in pharmacology, understood so well that he soon had Aquino lecturing his students on the dangers of overprescribing painkillers, including opioids such as Percocet and Vicodin.

"He said he wanted me to scare the hell out of them," said Aquino, who also worked for the Drug Enforcement Administration and now advises pharmacies on DEA compliance issues.

Every fall, Aquino spends a couple of

hours with Hersh's pharmacology class, explaining what can happen to patients who overuse opioids and to dentists who illegally prescribe them. Hersh devotes 12 hours to this subject in an 88-hour course.

They are part of a nationwide push to get dental schools to help fight opioid addiction.

In April, U.S. Surgeon General Vivek Murthy announced a campaign that included a special plea to dentists and other medical professionals.

Dentists continued on next page

Dentists continued

A Harvard research team reported recently in the Journal of the American Medical Association (JAMA) that "dentists are among the leading prescribers of opioid analgesics," particularly for surgical tooth extractions.

Hersh points out that some dentists are prescribing opioid combinations that are both unnecessary and less effective than other painkilling drugs. "There are some cases where the pain is so bad you need an opioid," he says, "but it shouldn't be the first thing you prescribe. Opioids have their place but only in special situations."

Hersh said he has found that Advil is usually at least as effective as Vicodin for dental pain. He and his frequent research collaborator Paul Moore of the University of Pittsburgh are hoping to conduct a larger study to confirm this and similar findings.

Back in 2011, they wrote in the Journal of the American Dental Association, dentists were prescribing 12 percent of immediate-release opioids in the United States.

In another study published in JAMA in 2011, data from 2009 showed that dentists were the largest source of opioid prescriptions for patients age 10 to 19. Hersh says this is the age when wisdom teeth are likely to be removed surgically.

The downside of opioids is well-known: They are potentially addictive, can lead to the use of street drugs such as heroin, and can have side effects such as nausea, vomiting, constipation and dizziness. Drugs prescribed for adults can find their way into the hands of children.

Why, then, do dentists frequently prescribe them?

In some cases, Hersh says, nonsteroidal anti-inflammatory medicines have side effects that some patients can't tolerate. Naproxen and Aleve, for example, can cause stomach issues. Acetaminophen should not be prescribed for anyone with liver disease.

But except for these cases, Hersh blames

habit: Some practitioners have been writing opioid prescriptions for years and haven't kept up with the effectiveness of alternate drugs.

In other cases, they are anticipating a pain level that might occur in only a small minority of patients. For this he cites "patient expectation" as a major cause of overprescribing.

"They want a strong pain reliever and they have a perception that something with an opioid is better. And the dentists and physicians cave in."

Patient demand is a bigger factor in recent years with the spread of clinician-rating sites on the internet: An unhappy patient delivers a bad rating that can damage a dental or medical practice.

And then there are the patients seeking opioids to feed a drug habit - which in many cases started with a painkiller prescription.

George Downs, dean emeritus at the University of the Sciences, says that in about 85 percent of cases, a well-trained physician, dentist or pharmacist should be able to spot addiction.

Hersh says that warning flags include patients who come a long way to see a dentist for no discernible reason, who want to pay only in cash, or who claim to have a list of ailments that preclude about every over-the-counter pain management drug.

"Some of them know their pharmacology better than the physician or the dentist," he says.

Aquino said that in his law enforcement career he saw cases in which patients were so desperate to get drugs from a dentist that they sliced their gums so they would get infected.

Improvements in electronic record-keeping are making doctor-shopping more difficult, Hersh says, but there is still room for error.

State health guidelines adopted last year and endorsed by the Pennsylvania Dental Association call on dentists to refer patients

with chronic pain to pain management specialists.

Aquino says he warns dental students to stick with what they know.

"Your field is dentistry, not pain management," he tells them. "But if you get involved in pain management, you'd better do a lot of education on it."

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Elliot Hersh, a professor at Penn's dental school who specializes in pharmacology, says these factors all contribute to unnecessary opioid prescribing:

They've always done it that way. Clinicians who were trained in the 1970s and early '80s and haven't kept up with new research may not realize that alternatives work as well - if not better - for postsurgical dental pain.

The image of controlled substances. Some patients and providers assume that because opioids are regulated far more tightly than over-the-counter pain relievers, they must be really effective.

Enhanced placebo response. Because these drugs are viewed as being very strong, some patients believe they are more effective, even though clinical studies indicate otherwise. But the belief leads to a placebo response, making the patient seek the drug again.

Prescribing for the most severe outcome. In outpatient surgery like removing impacted wisdom teeth, the dentist often must prescribe medication when the patient is still numb from anesthesia. Anticipating the worst leads to prescribing a drug combination including opioids when studies indicate that perhaps only one-fifth of patients truly need it.

Patient expectations and demands. Dentists may fear getting negative online reviews from patients accusing them of failing to sympathize with their pain. Rather than risk possible damage to their practice, they may write the prescription.

Sharing heartbreak, struggle, hope

Twice a month, mothers of addicts meet with women in recovery to eat a homemade meal and tell their stories.

June 22, 2016

By **Anndee Hochman**
FOR THE INQUIRER

Some insomniacs count sheep. Lori Quintavalle used to count treatment centers.

Her son Alec, now 24, had cycled through at least 10 alcohol-and-drug rehabs. He'd stay clean while in a program, but once he was out for a week or two, he's relapse. At one point, he slept in his car in a Walmart parking lot in Florida; other times, he'd text Quintavalle, begging for money. More than once, he overdosed; only a shot of Narcan dragged him back from death.

Kerriann Meyers was a homeroom mom who planned rollicking kindergarten birthday parties and made chocolate chip cookies dipped in crumbled Heath bars. Then her marriage imploded, her husband moved out, and she tried heroin for the first time.

"I did it once, and I fell in love," says Meyers. Each day became a chase for the drug, a frantic dance to avoid the dope-sickness that felt like flu, but a thousand times worse. "Every day was the same: How can I get money to get high? I'm still astounded by how far you can fall so fast."

Every other Friday night at Interim House, a women's substance-abuse treatment program housed in a former convent in Mount Airy, mothers of addicts and women in recovery (often mothers themselves) come together and tell one another their stories. In the midst of a heroin and opioid epidemic that snatched nearly 700 lives in Philadelphia in 2015, the group is a small island of survivors - those who have watched their children struggle with addiction, and those who battle the disease hour by hour, day by day.

Quintavalle started the moms' group three and a half years ago, when her son was in a Utah rehab. She and others in her parents' support group were anticipating the December holidays with sadness or dread. Some of them also had daughters or sons in recovery; some had kids who were living on the street. All jumped when their phones shrilled in the middle of the night.

Quintavalle took up a collection among the moms and raised enough to buy each Interim House resident a gift bag of toiletries, books, and fuzzy socks. The moms brought

the bags, along with a meal, and sat down with the Interim House women for a sharing circle on a Friday night.

It was supposed to be a onetime gathering, a pay-it-forward gesture from the mothers of addicted kids to women who had been there and done that.

But they didn't want to stop; now, Mama Bears is an every-other-Friday ritual involving as many as a dozen mothers from across the region and nearly all the 25 residents of Interim House. The women share a home-cooked dinner, then sit in a circle, pass a stuffed bear from lap to lap, and talk.

"My son is an opiate addict," Cindy Munger tells the group on a recent Friday night. "He's 24. He's out of rehab again. If it weren't for you and what I've learned here, I wouldn't be as good a mom."

Meyers is next; she arrived at Interim House on May 26 straight from jail in Chester County - a probation violation related to a previous DUI. "Today, I have 58 days clean," she says. "I've had a rough week. But I've been hearing such good things about the moms' group, and I feel grateful."

She passes the bear, grown shabby from so many Friday night hugs. One woman has knitted the stuffed animal a blue poncho; another gave it a lavender scarf. Tonight, the bear wears a rosary and a fuchsia hair extension. Some women clutch it as they speak.

"I have a son who's an addict," says Sue Crathern of Oreland, her voice quavering. "He's in the midst of his fourth relapse. But coming here gives me strength to watch how you guys struggle for your recovery."

The circle continues: Gail Campbell says that her son, who has been living in her Berwyn home for several weeks before moving in with friends, was still in bed at 3 in the afternoon Sunday. That left her frustrated. "I was trying to find some compassion," she says. "Addiction is not a choice."

Crystal Keller, an Interim House resident from Northeast Philadelphia, tells the group that her oldest son's 16th birthday spurred her to seek treatment for a five-year addiction to Percoset, Adderall, and alcohol. "When I got here, I was so broken. I was scared of my own head, my own feelings. . . . I'll never forget the first day I woke up normal. My heart wasn't pounding. I was not searching for drugs anymore. I felt human again."

Kathy Wellbank, program director of Interim House for 22 years, believes the moms' group helps banish the shame of addiction;

it's a place where both sides can share their stories without judgment. It's also a locus of unconditional love. "The women will say, 'I can't believe people from the outside really care about us.'"

For moms like Quintavalle, the group is a source of forgiveness. "There's nothing worse than being the parent of an addict," she said in an interview. "You have this beautiful child, and then there's this hurricane that comes in and destroys your family. . . . Then [an Interim House resident] will come up to you, hug you, and say, 'It's not your fault.'"

For everyone in the circle, Mama Bears fills a void: the empty space gouged out by addiction, the place where there should be toddlers to cuddle, teenagers to hug, or moms to extend a reassuring hand.

"When I'm with these women, I feel closer to my son," says Munger.

"They bring a mom-presence, a kind of trust," says Meyers.

The mothers show Interim House residents that time and effort can heal a strained relationship between parents and their grown children. The residents remind the moms that recovery from addiction is difficult, but possible.

The group also muddies stereotypes: A few residents of Interim House are older than the moms who visit. Many have kids of their own. And several of the visiting moms know addiction from the inside.

"I've been in recovery. I haven't had a drink or a drug in 31 years," Campbell tells the group. "I haven't had a drink today, and that's the most important thing - living one day at a time."

In the end, no one in this room wears just one identity. They are daughters, sisters, spouses, parents. Their children are in foster care, or living with a relative, or in boarding school, or rehab, or on the run. One woman has a quarter-century clean; another has 55 days. They live in big houses in Wayne or Blue Bell; they bunk two to a room in a former convent.

But tonight, after a dinner of deli sandwiches and homemade salads, and an hour of frank and tearful talk, someone pushes the coffee table out of the way, backs the couches against the walls, and puts on music. It's the Cupid Shuffle: Now kick . . . now kick . . . now walk it by yourself. Feet cha-cha in sneakers or flip-flops. A tattooed shoulder shimmies; hips rock to the beat. For the duration of the dance, there is no way to tell who's who.

Harrisburg sets special session on opioid abuse

June 24, 2016

By Colt Shaw

HARRISBURG BUREAU

Taking a significant step to deal with what he has called a statewide crisis, Gov. Wolf said Thursday that he would call a special session of the legislature this year to address the prescription opioid epidemic.

The session will convene "by the end of the summer, if not early fall," said House Speaker Mike Turzai (R., Allegheny), and will focus on finding solutions to an issue rippling across nearly every community.

The announcement came as lawmakers from both parties and the governor gathered in the Capitol rotunda to renew attention on a problem that has grown dramatically in recent years.

Almost two-thirds of the 47,000 overdose deaths nationwide in 2014 were opioid-related, according to the Centers for Disease Control and Prevention. That year, Pennsylvania recorded about 1,600 overdose deaths from opioid medications and 800 from heroin, the state Coroners Association reported.

Wolf has traveled around the state during the last year for roundtable discussions with experts and others on how to prevent or reduce opioid abuse.

"Our fellow citizens are looking to us for action," he said Thursday, calling such addiction "a Pennsylvania problem."

Other states have made opioids a front-burner health issue. Gov. Pete Shumlin of Vermont devoted his entire 2014 State of the State address to opioids. Gov. Christie has spoken passionately about them.

In Pennsylvania, special legislative sessions have historically been reserved for the most important issues facing the state. Only four times since 2000 have lawmakers convened to brainstorm on a critical issue.

G. Terry Madonna, a professor of public affairs at Franklin at Marshall College and a longtime Capitol observer, said such sessions have a "checkered history" of efficacy.

"Many have not produced much in the way of meaningful legislation," he said.

Still, Madonna said he would be surprised if this session did not produce results, given the attention to the epidemic.

At their news conference, legislators

noted that there has been some progress. A legislative task force was formed two years ago to focus on opioid abuse and deadly overdoses. And on Thursday, the House passed three bills that in part grew out of that task force's recommendations.

One sets a seven-day limit, with exceptions, on the prescription of opioids in emergency rooms. Another would require health insurers to cover "abuse-deterrent" opioid medication. The third would require doctors and other health providers to further their education in opioid effects before prescribing the drugs to patients.

The House has also passed a bill setting guidelines for the proper disposal of unused prescriptions. All now move to the Senate for consideration.

The topic could get direct action from the legislature before then. Among other measures, Wolf is pushing for an additional \$34 million in next year's budget to treat more than 11,000 residents who currently are receiving no treatment.

The budget deadline is July 1.

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DEA: Drug deaths a worst epidemic

Report shows rapid jump in OD deaths

July 13, 2016

By Don Sapatkin

STAFF WRITER

Drug overdose deaths in Pennsylvania jumped more than 23 percent last year, the Drug Enforcement Administration reported Tuesday, by far the biggest increase in at least a decade and a sign that the addiction epidemic remains out of control.

An analysis of drug-related fatalities by the DEA's Philadelphia Field Division found a 5 percent rise in deaths involving heroin, along with an astonishing increase - up 93 percent in one year - in the presence of the synthetic opioid fentanyl in the bodies of people who died of overdoses. It also found a resurgence in cocaine, which was detected in 41 percent more cases. Most people had multiple types of drugs in their bodies, coroners found, so it's not always possible to blame one substance.

"The nation and the commonwealth are

in the throes of the worst drug epidemic in the country's history," Gary Tuggle, special agent in charge of the Philadelphia division, said at a news conference.

He said his division is the only one in the country to produce a state report, so comparable DEA data for New Jersey and other states were not available. Annual mortality data from the U.S. Centers for Disease Control and Prevention have not yet been updated for 2015. Pennsylvania had the eighth-highest overdose death rate in the nation based on 2014 CDC data.

But Tuggle said his colleagues in DEA offices across the country have told him that they, too, are seeing considerable increases.

Just a few years ago there was short-lived evidence of a plateau. A raft of state and federal actions - from making the overdose-reversal medication naloxone more available, to new guidelines on prescribing the painkillers that can lead to addiction

- have been taken since then. Yet deaths keep climbing.

The U.S. Senate on Wednesday is expected to approve and send to President Obama a comprehensive bill to expand treatment and prevention programs. The compromise measure passed overwhelmingly by the House last week leaves out nearly \$1 billion in funding sought by the administration; Republicans said money would be added during the regular appropriations process.

"This problem is growing," Jeremiah A. Daley, executive director of the Philadelphia-Camden High Intensity Drug Trafficking Area, an interagency antidrug program, said at the Philadelphia news conference. He described the new numbers as "absolutely stunning and very discouraging." He said that Southeastern Pennsylvania was in an "acute crisis."

Opioid addiction cuts across racial, geographic, and economic lines. The DEA

DEA continued on next page

DEA continued

reported that white males ages 30 to 39 accounted for 15 percent of last year's drug-related deaths, the largest demographic group, even though they made up less than 5 percent of the state's population.

Philadelphia historically has had high drug overdose fatality rates, but some suburban counties drew nearly even with the city in recent years, CDC data showed, as overdoses from prescription drugs such as Percocet and hydrocodone rose quickly in higher-income areas.

Philadelphia has once again pulled ahead, with 720 drug-overdose fatalities last year, the DEA reported, a 10 percent increase over 2014. That equals 46 deaths per 100,000 residents, the highest rate in the state.

Another disturbing surprise was in Delaware County, where officials have aggressively sought to reduce overdoses. The county was among the first in the state to distribute naloxone to first responders in late 2014, soon after state law was changed to allow it.

But Delaware County had 202 overdose deaths last year, up 41 percent from 2014, for a rate of 36 per 100,000 residents.

County-level numbers vary from year to

year, so short-term changes do not necessarily indicate a trend.

Locally, Bucks County reported 117 drug-related deaths last year, up 4 percent, for a rate of 19 per 100,000 residents. Chester County's 63 deaths was unchanged from the previous year and remained the lowest in the region, with a rate of 12 per 100,000. Montgomery County's 136 deaths represented a 16 percent decline for a rate of 17 per 100,000.

The DEA said that 3,383 Pennsylvanians died of drug overdoses last year, a rate of 26 per 100,000.

Coroners found heroin in 55 percent of those who died. Fentanyl, which is many times more powerful and is mixed into heroin by drug dealers to make their product both cheaper and stronger, was detected in 27 percent of cases, and cocaine in 24 percent.

Fentanyl is a prescription painkiller but is more frequently showing up in forms created in illegal laboratories, Tuggle said, often shipped from Mexico, China, and India. Pennsylvania coroners for the first time detected another form of the drug, acetyl fentanyl, which has no medical purpose. It was found in only 4 percent of cases but often would not be part of the standard

toxicology screen.

Also found were several prescription opioids, such as oxycodone (19 percent) and hydrocodone (6 percent).

There is evidence that use of prescription opioids is declining nationwide, but drug officials and addiction specialists say that the changes in law and prescriber practices responsible for that decrease are likely leading to more heroin use as people addicted to pills seek a way to avoid opioid withdrawal.

At Tuesday's news conference at the William J. Green Federal Building, down the block from Independence Mall, three career law-enforcement officials - Tuggle, Daley, and Zane D. Memeger, U.S. Attorney for the Eastern District of Pennsylvania - stressed the importance of expanding treatment.

Catching people before they make the move to heroin is critical, Tuggle said. He recalled some of the drug crises that have struck America in the past, from opium in the mid-1800s, to LSD in the 1960s and crack cocaine in the 1980s.

"Heroin has something that the others did not," he said. "It has a feeder system: prescription opioids."

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Wolf: Pa. plans 20 opioid treatment sites

July 15, 2016

By Don Sapatkin
STAFF WRITER

Pennsylvania will open 20 centers around the state by fall to coordinate care for people addicted to opioids, the Wolf administration announced Thursday.

The centers - six of them in Southeastern Pennsylvania - will not be new locations, but instead are existing organizations that will function as navigational hubs to coordinate a range of services for Medicaid patients. By integrating treatment for substance abuse, mental health, and physical health, their mission is to help ensure patients get all the types of care proven to promote recovery.

The concept, which is being tried in a handful of states, in some ways resembles the "medical home" model that has been gaining popularity in primary care.

Having a single provider take responsibility for coordinating a patient's needs is

especially critical in the disjointed addiction treatment system. Patients who are released from detox but fail to follow up with medication-assisted treatment to lessen their craving for heroin, for example, are at very high risk of relapse and overdose.

Adam C. Brooks, who studies the effectiveness of different types of addiction treatment for the Treatment Research Institute in Philadelphia, called the proposal "a holistic approach for recovery."

When he first heard about the governor's proposal a few months ago, he was impressed that it included money not only for interdisciplinary teams but also for evaluating outcomes and teaching local providers about the coordinated approach to keeping people in treatment.

"What I like about what they are doing is the focus on how you build support around people so they get the most out of it and not drop out, and get the best chance," Brooks said last month.

Nearly 3,400 Pennsylvanians died of drug

overdoses last year, the Drug Enforcement Administration's Philadelphia Division reported Tuesday, a 23 percent increase over 2014. Coroners detected opioids - prescription painkillers and heroin - in more than 80 percent of the cases.

"We all know someone impacted by the opioid epidemic, and one thing has become abundantly clear - opioid addiction is an illness," Gov. Wolf said in a statement announcing that his administration was moving ahead with the plan. "In order to address this illness, we need to think about addiction treatment in a different way. Treating underlying causes gives people the best chance they have to beat their addiction."

The administration had sought \$34 million in the state budget to open 50 "Centers of Excellence." Legislators approved \$15 million, and along with \$5 million in federal matching funds, the state Department of Human Services can open 20 centers by Oct. 1, said Kait Gillis, a department

Treatment continued on next page

Treatment continued

spokeswoman. She said the agency's actuaries were determining whether projected savings from the program could provide funding for more.

The centers will serve only patients on Medicaid, the state-federal program for low-income and disabled people. Opioid addiction disproportionately affects white, rural, and suburban Americans, many of whom start with pills prescribed by doctors for pain and end up buying more illegally on the street or, in some cases, moving to heroin.

The downward spiral of addiction can cause them to lose their homes, jobs, and health coverage, leaving many uninsured or on Medicaid. Many also have what are known as "co-occurring" conditions - mental illness or medical problems that complicate substance-abuse treatment and may need to be handled by another facility.

The team approach of the Centers of Excellence is intended to integrate all three, both in the short term and after release from treatment.

"Since opioids are so powerful, those who try to recover need different types of help in order to beat the disease. In fact, this approach has gained huge momentum as the most modern and successful way to support recovery, especially from opioids," Human Services Secretary Ted Dallas said in a statement.

"The intense cravings, detoxification, and withdrawal symptoms involved in quitting make addiction difficult to overcome. As our strategy involves both behavioral therapy and [Food and Drug Administration] approved medication that individuals take to help curb cravings and manage withdrawal symptoms, it can improve the odds of recovery."

Gillis said that 116 organizations had applied to be Centers of Excellence, which will be licensed to prescribe one of the three medications approved by the FDA to assist in treatment: methadone, buprenorphine, and naltrexone.

She said that that the new centers' staffing and focus on coordination would allow them to treat about 4,500 people who

currently are not able to access treatment. Hundreds of thousands of Pennsylvanians who need treatment for all kinds of substance abuse don't get it for various reasons, according to government estimates, although Pennsylvania does better than many other states.

Among the 20 centers announced Thursday are these six in Southeastern Pennsylvania:

- Penn Foundation Inc., Bucks County.
- Crozer-Chester Medical Center-Community Hospital, Delaware County.
- Resources for Human Development Inc./Montgomery County Methadone Center.
- Thomas Jefferson Narcotic Addiction Treatment/Maternal Addiction Treatment, Philadelphia.
- Wedge Medical Center Inc., Philadelphia.
- Temple University, Philadelphia.

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FORTUNATE 50
WHO ARE PITTSBURGH'S TOP PAID EXECUTIVES?
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EXAGGERATOR WINS
IN RAINY, MUDDY 141st. PREAKNESS STAKES, NYQUIST'S BID FOR TRIPLE CROWN NIXED
SPORTS, C-1



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Vol. 89, No. 296

Pittsburgh Post-Gazette

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Donald Trump

Key GOP donors resisting Trump

Opposition may halt candidate's \$1B goal

By Jonathan Martin and Alexander Burns
The New York Times

A powerful array of the Republican Party's largest financial backers remains deeply resistant to Donald Trump's presidential candidacy, forming a wall of opposition that could make it exceedingly difficult for him to meet his goal of raising \$1 billion before the November election.

Interviews and emails with more than 50 of the Republican Party's largest donors, or their representatives, revealed a measure of contempt and distrust toward their own party's nominee that is unheard of in modern presidential politics.

More than a dozen of the party's most reliable individual contributors and wealthy families indicated that they would not give to or raise money for Mr. Trump. This group has contributed a combined \$90 million.

SEE **DONORS**, PAGE A-7

SPECIAL REPORT
THE FIRST IN A SERIES

As pain pill crisis grows, doctors keep prescribing

More than 600 doctors disciplined in 7 states for handing out too many narcotic prescriptions

By Rich Lord, J. Brady McCollough and Adam Smetz
Pittsburgh Post-Gazette

Physician Gary A. Shearer continued to prescribe painkillers, even as 14 of his patients died of drug overdoses, according to Kentucky investigators.

Maryland psychiatrist Patricia A. Newton kept prescribing to a struggling addict, according to a judge's account in a dispute over her license, until that patient turned up, unconscious, in a Maryland hospital bathroom with a syringe and 545 pills.

Physician Michael B. Rosen was prescribing nearly 1,000 highly addictive pills per month to a patient who told a Pennsylvania detective that he "did not have any serious pain," but could get "whatever he wanted" from "Dr. Peel Good," according to a police affidavit.

Now law enforcement is searching through prescribing records of doctors in Minnesota and California in relation to the April 21 death of the musician Prince.

Warned time and again that pain pills can addict and kill, hundreds of doctors have been disciplined.

SEE **PILLS**, PAGE A-8

MORE COVERAGE

- Kentucky is evidence: Getting tough on doctors helps to reduce opioid overdoses. **Story, Page A-9**
- Starting Monday, read the blog on **OVERDOSED** at post-gazette.com.



Post-Gazette photo illustration

OVERDOSED

HOW DOCTORS WROTE THE SCRIPT FOR AN EPIDEMIC

Over five years, in seven states, 608 doctors signed their names to painkiller prescriptions that medical boards later deemed inappropriate. In doing so, they co-authored America's deadliest drug epidemic.



Malka Markovic

Her decades of service in Squirrel Hill ending

92-year-old lives above ritual pool she oversees

By Peter Smith
Pittsburgh Post-Gazette

The phone rings on a typically quiet afternoon, and Malka Markovic pushes back her chair and walks slowly but purposefully to the phone on the wall. The woman at the other end of the line makes an appointment for that evening, and the call is soon complete.

For nearly 30 years, Ms. Markovic, of Squirrel Hill, has provided a steady, discreet service to Jewish women as the live-in supervisor of a mikvah, a small pool used for ritual bathing.

With the imminent opening of a new mikvah elsewhere in the neighborhood, she'll soon be retiring — at age 92.

It's the latest step in a long journey that began in her native Czechoslovakia in a poor yet close-knit village whose Jewish residents could afford to heat the mikvah only once a week by wood fire.

"That Jewish community was one of thousands throughout Europe that was destroyed in the Holocaust, the Nazi mass murder of Jews that Ms. Markovic survived but which claimed many in her family."

"We were religious in Europe," Ms. Markovic recalled, her words

SEE **MIKVAH**, PAGE A-13

Statue of Homeless Jesus is just that in London

By Claire Bolderson
Special to the Post-Gazette

LONDON — From Washington, D.C., to Chicago, to Toronto and Madrid, cities across the world are embracing a life-size bronze statue of Christ curled under a blanket on a park bench. Homeless Jesus, as the statue is known, has been welcomed at the Vatican, installed outside a church in Davidson, N.C., and can be found at a busy intersection in Indianapolis.

But not in London. Here, the sleeping figure, identifiable only by the wounds on his feet, is struggling to find a home.

The latest effort failed when the City of Westminster Council rejected a planning application made by Methodist Central Hall. The Methodists wanted to place the sculpture on the sidewalk outside their imposing baroque-style church and conference center near



Methodist Central Hall

Homeless Jesus, a statue created by Canadian sculptor Timothy P. Schmalz, is joined in Washington, D.C., by a homeless man in the extra space created for passers-by to sit — or in this case, sleep — next to the shrouded figure.

SEE **STATUE**, PAGE A-12

More cities and states are banning chew, dip and snuff in ballparks, but Pa. is unlikely to follow soon

Some pushing to throw out smokeless tobacco in baseball

By Elizabeth Bloom
Pittsburgh Post-Gazette

For years, Jeff Locke was hooked on smokeless tobacco. His favorite flavor was wintergreen, his preferred brand Kodiak. But after his mother took ill with ovarian cancer a couple of years ago, he reconsidered the habit, and this past off-season, the Pirates pitcher quit.

"It just seemed to me like it was always a part of the game," he said. "No other sport seemed to have anything like that."

Each sport has baggage — football's concussion-inducing hits, hockey's brain-crushing fights,

performance-enhancing drugs almost everywhere. Baseball's oldest vice is smokeless tobacco, which has been lodged against ballplayers' gums and cheeks for generations. But now, a handful of major league cities think it's time for dip, chew and snuff to retire.

Boston, Chicago, New York, Los Angeles and San Francisco have passed bans on smokeless tobacco at sporting stadiums, and California plans to implement a ban by the 2017 Major League Baseball season. Similar legislation is in the pipeline in

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PITTSBURGH

PITTSBURGH POST-GAZETTE SPECIAL REPORT

Overdosed

How doctors wrote the script for an epidemic

May 22, 2016

Reporting by Rich Lord,
J. Brady McCollough and Adam Smeltz

Dr. Gary A. Shearer continued to prescribe painkillers, even as 14 of his patients died of drug overdoses, according to Kentucky investigators.

Maryland psychiatrist Patricia A. Newton kept prescribing to a struggling addict, according to a judge's account in a dispute over her license, until that patient turned up, unconscious, in a Maryland hospital bathroom with a syringe and 545 pills.

Physician Michael B. Rosen was prescribing nearly 1,000 highly addictive pills per month to a patient who told a Pennsylvania detective that he "did not have any serious pain," but could get "whatever he wanted" from "Dr. Feel Good," according to a police affidavit.

Now law enforcement is searching through prescribing records of doctors in Minnesota and California in relation to the April 21 death of the musician Prince.

Warned time and again that pain pills can addict and kill, hundreds of doctors throughout seven narcotic-plagued states wantonly prescribed painkillers, setting the stage for the worst drug epidemic in U.S. history as brand-name opioids joined with cheap heroin.

From 2011 through 2015, across Pennsylvania, Ohio, West Virginia, Maryland, Virginia, Kentucky and Tennessee – which include the bulk of addiction-ravaged Appalachia – 608 doctors have been disciplined by state medical boards for overprescribing narcotics, according to a six-month Pittsburgh Post-Gazette investigation.

Some wrote thousands of prescriptions for OxyContin, even though, in 2007, Purdue Pharma agreed to pay \$600 million to settle criminal charges that it lied when it called that opioid "less addictive." They prescribed powerful narcotics for everything from migraines to sunburn, according to the state medical board documents, ignoring the White House's 2011 declaration of a "prescription drug abuse crisis."

Doctors dismissed red flags that patients were selling their pills to street customers who paid a dollar per milligram.

When insurers or pharmacists balked at

the quantities of drugs patients were getting, many shrugged it off.

Physicians looked the other way when their patients' spouses or parents pleaded with them to turn off the spigot of addiction.

Some vigorously defend their decisions, telling the Post-Gazette that they were doing more good than harm. Their stories will be published over the coming days.

Others, though, have traded the Hippocratic Oath's call – "that warmth, sympathy, and understanding may outweigh ... the chemist's drug" – for million-dollar windfalls, sex with the addicts they supplied, or drugs to feed their own cravings.

"In Appalachia, there was definitely a pill culture that overtook the whole region," said Van Ingram, who directs Kentucky's Office of Drug Control Policy. "We've lost a generation, really, to this disease."

In states like Kentucky that disciplined or jailed rogue doctors and curbed the actions of others, painkiller prescribing has ebbed. In states slow to respond, including Pennsylvania, the flow of narcotics has barely budged. In six of the seven states studied by the Post-Gazette, fatal overdoses have climbed as heroin moved into areas that developed a taste for narcotics at the hands of healers.

U.S. Attorney David Hickton, Western Pennsylvania's top prosecutor and a co-chair of the National Heroin Task Force, placed some of the blame for "an epidemic of related problems of heroin and opioid pill abuse" on "the small percentage of doctors who we call drug dealers with white coats."

PILLS AND NEEDLES

Gary A. Shearer, of Florence, Ky., had patients who claimed that they had lost their prescriptions. He'd write new ones.

Urine tests would reveal that patients weren't taking their prescribed pills. One patient had five irregular tests and admitted that "the father of her children may be getting her medication," according to Kentucky Board of Medical Licensure reports. Dr. Shearer kept prescribing.

Coroners started counting the corpses that came in saturated with drugs that he'd prescribed. They totalled 14 over two years. The state's drug database revealed that he was a top-five source of oxycodone

prescriptions in Kentucky's Appalachian east. Federal agents searching his office found 313 blank, pre-signed prescriptions – a practice which would enable staff, or a patient who snatched the blanks, to prescribe drugs.

Investigators found one patient who "met the [doctor] through her brother, who sold cocaine to the [doctor]," and brought him her 17-year-old daughter. The daughter then "began receiving Vicodin" and the doctor "asked [the daughter] out on dates," according to the board reports.

The board suspended Dr. Shearer's license in 2012. He died in 2014. Though he's an extreme example, none of Dr. Shearer's practices were unique. A medical establishment that had, since the 1990s, prioritized pain management is now debating whether the opioid epidemic stems from a few bad apples or a cultural shift.

"Clearly, there are physicians and others who abdicate their professional responsibility and act outside of what is best practice and standards of care," said Patrice A. Harris, chairwoman-elect at the American Medical Association and leader of its Task Force to Reduce Opioid Abuse. She said that the scarcity of insurance coverage for alternative treatments likely ranks above doctor misconduct among the causes of the painkiller epidemic.

State regulators, however, are "seeing a lot of physicians who were being educated and licensed when everyone was focused on treating pain," said Cameron McNamee, director of policy and communications at the Ohio Board of Pharmacy. They were taught "that pain is the fifth vital sign," added to the traditional four: blood pressure, breathing, pulse and temperature.

Medicine, he said, needs to "course correct. ... Because what concerns us the most is that everyone is focused on heroin, but the heroin problem wouldn't be one-tenth as bad if we hadn't primed the pump with prescription opioids and all the controlled substances."

The Post-Gazette reviewed more than 4,200 actions taken during the years 2011 through 2015 by medical boards in the seven states that constitute most of Appalachia. Those boards are charged with

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ensuring that medical doctors and osteopaths aren't acting contrary to their oaths to heal the sick, and can reprimand physicians, demand education, impose probation, suspend or revoke licenses.

Some of the boards have been inundated with tales of tragedy – like the fortysomething woman found unconscious in the bathroom of a Baltimore hospital in 2014. She had a needle in her arm, but not a speck of heroin. Instead, police found 63 pills of oxycodone, 31 OxyContin, 30 hydromorphones, 4 methadones, 9 methylphenidates, 60 alprazolams, 161 dextroamphetamine, and 187 other pills.

The woman had come to Baltimore psychiatrist Patricia A. Newton in 2012 for depression, anxiety and chronic pain, and was on Suboxone, which staves off opioid withdrawal, a Maryland administrative law judge wrote last year. Dr. Newton weaned her off of Suboxone – but put her back on oxycodone. The doctor later added more drugs and prescribed early refills when the patient claimed she'd lost her pills.

Confronted by investigators, Dr. Newton said that it is "inhumane not to treat a patient if they have a legitimate chronic pain condition, whether or not they've had a substance abuse disorder," wrote the executive director of the Maryland Board of Physicians, in an order suspending the psychiatrist's license.

The judge detailed Dr. Newton's prescribing to nine other patients in a decision finding "misconduct" and "professional incompetence." Dr. Newton, who could not be reached for comment, is still licensed to practice, though barred from pain management.

"THE MOST TRUSTED PEOPLE"

Opioids and opiates are narcotic drugs that attach to nervous system receptors, often reducing pain and, as the dose increases, bringing a sense of well-being, drowsiness, confusion, nausea, constipation and slowed – or stopped – breathing.

Opiates are extracted from opium, as is heroin. Opioids are synthetic – but equally effective – imitations. Benzodiazepines, including Xanax and Valium, magnify the effects of narcotics.

The U.S., with 4.4 percent of the world's population, consumes around 70 percent of the world's output of powerful pain medicines, according to the American Society of Interventional Pain Physicians, which analyzed International Narcotics Control Board data.

From the early 1900s to 1995, narcotics were used mainly for severe pain, especially from cancer. OxyContin, a time-released oxycodone product, changed that after its approval by the Food and Drug Administration, and release by Purdue Pharma, in 1995. The drug boasted a time-released formula meant to make abuse unlikely, if not impossible. To some, that meant the opioid could be used safely for chronic pain.

"The pharmaceutical company, a legal corporation, here they go down this road," said West Virginia Sen. Joe Manchin, who, as a leader from a state rife with addiction, has become Capitol Hill's most vocal critic of the medical industry's role in this epidemic.

"And the Food and Drug Administration, who we think is supposed to be protecting us, says 'No problem at all.' Doctors, who are the most trusted people we have in America, legally saying, 'This is what you need. This will help you.' It exploded from there, and now we're trying to put the genie back in the bottle, and it just got bigger and bigger and bigger."

The genie didn't get out on its own.

In the 1980s and '90s, physicians faced complaints that they were undertreating pain, said the AMA's Dr. Harris, an Atlanta psychiatrist who grew up in Bluefield, W.V.

In 2001, California doctor Wing Chin was sued by a patient's three children for not prescribing their father enough pain medication. The patient, 85-year-old William Bergman, had been treated by Dr. Chin for stress fractures in his back. He would later die of lung cancer. A jury found Dr. Chin guilty of recklessness and abuse and ordered him to pay the Bergman family \$1.5 million for their father's pain and suffering.

Dr. Franklin Demint of Kingston, Ohio, remembers a sea change occurring soon after Dr. Chin's case. It sounded an alarm to the medical community that treating pain with more potency should become a priority. It was no coincidence that Dr. Demint began his own pain management practice in 2002.

Ten years later, in 2012, the State of Ohio Board of Medicine cited Dr. Demint for improper prescribing practices in his care of 14 patients. His medical license was suspended for 180 days. He now regrets ever getting involved in the booming pain treatment industry and considers himself a victim of a politically-driven "witch hunt" meant to put the blame on doctors and paint them as pill pushers.

"We were trying to do the best we could with the knowledge we had," said Dr. Demint, whose license was reinstated by

the board in 2015. "The problem is, we still don't have a very good knowledge of pain. ... We're winging it, trial and error. It's the way it is. The medical community, we don't know everything. We're not God. Doctors don't like to admit that."

Physicians fell under the spell of persistent pharmaceutical drug company representatives, who bombarded them with free lunches and provocative pitches for their products. Another doctor disciplined by the Ohio board for poor prescribing, Paul Wilson, recalled a day in 2007 when reps from three different drug companies brought lunch to his Cleveland area office.

"Psychologically," said Dr. Wilson, who surrendered his medical license in April, "when somebody brings you lunch, and they're real nice and everything, you want to write their drugs, at least a little bit."

Some doctors decided to try the drugs themselves. In 2011, Kentucky doctor Anthony B. Karam started down the road to treatment for opioid abuse when a nurse raised questions about his handling of two vials of fentanyl.

A hospital nurse at the Pattie A. Clay Regional Medical Center in Richmond, Ky., noticed that the vials were missing from her patient's bedside cabinet. Moments later, Dr. Karam rounded the corner from the bathroom with the vials and a syringe in his pocket, the nurse reported, according to a Kentucky Board of Medical Licensure order co-signed by the doctor. Whatever the doctor had put into the syringe, and then injected into the patient, "did not appear to have an effect," the nurse reported, according to the order.

Dr. Karam admitted taking part of the 2,500 doses of drugs that he had prescribed for his fiancée and her two daughters over five months. A consultant spotted a dozen violations in Dr. Karam's prescribing practices, although the doctor insisted that the treatments matched patient needs.

Dr. Karam declined comment through his attorney. In 2013 he resigned from his practice, then entered addiction treatment in Mississippi after the board suspended his Kentucky medical license.

FEEDING THE EPIDEMIC

While two studies have showed no overall change in the amount of pain Americans report to hospitals, the quantity of opioids consumed quadrupled from 1999 to 2014, the Centers for Disease Control has found. In three of the states studied by the

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Post-Gazette – West Virginia, Tennessee and Kentucky – the number of opioid prescriptions written annually by doctors exceeded the population.

The CDC tallied 47,055 drug overdose deaths nationally in 2014 – a record – and found that 28,647 involved opioids, heroin or both. Celebrity deaths from Philip Seymour Hoffman's (blamed partly on benzodiazepines) in 2014 to Prince's (reportedly connected to opioids) in April increased the issue's public profile.

Gary Tuggle – now the Drug Enforcement Administration's special agent in charge for Pennsylvania and Delaware – has seen three epidemics. Soldiers returning from Vietnam brought a heroin surge in the 1970s. Crack cocaine singed cities beginning in the mid-1980s. Now it's pills and heroin.

Gary Tuggle, right, the Special Agent in Charge for the DEA in Pennsylvania and Delaware at the Gateway Rehabilitation Center in Aliquippa while on a tour there on Thursday, Dec. 10, 2015. (Michael Henninger/Pittsburgh Post-Gazette)

"It dwarfs those [earlier] two epidemics," said Mr. Tuggle, to a January gathering of concerned citizens in Monroeville. "This particular heroin epidemic has a feeder system, and that feeder system is the misuse and abuse of opioids."

In April 2011, the White House report, "Epidemic: Responding to America's Prescription Drug Abuse Crisis," labeled pills, especially opioids, as "the Nation's fastest-growing drug problem."

From 2011 to 2015, federal prosecutors in the seven states charged at least 66 physicians as narcotics dealers. "To me, they're no better than the guy or the girl selling heroin on the corner," said Mr. Tuggle. "To me, they're worse, because they took an oath to do no harm."

The CDC says that 2 million Americans are now addicted to, or abuse, opioids.

"SCARED TO DEATH"

Towns throughout Appalachia, already strangled by depressed economies, have become easy targets for heroin drug lords. Demand is highest in places with faint horizons, and the supply must follow.

Last August in Pennsylvania's Washington County, where Interstates 70 and 79 intersect near the county seat of Washington, Pa., a community of more than 200,000 saw a frightening display of what can happen at the end of the tragic road of opioid

addiction.

Stamp bags of heroin marked "Made in Colombia" hit the streets, and addicts were soon buzzing about a high that shouldn't be missed. Only the suppliers and their distributors knew what was driving that little something extra – the batch had been cut with fentanyl, an opiate 100 times more powerful than morphine.

On August 16, as the county fair began in Washington on a hot, sunny day, 16 overdoses were called in to 911 dispatchers. From 7:33 p.m. to 8:42 p.m., there were eight calls in 70 minutes. The next day, 11 more. By the end of the week, there would be 38 total – including five deaths.

The victims would be filed in the books as heroin overdoses. That label may have been accurate, but it failed to tell the full story.

When Valerie Mack found her brother, Sammy, 50, dead on the floor of his bedroom, she knew that he likely wouldn't have found his way to heroin if he hadn't been injured months earlier in a motorcycle accident and been prescribed painkillers.

Those who were fortunate enough to have been revived on the scene by first-responders armed with Narcan – an opioid antagonist now used as a nasal spray antidote – were given a second chance at life. Some of them told the Post-Gazette their stories, which will be published in the coming weeks. The victims who survived share a common theme: They never imagined they would be the person sticking their arm with a needle.

Jessica Neal, 9-months sober, shares her story of addiction with a speech titled, "H.O.P.E. (hold on pain ends) at the 5th Annual Fight Against Heroin Rally at Washington Sr. High School. (Pam Panchak/Pittsburgh Post-Gazette)

Today, Jessica Neal, 27, is nine months clean after eight years spent in the throes of addiction. Around Washington, it will be hard for her to escape the stigma of being the woman who overdosed in a Walgreen's bathroom stall with her 2-year-old daughter in a stroller.

A decade ago, as a student at Washington High School, Ms. Neal played basketball for four years and was headed to Waynesburg University. But a boyfriend introduced her to OxyContin, which led to heroin abuse.

So many times throughout those eight years, Ms. Neal went to rehab and tried to get back on track. But medical issues kept coming up – hernia surgeries, a miscarriage, abscesses, a hand infection, gallstones – and each time, she said, she was prescribed

opioids by a doctor without any questions about her addictive tendencies.

"He was just willing to give them to me," Ms. Neal said. "There are other ways to manage pain, and you know, no one ever cared to explain that to me. I shouldn't have gotten them. I knew that if I wanted to get pills, or pills to sell for money, I can go to the hospital. I can go to the doctor and say, 'Oh, this is hurting me.' You learn how to manipulate the system."

In February 2015, Ms. Neal was in detox. In March, a gallstones surgery and the corresponding prescription pills sent her reeling again. In August, she heard about the strong batch of heroin and had to have two bags, even though she'd been advised that one was enough. Her overdose woke her up, and now she's working her way through Washington County's drug court program and attending daily Narcotics Anonymous meetings.

She is starting to feel like Jessica Neal again, but she still carries with her one big fear about the future.

"I'm scared to death," Ms. Neal said, "that I might have to get surgery again, and they're going to have to give me pain pills. I just pray all the time that nothing happens again. I don't have the obsession anymore, and I don't want it brought back into my life."

UNEVEN RESPONSE

The cures offered for the opioid epidemic have ranged from new drugs to expanded rehab. The data assembled by the Post-Gazette suggests that changing the behavior of doctors is crucial.

Some states, like Kentucky and Tennessee, have made prescribing guidelines official, meaning doctors can be disciplined or sued if they stray. Pennsylvania's medical boards haven't yet voted to endorse guidelines, but the state's physician general plans to suggest that step this summer.

In Kentucky, where addiction sank deep roots, doctors are now required to check a patient's drug history before prescribing narcotics, and must take 4.5 hours of prescribing classes every two years or risk a license suspension. Over five years, Kentucky disciplined 12 out of every 1,000 doctors for overprescribing narcotics. Opioid prescribing there dropped by 12.5 percent from 2012 to 2014, and fatal overdoses edged downward.

By contrast, Pennsylvania's boards can't readily tap prescribing data, and have

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disciplined just over 1 out of every 1,000 in-state doctors for their narcotics practices. Opioid prescribing inched downward by 2.3 percent, and overdoses climbed.

The CDC's new prescribing guidelines, finalized in March, tell doctors to try other options before turning to opioids. They say that if opioids are needed, doctors should disclose the risks of addiction, check databases to find out if patients are getting painkillers elsewhere, start with low dosages and increase them only slowly, avoid mixing opioids and benzodiazepines, and refer addicted patients to treatment.

Dr. Harris said the AMA worries about unintended consequences of "one-size-fits-all approaches" to pain medication, preferring an individualized approach to treatment. The AMA resists universal opioid training for doctors and mandatory checks of prescription-drug databases. Some databases are poorly funded and error-prone, while any one doctor's education needs can vary widely, Dr. Harris said.

"I think it's critical, if we really get to solutions, that we talk about the other issues" in addition to physician misconduct, Dr. Harris said. She said non-drug alternatives for managing pain such as physical therapy "are not always accessible to our patients, even our patients who have insurance."

Passionate critics of the medical field like

Mr. Manchin are tiring of excuses for keeping the status quo.

"If the [Veterans Administration], Medicare and Medicaid basically said, 'We're not going to allow prescriptions to be the first line of defense for pain. We're going to try every alternative first,' you can change the culture again," Mr. Manchin said.

Medical boards can choose to change that culture, one doctor at a time.

Michael B. Rosen, of Elkins Park, Pa., was charged with two state crimes, agreed to pay \$14,442 in restitution and do 140 hours of community service, but can ask for the return of his surrendered physician's license this year.

His twenty-something patient named George had been through rehab before, and by 2011 he was so desperate about his pill problem that he emailed a Whitmarsh, Pa., police detective. George, from Whitmarsh, had no actual injury, but had nonetheless been prescribed narcotics — by the thousands. Over nine months, he got 7,800 oxycodone pills, 750 Adderalls, 390 Valiums and 20 Fentanyl patches, the detective wrote in an affidavit.

Neither Mr. Rosen, nor his attorney, agreed to be interviewed.

The investigation found that two of the doctor's other patients got similar treatment. George, according to the police affidavit, "stated he and others referred to

Dr. Rosen as 'Dr. Feel Good.' "

Confronted in his office, as his staff printed out records in response to a search warrant, the doctor admitted that he'd had nagging doubts.

"Dr. Rosen stated he knew this was wrong," the detective wrote, "but just couldn't say no to George."

ABOUT THIS REPORT

The Pittsburgh Post-Gazette examined the role of doctors' prescriptions in fueling the opioid and heroin epidemic in a seven-state region of the Appalachians. More than 600 doctors have been disciplined for their narcotic prescribing practices in the past five years, the Post-Gazette found. This is an overview of the Post-Gazette's investigation, followed this week by reports on how each of the states has dealt with disciplining its doctors.

TELL US YOUR STORY

Email overdosed@post-gazette.com, and read the **OVERDOSED** blog for more on the Post-Gazette's investigation, readers' stories, and the latest news about the drug epidemic.

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Pennsylvania lags in discipline for doctors who prescribe too many pain pills

May 23, 2016

By Rich Lord

Pittsburgh Post-Gazette

Patients came to Glenn Bryan Davis' Johnstown, Pa., office from as far away as Sherburne, N.Y., and Vicksburg, Miss.

Why drive all day to see a doctor? Because at least a few patients could walk out with prescriptions for 600 pills of oxycodone, 240 pills of OxyContin, 360 pills of Opana, 960 doses of methadone, 270 of morphine or 90 Fentanyl patches, according to an FBI agent's affidavit. One patient was prescribed 5,010 powerful pain pills in one month. Some were addicts, while others netted as much as \$10,000 a month by selling the medicine, the agent wrote.

Davis, 63, kept prescribing that way for years. Finally, a drug rehabilitation provider's complaint prompted the FBI to interview

his barely-coherent patients and search his office, which spurred the suspension of his medical license in 2013.

While other states along the Appalachian spine have been using data to bust pill-happy doctors, Pennsylvania's medical overseers depend upon complaints from patients, pharmacists and insurers, and law enforcement actions, to identify doctors who prescribe too much.

From 2011 through 2015, Pennsylvania's Board of Medicine and Board of Osteopathic Medicine disciplined 53 in-state doctors for overprescribing narcotics. That's just 1.2 out of every 1,000 doctors, the lowest rate of painkiller-related discipline found in any of the seven states analyzed by the Pittsburgh Post-Gazette in a six-month investigation.

Gov. Tom Wolf's 17-month-old administration has expanded drug rehabilitation and

pushed the overdose antidote naloxone into police departments, schools and pharmacies. But the Pennsylvania panels charged with making sure that doctors serve the health, safety and welfare of the people still don't have the same tools as do similar boards in other states.

For example:

- Pennsylvania's boards can't tap data to identify doctors who wantonly prescribe — though by the end of the year, the state may become the 49th to have such a resource.
- The boards haven't yet endorsed narcotic prescribing guidelines.
- Its doctors aren't required to get ongoing training on the appropriate use of drugs.
- Regulators don't have access to investigators with expertise in medicine.

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Pennsylvania continued

"There's no doubt, there, that we are behind," said Domenic Marks, of Ross, a member of the family support group Bridge to Hope. His daughter's addiction started with a prescription. "But the only way you can catch up is to start, and that's what they're doing."

Discipline without data

In Tennessee, a database in place since 2007 allows medical boards to scrutinize the state's top 50 narcotics prescribers. From 2011 through 2015, Tennessee's medical licensing boards disciplined four of every 1,000 doctors in the state for prescribing painkillers too freely.

Pennsylvania has a database of narcotic prescriptions — but only law enforcement can see it. The lack of access to a prescribing database "could be a contributing factor, one of the reasons why we have a lower [doctor discipline] rate than others," said Peter Speaks, deputy secretary for regulatory programs for the Pennsylvania Department of State, which runs the medical boards.

Legislation to create a more complete database, with which doctors could check their patients' drug histories, passed in 2014. The system may go online by late summer, Mr. Wolf said this month.

Still, doctors won't be required to use the coming database to pull up a patient's drug history before prescribing narcotics, as they must in some states, including Kentucky. That state's efforts will be detailed in the Post-Gazette tomorrow.

Mr. Wolf is sympathetic to calls for a follow-up law to demand that doctors check the database. Told of the Post-Gazette's findings, he predicted that "the patterns you'll see in Pennsylvania will be similar to the patterns that you've seen in other states that have been more vigorous in addressing this."

Pushed by prosecutors

Without data, Pennsylvania's medical boards — which can reprimand, fine, monitor, suspend or revoke the licenses of doctors — largely follow the leads of criminal prosecutors. All four doctors brought before the state's licensing panels for prescribing irregularities during the first quarter of this year were flagged by law enforcement.

From 2011 through 2015, at least 11 doctors were charged by Pennsylvania's federal prosecutors with drug dealing. Some got lengthy sentences. Davis, 63, was sentenced in February to six years in federal prison.

Another 31 physicians, eight pharmacists and seven dentists were criminally charged in state court with either the felony of administering drugs outside of normal practice, or the misdemeanor of giving controlled substances to drug-dependent persons.

The boards have the power to discipline doctors who aren't criminally charged, but the state doesn't have a single civil investigator focused solely on medicine. The Bureau of Enforcement and Investigation's 150 employees are mostly former police, but none specialize in doctors or drugs.

Kentucky, which has one quarter the number of doctors, has five specialized medical investigators.

Mr. Speaks said the lack of specialized investigators doesn't hamstring the boards, because the civil prosecutors are medical specialists.

While medical boards in the most aggressive states have endorsed opioid-prescribing guidelines against which doctors' decisions can be measured, and have demanded that physicians get continuing education on the dangers of narcotics, Pennsylvania has, as yet, done neither. Pennsylvania Physician General Rachel L. Levine is scheduled to pitch guidelines to her state's licensing

boards in July and August.

Asked whether Pennsylvania might make every doctor take prescribing courses, Mr. Wolf said, "I'm not ruling anything out, I'm just reluctant to pile on mandates."

Shift to heroin

While the most aggressive of the seven states saw their opioid-prescribing rates drop sharply from 2012 to 2014, Pennsylvania saw the most modest dip — 2.3 percent.

Overdose deaths in Pennsylvania, meanwhile, rose steadily to 2,732 in 2014, from 1,916 in 2010, as pill abusers progressed to heroin.

"We expect that number to continue to grow, given the oversupply of opioids and the availability of cheap heroin," said Lauren Hughes, Pennsylvania's deputy secretary for health innovation — a doctor whose to-do list includes the launch of the prescribing database.

"You can see the shift," said James Bracken, administrator of the Cambria County Drug and Alcohol Program, which tries to help people who started on pills prescribed by Glenn Davis and other rogue doctors. Five years ago, 28 percent of Mr. Bracken's clients primarily used opioids, and 11 percent were on heroin. Now 18 percent prefer opioids, but 38 percent use heroin.

In 2014, Cambria saw 43 fatal overdoses, and ranked third among the state's 67 counties in per capita drug deaths. Some of the deceased were long-time addicts, but others were just dabbling in the blossoming narcotics culture. "They could be trying it for the first time," he said, "and it kills them."

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Flood of pain pills into Kentucky brought crackdown

May 24, 2016

By Rich Lord and Adam Smeltz
Pittsburgh Post-Gazette

Lea Ann Marlow wasn't alone among physicians who doled out painkillers like lollipops and attracted a devoted interstate patient population. She may have been the only one brazen enough to claim to be pharmaceutical royalty.

According to medical licensing disciplinary

documents on file in Kentucky and Indiana, Marlow in 2012 wrote prescriptions for 447,992 tablets of oxycodone, a highly addictive drug that 95 percent of her patients received.

Following a mid-year crackdown in Kentucky, she moved to Indiana, driving a car decorated with a vanity plate reading "Tilulae Regina." Asked by medical investigators what that meant, she testified that it's Latin for "pill queen."

In Kentucky, one could indeed live like a monarch by prescribing pills — for a while.

For instance, the painkiller prescription distributorship run by one physician, James Alvin "Ace" Chaney, 51, of Hazard, grossed \$23.4 million from 2006 through 2014 — including \$15.8 million billed to Medicare and Medicaid — according to federal prosecutors. He and his wife amassed five pieces of real estate; seven cars including a Bentley Continental, a Dodge Viper and a

Kentucky continued on next page

Kentucky continued

Hummer H2; a Harley Davidson motorcycle; a Beechcraft King Air 200 Airplane and a hangar. They face sentencing in August.

Officials said the pill magnates left behind shortened or ruined lives.

"As it stands, today – statistically – three Kentuckians are going to die from an accidental overdose," said Van Ingram, executive director for the Kentucky Office of Drug Control Policy. To the "minority of prescribers" that feed addiction, his message is, "If you played a part in that, shame on you."

Mommy, should I pee in the cup?

In the bluegrass state, annual drug overdose deaths quadrupled from 2000 to 2010, when they broke the 1,000-per-year mark, according to the Kentucky Injury Prevention and Research Center. A few doctors were accused of roles in double-digit numbers of deaths.

In 2011, Danny Finley became coroner of Clay County, population 21,013, which bills itself as the "Gateway to Elk Country." That year, Mr. Finley said in an interview, he classified 43 fatalities as drug-related. Eleven of those deaths, he told the board, were patients of psychiatrist Melborne A. Williams.

The board's check of Kentucky's prescribing database indicated that Dr. Williams had prescribed 1.35 million doses of the sedative Xanax in a single year – tops among the state's doctors, according to a board order which Dr. Williams signed in 2012.

"I treated a lot of anxiety and depression," Dr. Williams, now 70, said in an interview with the Post-Gazette. "I found that a lot of patients benefitted from Xanax and antidepressants."

He said he knew that abusers liked the sometimes-deadly mix of Xanax and opioids, but he did not prescribe the latter, and tried to use drug tests to identify addicts and steer them to treatment.

Investigators, though, said patients blatantly cheated on the tests. A former

colleague of Dr. Williams told an investigator that, "a child was heard asking, 'Mommy, do you want me to pee in a cup again?'"

The board suspended Dr. Williams' license to practice. "I had about five minutes to explain," he said, and "they had already made up their mind." He never returned to work.

He noted that "no accusations, criminal or civil, were brought against me. ... To say that I killed 12 patients, I wouldn't even be talking to you right now. I'd be in a federal prison if there were any truth to that."

Mr. Finley said his county's drug death toll dropped steadily after 2011, to a low of 10 in 2014.

Not rainbows and puppies

Why did drugs take hold in Elk Country?

"In much of Eastern Kentucky, the workforce is engaged in difficult, manual labor," like mining, farming and logging, said U.S. Attorney Kerry B. Harvey, of the state's Eastern District. "So people would injure themselves and be prescribed these very potent narcotics, because the medical profession changed the way it looked at prescribing these kinds of narcotics for pain."

The narcotics dulled the "sense of hopelessness" about the area's economy, said Mr. Harvey. "And so for whatever reason, this sort of culture of addiction took hold."

By 2012, Kentucky had 76 pain clinics, according to Mr. Ingram. That year Kentucky legislators, swamped with calls from the families of overdose victims, decided to rein in the pain economy.

The state already had a database of narcotic prescriptions, but many physicians weren't checking it before prescribing, and so didn't know whether their patients were getting narcotics from multiple sources. House Bill 1, passed in April 2012, made it mandatory for doctors to check the database before recommending certain drugs, and demanded that they get 4.5 hours of education on prescribing every two years.

The bill demanded that physicians do a physical examination, take a full medical

history, make a plan and set up urine drug screens before prescribing powerful painkillers. It placed new requirements on pain clinics, and 32 of them "left in the middle of the night," said Mr. Ingram.

The Board of Medical Licensure, from 2011 through 2015, took disciplinary action for prescribing irregularities against 135 of the state's roughly 10,600 doctors. The board also moved against 33 doctors during that time for abusing narcotics themselves.

The result? Kentucky's per capita opioid consumption – though still seventh in the nation – dropped by a steepest-in-Appalachia 12.5 percent from 2012 to 2014, according to IMS Health Inc. Kentucky is the only state, among the seven studied by the Pittsburgh Post-Gazette, in which fatal overdoses have plateaued. Elsewhere, they have climbed relentlessly.

Marlow, the pill queen, was among at least 20 Kentucky physicians charged with federal crimes in relation to their narcotics prescribing practices from 2011 through 2015. She served a three-year sentence, and could not be reached for comment.

Mr. Harvey said that as physicians have gone to jail, and others have faced board discipline, the painkiller business model has adapted.

"A few years ago, the typical pill mill case would be some rogue pain clinic with drug addicts lined up out the door into the parking lot," with everyone paying cash, said Mr. Harvey.

Now the doctors take insurance, and bill the insurer or the government not just for the office visit, but for the MRI, urine screen and back brace they use to justify the addictive narcotic.

"So instead of a cash business, in many cases now the taxpayers or the insurance companies pay," said Mr. Harvey. "The result is the same. We end up with our communities flooded with these very potent prescription narcotics."

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When regulators close a 'pill mill,' patients sometimes turn to heroin

May 25, 2016

By Rich Lord

Pittsburgh Post-Gazette

When it came to heroin, Baltimore was an early adopter. "We've had heroin since the mid-1990s, when a lot of areas didn't," said Christopher Welsh, an addiction psychiatrist at the University of Maryland School of Medicine.

It took doctors, though, to spread the narcotic habit from Ocean City to Hagerstown.

Maryland doctors prescribed opioid painkillers or benzodiazepine tranquilizers to teenagers for menstrual cramps, to pregnant women with histories of heroin use, to sufferers from sunburn or even "gas," and online to people they hadn't even seen, according to the state's Board of Physicians disciplinary documents.

Some accepted any story when patients claimed they needed more drugs ahead of schedule — even the old "her dog had eaten a prescription for Demerol" excuse. One doctor failed to reverse course even when his patient's OxyContin fell into the hands of a young child.

When the legislature and board started tracking prescriptions, mandating doctor education and disciplining rogue prescribers, it triggered backlash and unintended consequences.

When Maryland authorities would close a pill mill, it would leave "1,500 patients all of a sudden stranded with no prescriber," Dr. Welsh said. Some turned to cheap Mexican heroin, sometimes mixed with fentanyl.

Drug overdose deaths climbed 65 percent, to 1,070 in 2014, from 650 in 2010. That's the second-steepest jump among the seven states studied by the Pittsburgh Post-Gazette.

Said Davinder Singh, whose term as chairman of the board ended April 6: "There's growing awareness [of] frankly the central role that doctors can play in an epidemic, both good and bad."

Crossroads of an epidemic

Patients came by interstate to Owings Mills, near Baltimore, from Maryland, New York, New Jersey, Kentucky, Ohio, West Virginia, Connecticut, Tennessee and Florida, just to see William James Crittenden III. Once inside Healthy Life Medical Group, they paid \$250 to \$300, in cash, to get prescriptions for oxycodone and alprazolam, according to plea agreements in the federal

case against the clinic's owners. A jury in February found Mr. Crittenden guilty of nine counts related to narcotics distribution, and the former doctor awaits sentencing.

Patients left trails of destruction from Thomas B. Fioretti's Ocean City Family Practice, according to a board consent order signed by the former physician. A man in his late 20s, who claimed a snowboarding accident but showed no objective injury, got prescriptions there for OxyContin, Percocet and Xanax, according to the order. The doctor continued to prescribe even after learning that the man "struck another vehicle that had pulled out in front of him traveling at 60 mph," until less than a year later, when the patient "struck and killed a pedestrian while driving." The board also noted two other patients' car accidents in its order revoking Mr. Fioretti's license in 2013.

Patients took the road of addiction to MWGMD Medical Services, in Hagerstown, where Martin W. Gallagher Jr., a former Jesuit priest, treated them, sometimes for free. He prescribed "large amounts" of oxycodone to a patient in her early 30s with a history of narcotics abuse, according to a license suspension order signed by the board's executive director. The woman tried the anti-withdrawal drug buprenorphine, but when she reverted to injecting heroin, the doctor put her back on oxycodone, the director wrote.

Mr. Gallagher surrendered his license in 2015. Like Mr. Crittenden and Mr. Fioretti, he could not be reached for comment.

"Occasionally it does surprise me how gullible some physicians are," Dr. Singh said. "They come to the board and they honestly say, 'I thought that this was proper.' And they are so far off the reservation."

Physicians fear 'over-policing'

Dr. Singh, the chief of plastic surgery at Anne Arundel Medical Center, said the board he led became aware of the painkiller problem "just a couple of years ago.

"It was the result of a dramatic increase of heroin and opioid-related overdoses in our state," he said.

The state's response has been halting.

In late 2013, Maryland launched its prescription drug monitoring program, allowing — but not requiring — doctors to access a database to see the drug histories of their patients. Nearly every state has such a system, designed to thwart people who seek drugs from multiple doctors. Some state

medical boards use the data to flag physicians whose prescribing goes out of bounds.

Maryland's board, though, can't tap into the data "without going through major legal hoops," Dr. Singh said. Physician groups, he said, have opposed efforts to ease access, because they fear "over-policing."

Maryland has not adopted official opioid prescribing guidelines, as some states have.

Maryland's board tried, however, to follow other states' regulators by mandating that all doctors get an hour of training on opioid prescribing every two years.

In April, though, the state's General Assembly nixed that, by passing a bill sponsored by House of Delegates Deputy Majority Leader Dan Morhaim, who is also an emergency medicine physician. "The board should stick with licensing and regulation," he told the Post-Gazette. "I prefer to do [continuing education] in the things I think I need in my practice of emergency medicine."

Dr. Morhaim said he disagrees with placing mandates on all physicians. "The general consensus," he said, "is that it's a small group of people doing the wrong thing."

Street business

Despite limited tools, Maryland's board from 2011 through 2015 disciplined 80 doctors in relation to their prescribing of narcotics. At roughly three in every 1,000 doctors, that rate of painkiller-related discipline is lower than that of nearby Kentucky, Virginia, West Virginia, Tennessee or Ohio — but higher than Pennsylvania.

Joan McLean, a Salisbury, Md., physician, said the board overreacted when it restricted her practice following complaints about her prescribing of buprenorphine.

"Why don't they just tell us what we're doing wrong, show us how we can do it, and then let us go back to practicing correctly — instead of taking us out of practice indefinitely?" she asked rhetorically, in an interview.

Rather than practice under probation, she quit medicine to focus on teaching preventive health.

She said that these days no one in her town is prescribing opioids, leaving those with severe pain, or with addictions to painkillers, without legal options.

"Now there's a huge street business of pain medicine," Dr. McLean said. "And the [street] prices [for opioids] have gone up," while "heroin has gotten a lot more affordable."

In Ohio, 'room for improvement' on both sides of the pain pill equation

May 27, 2016

By J. Brady McCollough

Pittsburgh Post-Gazette

Peggy Ferguson knew exactly what a pill mill looked like. There was the parking lot full of patients waiting for their drugs, the small room inside the doctor's office with the big folders of pre-signed prescriptions in lieu of an actual physician, the dollar-per-milligram deals already being brokered outside, all under the guise of "pain management."

Mrs. Ferguson, 55, visited two such facilities in rural southern Ohio as she sought relief for her chronic pain, born of bouts with cervical and skin cancer, a vascular disease and nerve damage, among other ailments. Her doctor, the one who got her out of her wheelchair and walking again with seven 80-milligram OxyContin and eight 30-milligram Roxycodone per day, had moved to Iowa. She could have gotten the pills she needed at one of these clinics, but Mrs. Ferguson wasn't simply shopping for pills. She needed a doctor, a face she could count on.

She found Frank Demint, who treated pain in Kingston, Ohio. Dr. Demint would see her during her visits and talk to her about what she was experiencing. He initially decreased her dosage, but then she struggled to walk. He gradually increased it to the former level. Mrs. Ferguson noticed that she rarely saw more than a couple patients at a time at Dr. Demint's office.

"If he was one of those pill mills," she said, "you would see hundreds of people out in his parking lot."

That didn't stop the State of Ohio Medical Board from disciplining Dr. Demint for his treatment of 14 patients with intractable pain. Dr. Demint would plead with the board that he watched for diversion of the drugs he prescribed, that he discharged half of those patients because they were showing addictive behavior, but the board suspended his license for 180 days in April 2013. Today, nearly three years later, he is not practicing.

Since then, Mrs. Ferguson has been on her own. She tells a familiar story for displaced chronic pain patients: Nobody will take her on because her last doctor was disciplined for prescribing opioids, and nobody wants the medical board investigators following that physician's patients to their doorstep.

Mrs. Ferguson has decided she isn't going to spend her days in pill-mill parking lots or turn to cheap street drugs like heroin, so, her days are hard.

"I have to sit here every day in pain," she said, "because I'm not going to do something like that. I have children and I have grandchildren. There isn't anything I can do. I'm 55 years old ... I still hope to have a life. I guess I'm just a very strong-minded person. Trust me, I've considered ending it."

This is the other side of the doctor discipline that Ohio Gov. John Kasich and Attorney General Mike DeWine demanded when they took their oaths of office in 2011. The state had a serious pill mill problem, evidenced by the 2,493 "doctor shoppers" — individuals receiving a prescription from five or more physicians in a month — that showed up in the Ohio Automated Rx Reporting System database in 2010.

In 2015, that number was down to 720, according to Cameron McNamee, director of policy and communications for the State of Ohio Board of Pharmacy — a clear indication that the improved measures of monitoring doctors' prescribing behavior is working to prevent diversion by those hoping to manipulate the system.

But, to Mr. DeWine, the bigger challenge has been sniffing out the doctors who don't stick out from the crowd.

"Most of the doctors who are overprescribing don't fit into the criminal area, nor do they fit into taking their license away," Mr. DeWine said. "Some of this is incremental. It's hitting that right spot. ... It's easier to get the low-hanging fruit, the doctors who are just over the top, crazy, nothing more than drug dealers. It takes longer as you try to change the culture. We just have to keep hammering at it."

But what about displaced patients like Mrs. Ferguson, those caught off guard by the purge?

Some who can't get pills through legal means will turn to heroin use out of desperation.

"Every time the government puts a restriction on narcotics, the problems get worse," said Narinder Khosla, a Sandusky, Ohio, doctor who was given a citation by the Ohio board in October 2015 for prescribing opioids to 99 percent of his patients and in December permanently surrendered his

license instead of going through the legal process. "Very few physicians are prescribing narcotics, and there are more heroin addicts than ever before, because they cannot get narcotics from physicians. Ultimately, patients end up dead."

Several Ohio doctors interviewed by the Pittsburgh Post-Gazette, including Dr. Khosla, said they made this plea to the medical board during their disciplinary hearing. It wasn't heard, they said.

"We're trying to get this back to a happy medium," Mr. DeWine said, "where people with long-term intractable pain, for example who have cancer, we certainly want them to not have pain. We want them to reduce the pain. But on the other hand, there's really no need for a 20-year-old who has their wisdom teeth taken out to get 30, 40 or 50 pills. We still have a ways to go."

A political problem

As Mr. DeWine and his wife, Fran, campaigned around the state in 2010, they repeatedly heard the same complaint from sheriffs, police chiefs and coroners: Too many Ohioans were addicted to prescription painkillers.

"Bluntly, before that, I wasn't aware of the problem," said Mr. DeWine, a former U.S. senator. "We understood when we went in, we had to do something about this."

As the attorney general, Mr. DeWine served as the top lawyer for the medical board. Upon taking office, he and Mr. Kasich pressured the board to start being more aggressive with doctors. They pushed through House Bill 93, which gave the pharmacy board and the medical board more freedom to discipline pill mills or pain management clinics.

They were also on the lookout for a target, one of those "low-hanging fruit" doctors who could set an example.

Their research pointed them to James Lundeen, who operated about 12 pain management clinics throughout the state. The numbers showed that Dr. Lundeen was prescribing 61 percent of Scioto County's opioids among the Ohio Bureau of Workers Compensation's chronic pain patients. He had about 800 patients at any given time, many of whom, he said, were permanently disabled because of their pain.

Ohio continued on next page

Ohio continued

Dr. Lundeen began prescribing opioids consistently in the 1990s, once pain became accepted as the fifth vital sign and insurance companies stopped approving physical therapy and other pain treatments as often, he said. Dr. Lundeen, who also has degrees in electrical engineering and chemistry, considered himself smart with his dosages.

But after the 2010 election cycle was complete, he could feel the political pendulum swinging in the other direction. In February 2011, Mr. Kasich publicly promised that he was going to clear "the devil" out of Scioto County.

On the morning of March 16, 2011, in Portsmouth, Ohio, Mr. DeWine and a multi-agency task force staked out Dr. Lundeen's office, located on the fourth floor of a Masonic Temple. Mr. DeWine noted that in just a few hours, 43 patients had come and gone. Armed with a search warrant, Mr. DeWine entered the temple around lunch time.

Investigators spent about five hours inside questioning Dr. Lundeen as TV camera crews who had been tipped off about the raid waited outside.

"I look around," Mr. DeWine recalled, "I see a doctor with no nurse, no receptionist, not much there other than a prescription pad. And so it just kind of brought home to me how bad the situation is."

Dr. Lundeen remembers that the investigators told him that if he signed away his medical license, they would drop everything else and leave him alone. He said he waded up the proposed agreement and threw it in the trash. Around 4:30, when investigators left without an immediate victory, Dr. Lundeen opened his doors and began seeing patients again.

The next month, the governor urged the medical board to wield its power against Dr. Lundeen.

"This guy's still practicing medicine," Mr. Kasich said then. "Suspend the guy for probable cause. ... Either we're serious about this, or we're not."

On May 11, 2011, Dr. Lundeen received a phone call telling him the board had suspended his license. He is one of 123 Ohio medical doctors and osteopaths who were disciplined for improper prescribing practices during 2011-15, according to the Post-Gazette's review of medical board documents.

Dr. Lundeen has not practiced since having his license suspended. He has a pretty good idea of what happened to most of his chronic pain patients.

"It was always a concern of accepting patients from a doctor whose license was pulled," Dr. Lundeen, 62, said. "Whenever a doctor's license was pulled, you'd get a flurry of phone calls, and all the patients would want to come to you. We'd try to discourage it."

Dr. Lundeen is in the process of trying to be licensed again in Kentucky and Indiana. He also expects that one day he will practice again in Ohio. Until then, he plans to continue working as an electrician and plumber in Cleveland Heights.

The letter of the law

In June 2013, Dr. Demint penned a letter to the governor. He wrote about how the medical field got to this crazy place. He wrote about how cracking down on pain doctors will lead to more suicides for patients with chronic pain. He even got in a line about his view that small government was a cornerstone of the Republican Party. Dr. Demint never received a response.

"All of a sudden, we stopped all these pills, but did we think people were going to all of a sudden stop using? No, they're addicted," Dr. Demint said in a recent interview. "They're going to go out and find it on the street. Heroin is a whole lot cheaper.

"I know this may sound strange, but we

were better off with the pills. At least when they got a 30-milligram OxyContin, they knew how much they were taking. When you get heroin, you have no idea how pure it is, what it's cut with."

Dr. Khosla has been out of practice for six months now. In that time, he said, he has run into former patients who have admitted they are now using street drugs.

"Physicians got so scared, they stopped prescribing narcotics for pain management," Dr. Khosla said. "Those people who are in chronic severe pain, they're being treated worse than animals. Animals will get relief of pain, but not humans. That is the tragedy."

Paul Wilson, a Toledo doctor, was cited and given notice of a pre-hearing suspension in May 2015 for his care of 14 patients and prescribing controlled substances for intractable pain. He also had many Suboxone clients, and by the time 2015 came around, only had a few pain patients. The board permanently revoked his license in April 2016. If he could go back in time, he never would have experimented with treating pain.

"I would have nothing to do with pain patients," Dr. Wilson said. "Once you let them in, they're like a demon. They don't ever go away. I guess I could have been real strict, and said, 'Get out. Don't come back.' I just wasn't that type. I just tend to be too soft on people."

Dr. Lundeen, one of the original targets of the Ohio politicians, doesn't tell his story with bitterness. He has tried to see the situation clearly.

"It's going to take training physicians how to appropriately prescribe," Dr. Lundeen said, "and it's going to take educating the lawmakers not to practice medicine. There's a lot of room for improvement on both sides of the equation."

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In 2001, Tennessee gave pain physicians green light to prescribe opioids without repercussions

May 26, 201

By Rich Lord

Pittsburgh Post-Gazette

In 2001, Tennessee politicians were fighting about the state income tax when the Intractable Pain Treatment Act floated through the Legislature.

"In the hands of knowledgeable, ethical and experienced pain management practitioners," the legislation declared, "opiates ... can be safe." Doctors would not be disciplined for prescribing drugs like Purdue Pharma's hot OxyContin for patients with "intractable pain."

"With 11 minutes of deliberation, the Tennessee General Assembly passed what Purdue was telling states to do," said state Sen. Janice Bowling, who was not in the legislature in 2001, but later researched the bill. "The patient became the prescriber, if you will."

Their act remained law for 14 years, during which Tennessee was inundated with pain clinics — 293, at last count. Neighbors railed by "pill mills" and the crowds of local addicts and interstate travelers they attracted could complain, but neither prosecutors nor the Board of Physician Examiners could do much about it.

"There are rural counties in Tennessee that had more pill mills than grocery stores," said Ms. Bowling.

The former legislative leaders who shepherded the act into law, Sen. Roy Herron and Rep. Mark Maddox, could not be reached for comment.

Starting in 2007, Tennessee took measures to track and slow prescribing. From 2011 through 2015, 74 Tennessee physicians were disciplined in relation to their narcotics prescribing by the state's licensing boards. At least 10 doctors were prosecuted as drug dealers in federal courts in Tennessee in the past five years.

Finally, last year, the legislature repealed the 2001 legislation. But in 2014 alone, 1,269 Tennesseans died of drug overdoses, according to the Centers for Disease Control.

OxyContin for crack

The prescribing free-for-all in Tennessee came at a perfectly awful time for Sanford Kent Myers.

A Knoxville native, Myers studied medicine in the 1980s, when "there was no training on over-prescribing," he wrote to the Post-Gazette from the Montgomery Federal Prison Camp in Alabama. In the 1990s, hospitals were "really into making sure patients were treated for pain."

By the time he was in his mid-40s, he was in the middle of a decade-long crack habit that burned "over a half million dollars," he wrote. "In 2005, I decided to go full blown with writing OxyContin [prescriptions] to obtain crack."

Myers wrote prescriptions for 90 pills of OxyContin, 80 mg strength, once or twice a month, for each of a roster of "patients" that he never saw, according to the plea agreement he signed. Myers' drug dealer would shepherd the patients to pharmacies, pay them \$250, and sell the pills — around 30,000 a year — on the black market. The dealer paid the doctor in money and cocaine.

Myers is now 61 with the prospect of release next year, and wrote that he'll work to "demonstrate to the public just how [drug use] will certainly end up twisted, but how it is possible to survive the consequences and become a much better person."

Charles Michael Howe, an obstetrician and gynecologist who started his residency in 1967, would meet certain patients in the parking lot of his office, in the little Chattanooga suburb of Jasper, to hand them prescriptions for hydrocodone, methadone or oxycodone. Once he told a patient "that she was asking for too much medication and that he just wanted sex," according to a plea agreement he signed. The next day, though, Dr. Howe "wrote a prescription for [the patient] for 60 oxycodone 15 mg pills."

Now 74, Howe did not respond to a letter sent to Montgomery Federal Prison Camp, in Alabama, where he is serving a three-year sentence.

Jerome A. Sherard, then a doctor, and his nurse practitioner would see 100 patients a day, according to board documents and court filings in the Eastern District of Tennessee. His Chattanooga clinic parking lots became places where "drugs were illegally used, abused, and distributed by patients," according to the plea agreement he signed. The clinics hired armed guards, but some employees packed their own firearms, while others took the edge off by cadging drugs

from their patients.

For all the hassles, the money was good. One of the clinics charged \$270 per office visit, grossing \$2 million in half a year, according to the documents.

In letters from the Federal Prison Camp Atlanta, Sherard wrote that he "detested and despised what I was doing" but that painkillers just took their place in a state already awash in addiction. "Tennessee, the most prolific producer of alcohol ... leads the nation in opioid abuse," he wrote. "Duh! as my 13-year-old son would say. What does one expect?"

Almost intractable act

At first the pills were "really an East Tennessee problem, you know, Appalachia," said Logan Grant, a research analyst for the Tennessee Senate Health and Welfare Committee. "It has continued to really get awful there. It is starting to spread across the state."

In 2012, legislators demanded that doctors check a patient's drug history using a database before prescribing more than a week's worth of opioids or benzodiazepines — or face potential discipline against their license. Doctors are now four times more likely to check the database before prescribing than they were in 2010, according to David R. Reagan, chief medical officer for the Department of Health.

The law also now demands that the board scrutinize the state's top 50 prescribers, plus a handful from rural counties. In 2014, the Board of Medical Examiners endorsed opioid prescribing guidelines. The board also requires that prescribers get two hours of continuing education on opioid prescribing every two years. Pennsylvania has taken none of those steps.

After a shoulder injury, Ms. Bowling, the first-term senator, was prescribed OxyContin and hydrocodone. She took half the recommended dose, for just two weeks, then stopped — and got a taste of withdrawal. "I had clamminess, I had chills, I had nausea, I had insomnia," she said.

District attorneys told her about the rising number of pill-driven crimes they faced, the overdoses, and the babies born addicted. In 2014, she introduced legislation to repeal the Intractable Pain Treatment Act. She said legislative leaders stalled her for a year,

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but then passed the repeal under pressure from businesses tired of contending with addicted employees.

The next wave

There have been signs that the pill wave has crested — though perhaps only to be replaced by something worse.

Consumption of opioids has dipped in every county, said Dr. Reagan. IMS Health

Inc.'s data indicates an 11.2 percent drop in opioid consumption from 2012 to 2014, though the state still ranked third in the nation.

Heroin use appears to be up, as pill addicts, unable to find prescribers and facing higher street prices, seek an alternative fix. Some doctors blame the state.

"They've created this problem with the heroin. ... By limiting prescribing," said Gary S. Hayes, a physician disciplined in 2011 for

a handful of questionable pain medicine prescriptions in Tennessee. He now treats weight-loss patients in Alabama.

"We have seen some of that, to be honest," said Dr. Reagan. "We've seen an influx of very cheap, high-quality heroin. ... But on the other hand, I don't think it's correct ... that for every user that has a harder time getting opioids, that user turns to heroin. I don't think it's even close to one-to-one."

West Virginia addicts have long wait to get needed help

May 29, 2016

By Adam Smeltz

Pittsburgh Post-Gazette

At the largest opioid addiction clinic in overdose-ravaged West Virginia, just getting in the door can take more than a year.

That won't be fast enough for some addicts on the waiting list, which topped 530 names this spring.

"Most of them will never get into treatment here. Some of them, I guarantee you, will die of an overdose before they ever get into treatment," said Carl R. Sullivan, who oversees the Comprehensive Opioid Addiction Treatment Clinic at WVU Medicine in Morgantown. "We wouldn't put up with this with any other disease."

The national epidemic of narcotic overuse struck early and hard in West Virginia, helped by a dire economy, geographic isolation and chronic ailments among the blue-collar workforce. By the early 2000s, up to 90 percent of opioid addicts there were getting hooked through excessive prescriptions written by clinicians, Dr. Sullivan estimated.

But even as doctors cut back on the painkillers, he projected about a quarter of the state's narcotic problem still arises from bloated prescriptions, a figure disputed by physician associations. Disciplinary boards in West Virginia punished at least two dozen doctors from 2011 to 2015 for misprescribing narcotics, a Pittsburgh Post-Gazette analysis found.

Those sanctions reached nearly five of every 1,000 doctors practicing in the state, the third-highest rate of discipline among seven states in the newspaper's six-month opioid investigation. Pennsylvania ranked seventh, with fewer than two in 1,000 doc-

tors sanctioned for overprescribing.

"I wouldn't put the blame squarely on the doctors, but there are people who started out just with a back injury who became addicted to pills. When those dried up, they moved to heroin," said Scott Lemley, a criminal intelligence analyst for city police in Huntington, W.Va.

He said the community of about 49,000 counted 58 drug overdose deaths last year, the vast majority connected to opioids. That's nearly nine times the national average of 13 overdose deaths per 100,000 people.

West Virginia overall saw more than double the national average in 2014, notching the highest overdose death rate in the United States, according to the Centers for Disease Control and Prevention. At least 610 people statewide died from opioid-related overdoses last year, including 196 that involved heroin.

That's up from 412 in 2007, including 22 linked to heroin, state data show.

"Everybody knows somebody who has died or is suffering from addiction," Mr. Lemley said. "Twenty years ago, when you'd say someone is a drug addict, you had a picture in your mind of what that person looked like. Today it's everyone."

A prescription dip

While heroin keeps increasing the death rates, state health officials see hope in falling prescription numbers.

As recently as 2012, West Virginia medical providers wrote about 138 opioid pain-reliever prescriptions for every 100 people, the third-highest rate nationwide, according to IMS Health. The figure tumbled to around 110 prescriptions last year, marking one of the sharpest declines in the country, said state health commissioner Rahul Gupta.

"There's a relearning of the system. It's a paradigm shift," Dr. Gupta said.

In particular, he said, West Virginia has begun requiring doctors to undergo routine training on opioids. A toughened prescription-drug monitoring program demands often that physicians check on a patient's prescription history before offering a narcotic. A state advisory panel alerts investigators to doctors linked to multiple overdose deaths.

Another factor: Expanded availability of naloxone, the emergency overdose treatment, has pushed physicians to think more about responsible prescribing in the first place, Dr. Gupta said. State health authorities also are telling the most frequent opioid prescribers about their high ranking.

"A lot of doctors are writing more prescriptions, but they're writing them for just a week's supply. Instead of giving [patients] 120 pills, they're giving them 30," said Mike Goff, who runs the West Virginia prescription monitoring program.

He said the trend means patients must visit pharmacies more often, leaving fewer pills to sit unused in home medicine cabinets. That translates to fewer opportunities for drug diversion and other abuse — and fewer chances for prescription overdoses, Mr. Goff said.

"I admit there have been some physicians who have used these medications over a period of time in a non-judicious way," said Ahmed Faheem, an addiction psychiatrist who leads the West Virginia Board of Medicine. He said opioids "became a very lucrative business" amid the ragged economy in the state.

At the same time, Dr. Faheem warned

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against assigning doctors sole blame for the epidemic. He said the pharmaceutical industry played a key role by making pain medication abundantly available, and widespread treatment standards for years listed opioids as a first response to pain.

Patient satisfaction surveys, too, grew to emphasize the effectiveness of pain treatment. Dr. Faheem said hometown dealers and major highways crisscrossing West Virginia helped push illegal opioids into the state, as well.

Now health groups from the CDC to the American Medical Association are urging clinicians to throttle back. The CDC in March released a dozen new recommendations on narcotics, pressing doctors to consider safer options before they offer the addictive drugs for common pain.

"I think the vast majority of physicians want to do what's best for their patients. For a patient presenting with pain, they want to help that patient," said Brian Foy, executive director at the West Virginia State Medical Association.

He estimated that overprescribing by physicians likely accounts for less than 5 percent of the state's opioid problem, "but it seems higher because that's what's reported in the press."

"Treatment is the answer," Mr. Foy said.

Prescription pills to heroin

M. Corbin, an obstetrician-gynecologist

in Mason County, said he was offering just that — buprenorphine treatments for addicts — when the state medical board slapped him down. An opioid itself, buprenorphine can help ease addiction and dependence on stronger narcotics.

But Dr. Corbin's cash-only addiction clinic in Point Pleasant operated out of a two-bedroom apartment and failed to pay business and occupation taxes, according to a consent order that he signed in August 2011. The operation also failed to carry state and local business registrations, the board found, banning him from running buprenorphine clinics anywhere in the state.

"I should have investigated more and known I was supposed to pay. I should have had a second business license," said Dr. Corbin, whose clinic for women's care remains in Point Pleasant.

His backing from at least 30 supporters didn't appear to sway the board, he said. He doesn't "totally buy" the idea that doctors started the narcotics epidemic.

"What's happening now is that they're not allowing pain medication. It hasn't changed the situation. It's made it worse," Dr. Corbin said, pointing to the rise in heroin deaths.

The street drug is a relative bargain compared to the inflated street prices for prescription pain medication, which can run around \$80 to \$100 per pill. In Huntington, that's about double to triple the price of heroin, said Mr. Lemley, the intelligence analyst.

He said the street prices for pain pills spiked in 2011 when illicit supplies began getting tighter. He credited, in part, a government crackdown on overprescribing clinics known as "pill mills," including those in Florida. Many of West Virginia's illegal narcotics originated there.

"We did such a good job blowing down pill mills, but we still had an addicted population. We didn't do anything for them," Mr. Lemley said. "Of course they're going to move on to whatever the next drug is, to keep them going."

Dr. Sullivan sees the change at his addiction clinic in Morgantown, where about 75 percent of newcomers are addicted to heroin, he said. That marks a steady change since 2008, when most new patients were addicted to prescription narcotics.

Still, Dr. Sullivan said many heroin addicts started with prescription drugs. He said broad distribution of the street drug is driving the opioid crisis now, although doctors "really fueled the epidemic" in the beginning.

"I don't think many of these doctors really wanted to hook their patients and turn them into addicts," he said. "They just didn't know what they were doing and didn't practice very safe medicine."

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In Virginia, federal prosecution and fines didn't stop pain-pill prescribing

June 2, 2016

By Rich Lord

Pittsburgh Post-Gazette

The message from the little federal courthouse in Abingdon, Va., was as dramatic as the surrounding Blue Ridge Mountains: The leaders of Purdue Pharma, who had ushered in the OxyContin era of freedom from pain, had misbranded their drug when they claimed it was not addictive.

On that day in 2007, three company executives pleaded guilty to misdemeanors, and the firm committed to pay \$635 million for its false marketing of the time-release oxycodone painkiller. John Brownlee, who

was then the U.S. attorney for the Western District of Virginia, said their "misrepresentations and crimes sparked one of our nation's greatest prescription drug failures." The settlement was national news.

Seven years later, though, physician Dwight L. Bailey's signature on an order suspending his medical license showed that even in Lebanon, Va., just 20 miles from Abingdon, the message had not been heeded.

One of his patients had, over seven years, been prescribed 14,640 oxycodone pills and other drugs for back and leg pain and for anxiety and panic attacks, according to a Virginia Board of Medicine investigative report.

Dr. Bailey had heard, from an anonymous caller, that the man in his 40s was snorting his pain medications and getting "so messed up that he passes out and burns holes in the couch." Four months after that warning — and one week after Dr. Bailey's practice prescribed him 120 doses of Roxicodone, 60 doses of Percocet, 120 doses of Xanax, and 60 doses of Soma, a muscle relaxant — the patient died of an overdose.

Dr. Bailey, who could not be reached for comment, can seek reinstatement of his license later this year.

Even in Abingdon, the damage done by lax prescribing practices continues.

Virginia continued on next page

Virginia continued

"We're on our third generation now" of prescription narcotic addicts, said Rebecca Holmes, clinical director at Highlands Community Services, which provides drug rehabilitation in Abingdon. "I would not say that we are getting fewer patients. We're getting as many, if not more."

Big regrets

In Virginia, fatal overdoses climbed by 75 percent over five years, and, according to preliminary numbers, drug deaths exceeded 1,000 in 2015. More than half of last year's record toll was caused by prescription opioids, according to the Virginia Department of Health.

A January report to Virginia's House of Delegates said the state's Medicaid program spent \$26 million on opioid use and misuse in 2013 and at least 40,000 adults in Virginia's Medicaid program have a substance abuse disorder.

The Virginia Board of Medicine has responded, disciplining 119 doctors for their narcotics prescribing practices from 2011 to 2015. That's five out of every 1,000 doctors in the state, a rate that's second only to Kentucky's among the seven states studied by the Pittsburgh Post-Gazette in a six-month investigation.

The disciplinary actions may have helped to depress opioid prescribing, which declined by 6.4 percent from 2012 to 2014. That decline, though, was below average for the seven states, and the board's orders suggest that many practices clung to the no-pain culture fostered by Purdue Pharma prior to 2007.

Randolph Merrick, 61, of rural Orange, Va., helped start a hospice more than 30 years ago, when narcotics were something doctors gave to dying people.

"Then I came across a lot of people with chronic non-cancer pain, created by bad accidents, bad surgery outcomes," Dr. Merrick told the Post-Gazette. Unlike his hospice patients, these people "were going to live, and they're totally incapacitated" by pain, he said.

He began using opioids to treat patients

with chronic pain, and in the late 1990s helped to write the pain treatment guidelines for the state of Virginia. "People were able to maintain jobs, continue to work, maintain homes, maintain livelihoods," he said. "That's success right there."

The husband of one of his patients, though, saw a downside. The patient, a 35-year-old woman with neck and back pain, was in the care of an addictionologist, being weaned from opioids and Soma, when she came to Dr. Merrick in August 2012, according to a board order from 2014. He told her to quit the addictionologist, and for 20 months prescribed her oxycodone, Soma and Valium.

The patient's husband wrote to Dr. Merrick, complaining that his prescriptions were causing her to doze off and slur her speech, and as a result she'd lost her job. The husband later called the doctor's office and "reported that he had observed the patient abusing her medications," but the prescriptions continued.

An emergency room doctor — whose report made it to Dr. Merrick's file — checked the patient's history in the state prescription database, and balked at her request for more drugs.

That database, funded in part with \$20 million from the Purdue Pharma settlement, allows doctors to check on their patients' drug histories. A report on the program, though, showed that doctors were only checking it around 9 percent of the time. A new state law that takes effect July 1 will require prescribers to check the database when prescribing opioids for more than 14 days.

Only in 2014 did Dr. Merrick check the database and learn that his patient had gotten prescriptions for several narcotics from five other medical practitioners, according to the board order.

The board also found problems with Dr. Merrick's narcotics prescribing to four other patients. It issued a reprimand, placed him on temporary probation, and permanently barred him from prescribing the most powerful controlled substances.

"I thought I was doing the right thing for patients, keeping them working, keeping

their quality of life," said Dr. Merrick. "Come to pass that was considered by the board as not a legitimate reason for prescribing the way I was prescribing. The paradigm was shifting under my feet."

The alternatives, he said, are unclear, especially since insurers are resistant to paying for physical therapy, injection therapy, and the low level laser therapy he now administers.

He can no longer prescribe narcotic painkillers to dying patients at the hospice he helped found. "That's tough. Those are my biggest regrets."

Find another doctor

The prosecutors who charged Purdue Pharma's executives also went after doctors, including Linda Sue Cheek, of Dublin, Va., population 2,700, just up Interstate 81 from Abingdon.

A jury found Dr. Cheek guilty of 86 counts of unlawful drug distribution, mostly involving the opioid Lortab. Prosecutor Jennie L.M. Waering wrote in a sentencing memorandum that two of Dr. Cheek's patients died of acute prescription drug poisoning. A judge sentenced Dr. Cheek to 27 months in prison, and she was released in March. Her medical license is indefinitely suspended.

On Tuesday, Dublin police Investigator Marty Dowdy looked out his office window at what had been Dr. Cheek's building. He said the department had just solved a pharmacy robbery in which the perpetrator — an addict — took only the opioid Opana.

Some people "need [narcotics] desperately" for medical problems, he said. "However, there are other people who take half of their prescription and sell the other half. ... People are getting it and selling it as fast as they can get it."

Did efforts to discipline doctors change the black market for the drugs in Dublin? "Honestly," he said, "they just go to another doctor to get the pills."

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PITTSBURGH POST-GAZETTE SPECIAL REPORT

A WEEK OF OVERDOSES

A year of struggle, pain and redemption

August 14, 2016

Reporting by J. Brady McCollough

SOME WERE SAVED, SOME WERE NOT, IN ONE DEADLY AUGUST IN WASHINGTON COUNTY

Jessica Neal walks through the doors of her old high school gym wearing a black "Fight Against Heroin" T-shirt. She tries to calm her nerves. Eight years is a long time to be away.

"I get goosebumps being back in here," she says.

Jessica has lived a few lives since then. The teenager who played basketball on this same parquet floor for Washington High's Lady Prexies and wanted to make her parents proud is gone. Her classmates would not believe what she's been up to since graduation, unless they happened to read about it in the newspaper last August, or hear about it on Facebook.

"How many people remember the young lady who overdosed in Walgreens last year?" M.J. Markley, the organizer of this May event, asks the 40 or so people in the audience. "Remember seeing that story in the news, in the paper? And, you know, thinking, who is this girl?"

Jessica Neal, 9-months sober, listens with other speakers at the beginning of the 5th Annual Fight Against Heroin Rally at Washington Sr. High School. (Pam Panchak/Pittsburgh Post-Gazette)

"Jessica is that girl."

Jessica is 27 years old. She is the mother of 3-year-old Julianna, who follows her around and has now licked all of the pink icing off her doughnut. Julianna has been through a lot, but she seems happy. She tends to worry when she loses sight of her mother.

Julianna was there, sitting in her stroller, when Jessica collapsed on the floor of a Walgreens bathroom stall because she injected too much of a lethal batch of heroin.

All around Washington County, you can still feel the reverberations from August 2015, when nearly 40 people overdosed in the span of a week from heroin laced with the almighty opioid fentanyl, when first responders armed with a nasal spray

antidote called Narcan held families' futures throughout the Mon Valley in their hands.

In seven days, six would die — three from the fentanyl batch and three from unrelated opioid overdoses. Those who survived were the lucky ones.

Using 911 dispatch records, the Post-Gazette identified four of the approximately 30 survivors. The overdoses of Jessica Neal, Melanie, Brenda and David were set apart by 36 hours stretching from the night of Aug. 16, 2015, to the morning of Aug. 18. For all practical purposes, each of them died, and strangers with syringes arrived to bring them back.

Melanie, 20, handed the end of her teenage years to heroin and became a criminal.

Brenda, 50, felt alone in this world after a great loss and used drugs to escape it.

David, 43, yearned for the love of his wife and children but also couldn't say no to the needy pangs in his stomach.

Melanie, Brenda and David requested that their last names not be used, out of fear that an addict's stigma would follow them forever. They had been given a second chance at life, but what were they going to do with it?

All four survivors followed during the past year by the Post-Gazette shared two things very much in common: They say they were led to heroin through the use of painkillers prescribed by doctors, and they never imagined they would stick a needle into their arm.

Because of her public embarrassment, Jessica Neal doesn't have the option of protecting her identity. She now lives with the shame that any mother would feel. It has taken her nearly nine months, but she is ready to open the wound, potential judgment be damned.

Jessica takes the microphone. The lone person stirring in the old gymnasium is blonde and blue-eyed Julianna, who is being corralled by her great grandma.

"Hi everyone. I am Jess, and I am an addict."

THE LOST ONES

Six months to the day of her brother's death, Valerie Mack picks up the phone and hears the news she's been waiting on.

"Oh my God! Thank God!" she screams. "They indicted somebody!"

Valerie hadn't heard much from the police since Aug. 16, 2015, when they took the leftover heroin from Sammy Mack's Washington bedroom.

Sammy, 50, had only started using a few months prior, after he had gotten addicted to prescription painkillers while recovering from a motorcycle accident, Valerie says. She felt he was coming out of his funk — he had just gotten a new painting job — but then he crossed paths with the heroin labeled "Made in Colombia." Sammy came home, went upstairs, locked the door and never awoke.

Gene Vittone, district attorney for Washington County, U.S. Sen. Pat Toomey, and David Hickton, (right) U.S. Attorney for the Western District of Pennsylvania, listen during a drug roundtable discussion on Feb. 18, 2014. (Darrell Sapp/Pittsburgh Post-Gazette)

"Are they going to try him for murder?" Valerie asks the caller.

Down at the courthouse, U.S. Attorney David Hickton and Washington County District Attorney Gene Vittone are announcing an indictment against Ronald McMillian for his role in the distribution of the deadly heroin that shook awake this sleepy rural county that stretches southwest of Pittsburgh to the West Virginia border. He was not charged with murder.

Even in February, the dark cloud of August casts a long shadow. Vittone vividly remembers that Sunday afternoon he spent out campaigning at the Washington County Fair. Unbeknownst to him, as he mingled with voters in the summer sun, hundreds of stamp bags of heroin laced with fentanyl — an opioid 100 times more powerful than morphine — were seductively snaking their way through the county's green hills.

Vittone was about to be put to the test. Two months before, in June 2015, he had made the controversial decision to approve the use of Narcan by first responders. The less empathetic and more Darwinian of his constituents railed against the use of Narcan, saying that he was allowing cops to play God and to slow the methodical drum of natural selection.

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But Vittone, who worked for many years as an emergency medical technician before he entered the practice of law, had chosen to gamble on the good inherent in all of us, that a person's life was always worth saving no matter how desperate it had become.

In the months since Vittone's decision, Washington County had introduced a new statistic into the ledger: The save.

On this day in February, with the cameras turned on to trumpet this first indictment related to the August overdoses, Vittone would declare proudly that 36 saves had been made by the use of Narcan, compared to 33 fatalities since August.

No, not everybody could be saved. And, as tragedy would have it, the ones who didn't wake up after using the fentanyl-laced heroin were often those new to the drug, who hadn't built a tolerance. Sammy Mack was, and so were the other two who died that week, 35-year-old Tony Terrant and 21-year-old Brooks Watkins.

When the autopsy came in on Brooks, he showed just one other faint mark on his arm, which likely meant that the young man was no addict. Not yet, anyway.

When notified of McMillian's indictment, Brooks' parents, John and Amy Watkins, take little consolation. It doesn't help to lessen the hurt in the house on the hill in Monongahela, where a boy once dreamed of being a baseball star and a mother can't bring herself to enter the quiet bedroom where he left her.

SAVING DAVID

The first responders at the car wash in Washington weren't surprised to see the two men laying lifeless in a Lexus, one with a second bag of heroin already loaded up and a needle in his arm.

"It seemed to me that, after it became news that everyone knew we were giving Narcan, they would be going to a public place, where if they OD'd, someone would be coming to help," said Alan, a first responder who arrived on the scene around 1 p.m. on Aug. 17.

They had learned to apply the Narcan by putting the syringe up a dummy's nostril, but now David and his friend were depending on them.

David had just gotten out of rehab. He was hoping to win his family back. That morning, he recalled later, marked 28 days clean, and, when he went to get the heroin they were calling "fire," he was only planning to make some fast cash by selling it to clear

up some debts. But then David figured, hey, why not? He could go to his Narcotics Anonymous meeting high and no one would notice.

As it turned out, Alan would not have to make his first Narcan save. Paramedics quickly came and sprayed the antidote.

"I died," David would say. "I was unresponsive. They had to Narcan me twice. It scared me."

David's was the first save Alan had witnessed, the first of many he'd see in the coming year.

"I'd like to tell you that I think they're all going to be revived and they're going to go get clean and not do it again," said Alan, who did not want his last name used to protect his identity in the field. "But from what I've seen, it just seems like they keep doing it. It's almost like we're enabling them to continue doing it. Other times, you see someone come out of it and they completely change."

NO WAKEUP CALL

David fidgets. He checks his phone often. He doesn't have a job, but that doesn't mean he isn't busy. It's late afternoon, and he'll need another fix to get him through the day and protect him from the horror of heroin withdrawal.

David considers himself a maintenance user. He needs about 10 bags per day to function. That will run him near \$100. So, he hustles. He drives other addicts around. He's always on call.

He wishes he didn't crave it. He wishes being a husband and a father was enough.

"Once you've become an addict, regular life is just too boring," David says. "The all-powerful opiate is heroin. It's the perfect drug. The euphoria, it gives you energy, it takes the pain away. If you don't share needles, and you don't overdose, it's perfect."

Of course, David did overdose. Yet, the shock didn't send him back to rehab. He has taken time out of his schedule to provide some context, to show that he isn't just some junkie.

David's whole life, he has been enticed by adrenaline. In high school, he was an expert mogul and aerial skier with the dream of going to the Olympics. But he partied too much on the weekends and had so many absences from high school that he didn't graduate. College probably wasn't for him anyway.

He became an alcoholic, but stopped drinking cold turkey a decade ago. He became addicted to cocaine, but licked that

five years ago. He felt strong again. Four years ago, at age 39, he says an emergency room doctor prescribed him 160 Vicodin 750 milligram pills without asking if he had a history of addiction. Once the pills ran out, David needed something for his pain, and heroin was much cheaper.

As he tells his story at the Washington Starbucks, his friend, Frank, sits by his side. If David ever needs a reminder of the craziness of life on heroin, all he has to do is look at Frank, who recently lost an eye to addiction and whose face is covered in red scars. Frank overdosed, fell and hit his head, bled, and was then attacked by a friend's Rottweiler.

"I want to be clean," says Frank, who is currently on a Suboxone plan to get there. "I want to wake up normal. I got mauled, and then six months later, I'm using again. You would have thought I would have learned my lesson, but that's how strong it was."

For Frank, it started six years ago when he was prescribed painkillers after a dirt bike accident.

Frank was a welder, and David was a contractor. It didn't have to be like this.

"I'm numbing my feelings," David says, "so that I don't care."

David's phone rings. He thanks you for your time, but he has to go.

SAVING MELANIE

The contents of the creamy brown heroin were no mystery to Melanie. She knew that the "Made in Colombia" stamp bags she and her boyfriend bought had been cut with fentanyl, and, to her, that only made it more desirable.

Melanie understood how dealers thought because she was one. The chaos of August simply came down to some cruel math: Fentanyl is cheaper than heroin, yet immensely more powerful. So addicts would pay more for a product that costs less to make.

To the heartless supplier, it didn't matter that fentanyl was deadly and could kill a loyal customer.

"They were so strong, and when you tell other addicts how strong they are, they want it automatically," Melanie would say.

Usually, Melanie would use five to 10 bags at a time. With this stuff, she only used half a bag.

She still overdosed.

Her boyfriend took her to the bathroom, laid her on the floor and threw water on

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her face. Before the paramedics arrived, Melanie came back. She told them that she didn't need to go to the hospital. They told her the police would be on their way.

Melanie wasn't going to hang around for that. There were warrants out for her arrest because she had been caught with drug paraphernalia. She ran into the woods behind her mother's trailer and hid until it was safe.

RITE OF PASSAGE

Melanie adjusts the mirror of the blue SUV and moves the driver's seat forward. She hits the gas a little too hard and giggles.

"Lead foot!" her godmother, Lynette, jokes.

Will today finally be the day Melanie, now 20, gets her drivers license? She has already passed the written part. Now she pulls into the front of the line for her driving test and waits.

The instructor approaches. He sees a small, blue-eyed girl with her hair and make-up all done up for her picture. She wears strategically ripped jeans and hot pink nail polish. Looking at Melanie, there is no way anybody could imagine the depths of hell that she used to call home.

"I was someone who looked at someone who uses as 'Oh, you're a junkie. Just quit. You have a choice,'" Melanie says. "I didn't know anything about it. I was never around any drugs. I hadn't even heard of heroin."

At 17, Melanie attended vocational-technical school and worked at a fast food joint. She had played soccer in high school, but had to stop because of her knee. She went to see an orthopedic doctor, who recommended surgery to repair a genetic condition. He prescribed her Percocet. For nearly a year, she said, all she had to do was ask, and he'd leave a prescription with his nurses. She didn't even have to see him.

The day Melanie turned 18, she moved in with her boyfriend, who introduced her to heroin.

"Just once is all it takes," she says. "And actually, when I started doing heroin, I hated it. I'd puke, my stomach would hurt, but I'd keep doing it. I don't know why.

"After a month, it's a physical thing. I had to have it to get up and function. I wouldn't even open the door in the morning until I was high."

Melanie lived in Washington County's alternate universe where the only thing that mattered was the next fix. For a while, she

and her boyfriend worked doing construction for a man who built his business model around employing addicts and paying them exclusively in drugs. They would get in on the action, too, selling enough heroin so that they could always be high and still have money left over to stay in cheap motel rooms, buy cigarettes and pay for the rental car.

"It was constant, all day long," she says. "We robbed a couple houses. We used to carry guns. I did some dumb stuff, but at the time, you don't care."

The overdose didn't exactly scare her straight. Her mother and sister turned her in to police, and she spent a month in jail, which was the best thing that could have happened. She had no choice but to fight through 10 days of intense withdrawal. When she came out of it, she realized she actually had a chance to beat her addiction and return to the mainstream.

Melanie hasn't used since August. She's gotten a job. She's getting her GED. She's a part of her family again. She's ... Melanie.

"When I got out of jail, what I wanted the most was a chocolate milk shake," says Melanie, who has added 30 pounds of healthy weight.

Melanie has learned to appreciate boredom — and to exist with pain. Her other knee is acting up, but she can't take that risk of surgery.

The driver's license is an important step. Her mother has promised to get her a car, because Melanie earned back her trust.

Now, the instructor has taken his seat. Melanie drives to the back parking lot, where her first challenge is to parallel park. The only problem is she had not attempted the maneuver from this angle, with the driver reversing toward the passenger side.

She inches the car back, turns into the spot but cuts it directly into a cone. She flunks.

"Well, I've got to reschedule now," she says, getting out of the car. She feigns a laugh.

"It's the first time, babe. It happens," Lynette says.

"I didn't practice going that way," Melanie says.

"I was like ... STOP!" Lynette says. "You almost had it."

SAVING JESSICA

Jessica had never overdosed. In the addict community, that was a source of great pride.

The night of Aug. 16, she saw her broth-

er's girlfriend overdose from the "Made in Colombia" stamp bag that was making its way through town. Still, Jessica wanted some. She felt immune. The next day, with \$10 to her name, she bought two bags.

"Be careful," the woman who sold it to her said.

"I will," Jessica said. "That doesn't happen to me."

Jessica took her 2-year-old daughter, Julianna, with her to a bathroom stall at Walgreens and began to shoot up. Jessica went blank until she was being picked up off the floor by a first responder who had revived her with Narcan.

"The first thing on my mind was, 'Where is my kid?' " Jessica said. "You become very aggressive once you're hit with Narcan. I was freaking out. They had to restrain me."

In the ambulance, Jessica was told that Child and Youth Services was on the way. But, Jessica said, she would later find out that a friend of Julianna's father had heard the toddler crying in the bathroom and opened the stall door. She had recognized Julianna and called the man, who arrived at Walgreens shortly before CYS. A stroke of luck had kept Julianna with her family, but Jessica would still be charged with child endangerment.

The next day, Jessica returned home from the hospital. A friend stopped by with unwelcome news.

"I'm just warning you now," she said. "Your name is all over Facebook."

CLEAN LIVING

You can find Jessica Neal sitting in the front pew of Judge John DiSalle's courtroom, drinking a Pepsi as she waits for her name to be called.

Every few weeks here at treatment court, Jessica updates the judge on her progress. Listening to others' struggles to stay clean can serve as inspiration for her to rise above temptation.

The first man to speak has had a relapse.

"You were doing so well," Judge DiSalle says. "This shouldn't have happened at your stage. You have to have resolve."

The next man up failed a screen for alcohol and is claiming he used too much VapoRub.

"It will be much easier if you come clean on this," the judge says. "You're not showing sincerity."

Then, a woman in cuffs and an orange jumpsuit has been caught trying to falsify a

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drug test because she used heroin.

"I need these spots for people who truly want to be in recovery," he says. "This is your last chance."

Jessica tells DiSalle that she remains clean, having not used since Aug. 17, 2015.

Jessica Neal, 9-months sober, with her daughter, Julianna Sanpietro at the 5th Annual Fight Against Heroin Rally at Washington Sr. High School before sharing her story of addiction for the first time publicly with a speech titled, "H.O.P.E." (hold on pain ends). (Pam Panchak/Pittsburgh Post-Gazette)

Jessica sees her daughter often and is hoping to move soon into a three-quarter way house where Julianna can live with her. She goes to a daily Narcotics Anonymous meeting, has a sponsor and has established a relationship with her higher power. DiSalle is pleased.

The system has worked for Jessica. In jail, she spent 10 days in medical lockdown due to an abscess.

"That's where the obsession got lifted," Jessica says. "I started praying, reading the Bible, did a lot of thinking in there."

If Jessica wanted CYS to back off and let her be a mother to Julianna again, she would have to prove that she wanted recovery. The county's chief adult probation officer, John Moschetta, recommended her for treatment court, which is reserved for those with serious addiction issues.

"I'm thinking, 'This is going to save my life. I can't do this anymore,'" Jessica says.

Through her soul searching, Jessica has realized that she had been using — first opioids prescribed by doctors and later heroin — to fill an emotional void and numb the sadness that befell her when her mother became sick with Lou Gehrig's disease.

"You use this substance, you feel like you matter," Jessica says. "It took all my worries away. You don't care about your family. You don't care about your kids. You don't care about anything. Your job. Your car. I've lost three cars due to my engine blowing up because I didn't change the oil. I was renting my vehicle out to drug dealers. You don't care. I'm not sick for the day. That's all that matters.

"When I overdosed, that was a big wake-up call to me."

Judge DiSalle hears more sad stories than happy ones, and he likes the direction that Jessica is heading.

"Keep up the good work," he says.

SAVING BRENDA

On the night of Aug. 16, eight overdose calls came into dispatch in the span of 70 minutes. Donnie, a concerned citizen, listened to his police scanner at his Washington home, as he often did to stay informed.

"I don't know what's wrong with this town," he thought.

Donnie mostly worried for his 50-year-old wife, Brenda. She had been clean for more than a month and had just driven to the corner store to buy cigarettes. What state would she be in when she returned?

At the 7-Eleven, Brenda ran into a familiar face that triggered a familiar feeling.

In July, she had gone to rehab and received a Vivitrol shot to help prevent a relapse, but she had moved back her August appointment for the monthly shot (which works like Suboxone) to go on vacation. Her chemical defenses weakened, she was now confronted with a demon disguised as an old friend offering her two bags for 10 bucks.

"Being clean so long, I thought, 'It's going to be a good high,'" she said.

Now Donnie stood on their front porch, watching as his wife drove her Jeep past their driveway and hit a neighbor's parked car. His fears were confirmed. He dialed 911, and soon an ambulance arrived. Brenda's eyes were rolling back in her head. The paramedics gave her Narcan. She came to before the trip to the hospital.

The next morning, when she awoke at home, she felt numb.

It was not a good high.

"I almost died," she said. "My first thought was, 'How could I do this to myself?'"

MANAGING PAIN

Brenda and Donnie keep their house dark. She doesn't get out much during the long winter, partly because she doesn't like the cold, and partly because she can't move very easily with her back problems.

With Donnie working a 9-to-5 she lives each day here with no company but her physical and emotional pain. In mid-March of this year, all she can do is cry as she talks about the events that brought her to the brink of death.

This is how it had been since 2011. When her sister died of kidney cancer, she felt she had nothing to live for, despite having two children and five grandchildren. Then her best friend passed away from lupus, and her niece died from a heroin overdose.

"God started plucking all these people out of my life," she says.

In the vast void, Brenda latched onto the sweet sensation she got when she would drink down the painkillers prescribed to her by doctors. The high would wash over her, and, inside the opioid's protective cocoon, she could forget.

Before long, Brenda was selling her pills — which can go for about a dollar per milligram on the street — to fund a heroin addiction she masterfully hid from her husband.

Her two sons suspected what was going on with their mother, but the overdose broke down her wall of secrecy.

"I thought, 'I'm going to put all these people through this,'" Brenda says, the tears flowing. "I had already lost probably a good bit of respect from my kids. I want them to be able to trust me again. I mean, I don't know how to show them ..."

The only way, of course, is to get clean and to stay clean. In November, she hadn't used since the overdose, but she went to the hospital complaining of a toothache. Donnie says the hospital doctor prescribed her 10 Vicodin and a prescription signed by her neurosurgeon gave her 40 more. She says nobody asked if she had a history of addiction.

"They're basically like legal drug dealers," Brenda says.

On this day, Brenda says she hasn't used in 39 days. She hasn't been going to NA meetings. The weather, you know. Until it warms up, she will stay inside and continue counting the days, with each one a bigger victory than the one before it.

A FAILED SAVE

It was a classic summer Saturday. John and Amy Watkins watched their youngest son, Jake, play soccer for Charleroi High in the morning. Their oldest son, Brooks, said he would join them in the afternoon to go to his aunt's house.

When they returned home from the soccer game, Amy yelled up to Brooks. No answer. She didn't think anything of it — they were always trying to give their 21-year-old his space — and took the dog outside.

Soon, Amy would hear Brooks' phone ringing continuously. Jake told her that he was probably sleeping. She yelled again that it was time for him to start getting ready. No answer.

Amy walked up the stairs and peeked in his bedroom. She didn't see him. She checked

Week continued on next page

Week continued

the bathroom. Nothing. This time, she entered the bedroom and circled the bed.

John and Amy Watkins pose with a photograph of their deceased son Brooks, 21, who died after a heroin overdose. (Michael Henninger/Pittsburgh Post-Gazette)

"And there he was, on his knees, like he was just going to jump up and surprise me," Amy would say. "And I shook him and shook him and, when I pulled him back onto me, that's when I saw the syringe and the spoon."

She screamed for John. He ran up to the room where he had installed baseball- and football-themed wallpaper and put up the sign that said "Watkins Field," the room where Brooks would stargaze from his telescope and imagine the big world outside of Monongahela. Brooks was going to go see it — he had just decided to join the Navy.

Now he laid on the floor, his lips blue. He was cold. John tried to breathe warmth back into him.

"Having to give your son CPR when you know it's not going to work... it's haunting," John would say.

When the paramedics arrived, it was too late. Brooks Watkins was dead, and the scariest thing was, his parents never even knew he had a problem.

BROOKS' MYSTERY

John and Amy Watkins need there to be a heaven. Just the other day in church, the sermon made Amy feel like they're going to see Brooks again.

"I am working on believing," John says. "Maybe the saddest thing would be if that were the last time we ever see him."

They do a lot of thinking, mostly in the past. You know that Harry Chapin song, "Cat's In the Cradle"? The lyrics stick with John.

I don't know when, but we'll get together then

You know we'll have a good time then

At a Pirates game last fall, John caught himself having a conversation with the empty seat next to him.

"One of the most difficult things is getting older without him," John says. "I will never forget him, but I have difficulty thinking of being an old fart and still thinking about what happened. As they say, whatever he struggled with is over for him. But it's a struggle that we have as long as we live."

They don't know what Brooks' struggle

was. They've spent the past year desperately trying to figure it out, to understand where they failed so that they can move on and give Jake the best of what they have left. There have been few satisfactory answers.

Was it pills? Brooks, a star catcher on the Charleroi baseball team, had a high tolerance for pain. They remember him having surgery to repair a torn labrum his senior year, and, while he took some painkillers, they recall Brooks saying he didn't want anymore after just a day. At 19, he had his wisdom teeth out. Amy took a video of him in a loopy state from the morphine saying he had taken something that made him feel "real good," which made his mom laugh. But they have no evidence that Brooks ever abused pills.

So, they play detective, putting every little thing under the microscope. The few months before Aug. 22, 2015, he was mostly himself. He interacted with the whole family on their annual trip to the Outer Banks, N.C. He wore shorts and sandals and T-shirts, so he wasn't hiding any needle marks. He hadn't lost any noticeable weight. He was playing for a competitive softball team with friends.

Still, looking back, they realize he had begun to tell them small lies. He would ask Amy for money more often. She wondered if he had an online gambling problem. The one time she pressed him on the issue of drugs, he responded that he wasn't using anything and she could drug test him. She chose to trust him.

On the morning he died, Brooks called his mother's cell phone around 11:45 a.m. She was at Jake's soccer game, and she had mistakenly left her phone in the car. That missed call will be ringing in her heart forever.

"You may think it's not going to happen to you, but you're better off to be safe than sorry," says Amy, who has told her family's story at several public forums. "I struggle with the feeling I let him down, because I should have known more. But we weren't brought up around people that had any form of addiction."

Brooks' parents and grandparents all went to college, but they simply didn't gain enough education during the last decade about opioids and heroin. John's father, John Sr., was the president of California (Pa.) University. He and Brooks started their own club, reading the same books and trading notes.

"The old thought of what an addict is, under the bridge, down and out, that's not

Brooks," the younger John Watkins says. "It's starting to be in any given social strata. It doesn't discriminate."

John and Amy don't believe their son was an addict, but they can't deny that he may have been headed down that path. Someone actually had the nerve to tell them that they had been spared the pain of watching your loved one spiral away.

"We would have done anything to save him," John says.

"I think he could have overcome this," Amy says.

They don't take any chances with Jake, who just graduated high school. They drug test him.

This summer, they decided to go on a family vacation. But it wouldn't be the Outer Banks, where they'd been so many times with Brooks. They opted for the beaches of Sand Bridge, Va., where John Watkins would ask the extended family to honor Brooks' memory one last time. Each person walked to the edge of the Atlantic, said something to Brooks and dropped a flower into the surf.

TWO DIRECTIONS

These four who lived don't have anything promised to them.

In the middle of another hot summer, David is still out there hustling and hoping someday he will have enough of a reason to slow down. Brenda's husband, Donnie, recently found his wife passed out in the morning with heroin lying next to the bed. She had been clean for 120 days.

This ongoing dance between temptation and desperation is the daily reality today for Washington County — and for the many other rural counties of Appalachia. Despite the consistent effort by Washington County district attorney Gene Vittone and the county's public safety team, there is no end in sight.

In February, there was another outbreak of fentanyl-laced heroin, and, while Vittone felt they were much more prepared the second time, they could not prevent the deadly toxin from hitting the street.

As of July 19, county 911 dispatch records show that there have been more than 340 overdoses reported since Aug. 1, 2015, resulting in 63 fatalities and 65 saves.

"I do not believe we've seen the peak of it yet," says Washington County coroner Tim Warco. "The numbers that we're having ... putting people in jail is not helping. We have to realize that addiction is a medical

Week continued on next page

Week continued

condition and treat it as such.”

Melanie and Jessica needed incarceration to get clean. For them, nearly a year later, recovery is fragile but ongoing.

Melanie would pass her driver’s test. She had practiced parallel parking from each angle every day for two weeks.

She has regained control, her hands sitting on the spinning wheel of her life with a death grip on ten and two. Her sister passed down a car to her. Melanie works three jobs. She has a boyfriend who does not do drugs. It’s like she’s on fast forward and won’t take her finger off the button until she’s caught up.

Melanie and Jessica have the same fear: That someday they will have no choice but to go back to the hospital and find them-

selves at the mercy of a doctor’s prescription pad.

Jessica Neal, right, and her daughter, Julianna, color with crayons together in their apartment in Washington on August 11, 2016. (Haley Nelson/Pittsburgh Post-Gazette)

Jessica now realizes the power her story can have on others. She is back at her alma mater after eight years, with a microphone and the small crowd listening to her, ready to fight against an epidemic that has taken over the country.

“Surgeries are a big part of my story,” she tells them. “I would get prescription medication constantly. So anybody that has young teenagers, DO NOT accept opioids. Do not. Unless it is a life-threatening thing that is going on, please do not. ...

“Thankfully, I have my daughter with

me today. She’s beautiful, and I’m just so blessed to still have her in my life. I made a huge change in my life, and I surround myself with people who I can confide in. I work a 12-step program, and thank God for it. It absolutely saved my life.”

Through her 15-minute speech, Jessica keeps her emotions in check. She appears confident in who she is and who she wants to be. There is clairvoyance in her words as she makes her finishing point.

“I know I had a very public story,” she says, “and I just want people to understand, what we’re doing now is what people need to pay attention to. Because I know for the rest of my life, people are going to remember I was the girl that overdosed in Walgreens with her child. I know that.”

J. Brady McCollough bmccollough@post-gazette.com [@BradyMcCollough](https://twitter.com/BradyMcCollough)

PRESS ENTERPRISE

Fair and Franchise Operators Page 4

THURSDAY, AUGUST 4, 2010

T54

Top cop: \$80G of dope seized



BERWICK POLICE deputy sergeant Chris Murrain, right, and Sgt. Robert T. Murrain, left, hold up a large amount of seized white powder, which was found in a case related to Berwick's top cop.



Sgt. Robert T. Murrain, right, and Sgt. Robert T. Murrain, left, hold up a large amount of seized white powder, which was found in a case related to Berwick's top cop.



Sgt. Robert T. Murrain, right, and Sgt. Robert T. Murrain, left, hold up a large amount of seized white powder, which was found in a case related to Berwick's top cop.

Berwick helps joint operation

By **JOAN KONIYAKI**
Staff Writer

BERWICK — The arrest of a man who allegedly sold more than \$80 million worth of drugs to a Berwick police officer is the result of a joint operation between the Berwick Police Department and the Berwick Police Department.

The man, identified as Robert T. Murrain, was arrested on charges of selling drugs to a Berwick police officer. The Berwick Police Department is currently investigating the case.

Police

"This is a big deal. We were able to take a major amount of drugs off the streets," said Sgt. Murrain.

The Berwick Police Department is currently investigating the case. The man, identified as Robert T. Murrain, was arrested on charges of selling drugs to a Berwick police officer.



SGT. MURRAIN



SGT. MURRAIN

Officers: Ex held knife on family

By **JOAN KONIYAKI**
Staff Writer

WATFORD — A Berwick officer accused of holding a knife on a woman's family is being held in custody.

The officer, identified as Robert T. Murrain, was accused of holding a knife on a woman's family. The woman's family is currently being held in custody.

The Berwick Police Department is currently investigating the case. The officer, identified as Robert T. Murrain, was accused of holding a knife on a woman's family.

The Berwick Police Department is currently investigating the case. The officer, identified as Robert T. Murrain, was accused of holding a knife on a woman's family.

Trying to multiply 'Blessings'



MEMBERS OF BLESSINGS DIAPER MINISTRY volunteers, from left, Dana Reichbach, the Rev. Audrey Brinson, Gary Reichbach and founder Carl Wright display diaper bundles at Good Shepherd United Methodist Church in Bloomsburg. Not present is co-founder Audrey Wright.

Bloomsburg diaper ministry aims to fill new room, expand services

The world's largest diaper ministry is trying to multiply its blessings in Bloomsburg. The Rev. Audrey Brinson, Gary Reichbach and founder Carl Wright are working to fill a new room and expand services.

Vehicle ruptured gas line

Part of town road closed as homes, doctor office emptied

By **JOAN KONIYAKI**
Staff Writer



BLOOMSBURG — A natural gas leak caused a road to be closed in Bloomsburg. The road was closed as homes and a doctor's office were emptied.

The gas leak was caused by a ruptured gas line. The road was closed as homes and a doctor's office were emptied.

BU union decries release of negotiation details

State teacher demands hampering contract talks

By **KRISTIN BAKER**
Staff Writer

BLOOMSBURG — A Berwick teacher union is decriing the release of negotiation details. The union is demanding that the state teacher union stop releasing details of the negotiations.

WEATHER

Today's high, low: 78-68
Tomorrow's high, low: 78-68
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Berwick police chief heads to White House

Lawman to talk about drugs, rehabilitation

By **PETER KENDRON,**

Press Enterprise Managing Editor

BERWICK — The police chief here wants to focus on getting drug addicts help, not just piling on criminal charges.

And next week, his recently hatched addiction program will get a big boost. Chief Ken Strish will have the chance to share his vision with the country's National Drug Control Policy Director at the White House.

Strish will join about 20 other law enforcement officers in the Roosevelt Room, across the hall from the Oval Office, where he will share the state of the fight against heroin and methamphetamine in northeast Pennsylvania with Director Michael Botticelli and other senior White House officials.

It's part of a push to support a White House plan to put \$1.2 billion for opioid addiction treatment into the federal budget.

The Berwick Police Department has arrested 396 people for 1,126 drug-related charges since 2012.

Often, the same defendants are repeatedly charged, and after time in jail "they keep returning to our community without the means to move orward," Strish said Friday.

Addiction help

Earlier this year, Berwick received a \$5,750 grant from the Central Susquehanna Community Foundation that aims to unite police with mental health and drug addiction specialists so any addict seeking treatment can get it, he said. So far, officers have been able to refer two addicts to the proper treat-

ment programs without slapping them with misdemeanor charges that could cause them to lose jobs.

The police department has also begun making connections with organizations like CMSU, White Deer Run Treatment, the Salvation Army and others to find out what treatment options are available.

It's pursuing a \$42,000 federal grant to continue the program and also joined the Police Assisted Addiction and Recovery Initiative, or PAARI, a national group of police forces looking to get people help with drug addictions.

Berwick: Not a place for dealers

The idea isn't to give up on enforcing the law, Strish said. Police will continue to aggressively crack down on the people selling heroin and meth, he said.

But the second part of the solution is removing the demand from the streets, Strish said.

"The addicts brought people selling the drugs here," he said.

By combining treatment for users with heavy enforcement against drug dealers, "We're hoping those people recognize that Berwick is not a place they want to come."

Budget amendment

Strish said the invitation to Washington came quickly.

Berwick just joined PAARI recently, but last week, Strish got a call from one of its founding members, Chief Leonard Campanello of Gloucester, Mass.

He was inviting Strish to the White House.

Friday, he and other members of PAARI will go to the White House in support of President Obama's budget amendment, which would set aside \$1.2 billion for opioid addiction treatment over the next two years. Strish said it appeared the measure has bipartisan support in Congress and the group is hoping strong support from law enforcement may help it pass in the current session.

In Congress

A spokesman for local Congressman Lou Barletta said he would have to examine the White House's budget amendment.

Barletta sponsored an opioid bill earlier this year that would require states to show they were putting safe care plans in place for babies born to addicted mothers. He's now a negotiator for the house on an overall opioid package that could include money for treatment.

"Rep. Barletta is a firm supporter of efforts to fight opioid addiction, including protecting babies and their caregivers," said spokesman Tim Murtaugh.

Strish said providing treatment rather than jail time makes sense because "Addiction is a disease, not a crime. Increasing access to treatment versus prison time is the appropriate way to fight this disease."

Contact Peter Kendron at 570-387-1234, ext. 1305, or at peter.kendron@pressenterprise.net. Follow him on Twitter at: <http://www.twitter.com/PEKendron>

KANE NAMES PROSECUTOR, TEAM TO COMB THROUGH PORN EMAILS State, A5



Berks Country

CLOSE-KNIT WOMEN DEDICATED TO CHARITY

READING EAGLE

readingeagle.com

Attorney, friends say political web ensnared Lloyd

Insist mayor's aide good man gone wrong

By DON SPATZ
READING EAGLE

Who is Eron Lloyd? Mayor Vaughn D. Spencer's 35-year-old chief data officer and special assistant for sustainability got caught up in the city's pay-to-play scandal. On Monday, Lloyd pleaded guilty to a federal charge of conspiracy to commit bribery.



Eron Lloyd

But people who worked with him say those allegations are not consistent with the man they know as a long-time cheerleader for green growth and sustainability efforts. Lloyd implemented several key initiatives during his four years in the mayor's office, making more city records available online and helping Reading gain recognition as a bike-friendly city. "This is completely out of character," said Dr. Gary S. Wegman, chairman of the Reading Parking Authority.

Wegman said Lloyd had been a board member of that authority until Monday, when he emailed his resignation. "Eron's a sharp kid," Wegman said. "I have nothing but good to say about him. He's a smart individual in City Hall, very polite, and has good ideas. I find it sad, because we need

good people like this."

Lloyd's attorney said the problem is that, as an idealist, Lloyd was invited into politics at the age of 30 with no experience and got swept up by others on the campaign team.

"As a novice in that (political) arena, I don't think he realized the full weight of those actions," said Philadelphia attorney Shaka Johnson. "It's such a shock to people that he could be corralled by this other band of misfits."

"It doesn't make it right; it's not an excuse but an explanation why he lost sight of where the line is."

Architect William Vitale, a member of Spencer's former transition committee and chairman of the city's now-defunct Sustainability Committee, has known Lloyd since he was a kid.

"I don't know of a person who has higher integrity than Eron," Vitale said, adding it's hard to fathom the latest news. "I only found him great to deal with. I thought he was a model of integrity and honesty."

"His objective was to do something constructive and positive for the city. He grew up in the city. He wanted to make good things happen in the city, and for the planet."

Wegman said he hopes Lloyd ultimately returns to public life somewhere, because cities need people like him.

In the meantime, he said, "This man that had a sharp future is going to have to eat some humble pie here."

Contact Don Spatz: 610-371-5027 or dspatz@readingeagle.com.

Tarnished: Lloyd's bribery plea ruins an impressive resume. **A3**

The Drug Abuse Crisis / Questioning treatment

Help, or 'horrid waste'?

Rehab centers under increasing cost-versus-effectiveness scrutiny



Deborah Grubbs at her Cornwall, Lebanon County, home. Grubbs had limited options when she learned last month that her granddaughter used heroin; she wound up sending her to a \$1,000-a-day rehab center in Florida.

By FORD TURNER
READING EAGLE

THE WONDERFUL little granddaughter who loved to dance and sing had become a 24-year-old heroin addict on the verge of disaster.

Deborah Grubbs had to help. While her granddaughter went through withdrawal on the living room sofa, Grubbs went through a frantic and frustrating exercise that is becoming common among families across the Berks County region: During a life-threatening emergency, she tried to navigate a drug treatment system laden with serious questions.

Grubbs called several Pennsylvania rehab facilities. Two didn't take her insurance. A third had no beds available.

Finally, Grubbs put her granddaughter on an immediate, \$600 flight to Florida, where a \$1,000-a-day rehab had a space and accepted Grubbs' insurance. And she knew the trip ultimately might not resolve

Hard to measure: 'Success' rates are hardly reliable. **A3**

her granddaughter's addiction.

"It broke our hearts," Grubbs, a Cornwall, Lebanon County, resident, said of the Nov. 2 revelation that her granddaughter used heroin. [See Rehab >>> A3]

TODAY

Berks & Beyond GETTING TOGETHER TO PROMOTE GIVING

Thirty county nonprofits join the Giving Tuesday program to educate the public about their services, and about how people can help. **B1**



Washington SOME SPECIAL BOOTS ON THE GROUND

The U.S. will deploy a special operations force to Iraq in the fight against the Islamic State. **A4**

Money EXPECTING PATRONS TO POUR BACK IN

The new owners of the Pourhouse, Grille are sticking to a good-food, fair-price formula. **A10**

Sports SIXERS FINALLY WIN FIRST GAME

The 76ers beat Los Angeles in Kobe Bryant's last appearance in Philadelphia. **C1**

Life YOU COULD CALL IT CHEEZ-ANNUKAH

Some obscure Jewish history explains why cheese is a Hanukkah staple in some countries. **D1**

Weather report
Fog with periods of rain; mild; winds: 2-4 mph. **A12**

49° 57°



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The silent treatment

A nonprofit that guides state drug abuse treatment is mum about its membership as addicts' families say the system needs an overhaul.

October 22, 2015

By Ford Turner

Reading Eagle

One of Pennsylvania's most influential nonprofit organizations when it comes to making laws about treating drug abusers has a Robesonia mailing address, no employees and a hesitance to open itself to public scrutiny.

The Drug and Alcohol Service Providers Organization of Pennsylvania and its chief spokesperson, Deb Beck, have so much clout that state House Human Services committee Chairman Rep. Gene DiGirolamo, R-Bucks, when asked who is "at the table" when anti drug abuse laws are hashed out, said, "Deb Beck's group is probably front and center."

But the Reading Eagle was stymied in attempts to find out exactly who belongs to the organization.

Prompted by its recent finding that Berks County taxpayers have poured \$27.7 million into drug treatment since 1990 — more than five times the amount contributed by any surrounding county — the newspaper asked Beck and the DASPOP treasurer for a list of its members. Beck and Michael Harle, the treasurer, both indicated hundreds of licensed drug treatment entities were members, but declined to release the list. Harle said there were many reasons for privacy, including possible "retribution" and harassment by marketers.

The identity of DASPOP's membership has taken on greater relevance as Berks County and Pennsylvania struggle to cope with an epidemic of heroin deaths. Many parents, having spent tens of thousands of dollars on drug treatment on children who subsequently return to drug use, view the system that DASPOP appears to represent with skepticism.

"The rehabs are counting on you relapsing," said Cindy Wanamaker, a Chester County resident who has a 28-year-old son with a history of heroin abuse. "I am sorry; they just are."

Patricia Mogan, standards for excellence director at the Pennsylvania Association of Nonprofit Organizations, said she knew of no requirement that a nonprofit publicize its

POWER PLAYER

The Drug and Alcohol Service Providers Organization of Pennsylvania, frequently called DASPOP, has a major role in steering drug and alcohol legislation and also has a strong tie to Berks County.

- DASPOP is a nonprofit organization classified as a 501(c)(4) under federal rules. It has far more latitude to lobby and promote political candidates than a 501(c)(3).
- DASPOP has no employees. It lists a Robesonia post office box as a mailing address because its books are kept at Caron Treatment Centers, although its state-registered address is in western Pennsylvania.
- Deb Beck, the group's chief spokesperson, is a registered lobbyist. DASPOP officers listed in its latest federal tax-exempt return are William Stauffer, secretary; Stephen Roman, chairman; Michael Harle, treasurer; and Joe Curran, vice chairman.
- The return listed revenue of \$335,879 and expenses of \$340,586 for the year ended June 30, 2014.
- Although DASPOP will not disclose its list of members, Harle and Beck said it includes hundreds of licensed drug and alcohol treatment providers.
- DASPOP advocated for the creation of the state Department of Drug and Alcohol Programs as well as passage of a state law that requires group health insurance plans to pay for alcoholism and addiction treatment, among other things.

Sources: State documents, Pennsylvania Association of Nonprofit Organizations, Michael Harle.

member list. But state Sen. Judy Schwank, a Ruscombmanor Township Democrat, was puzzled that DASPOP would not release the list.

Eric Epstein, coordinator of the government-reform group Rock the Capital, said he could not comment directly on Beck because he knows her.

But he said, "Openness and transparency are a cornerstone of good government. People want to know who the players are and who they represent."

Records at Caron

Beck, whose reputation as a crusader for drug treatment in Pennsylvania may be unparalleled, is a registered lobbyist whom state records show was paid more than \$580,000 as a nonemployee lobbyist for DASPOP over a nine-year stretch.

Following a brief phone conversation in which she rebuffed inquires about the list of members, she wrote in an email that DASPOP has about 300 state-licensed programs and associations among its members.

Harle, in an unscheduled interview during a press event at the Norristown-based drug treatment agency he heads, gave a similar statement and referred to Beck as a DASPOP lobbyist, president and spokeswoman.

Beck subsequently did not respond to emails and phone messages left over two weeks seeking a detailed list and full

interview.

The man identified on IRS tax-exempt forms as "principal officer" of DASPOP, Steve Roman, also did not respond to repeated messages left at his office at a treatment organization near Pittsburgh.

DASPOP has no employees, according to Harle. A Pennsylvania Department of State document gives Roman's address in western Pennsylvania as DASPOP's registered office.

The IRS forms use a Robesonia post office box address, Harle said, because the organization's financial records are kept at nearby Caron Treatment Centers in South Heidelberg Township.

The forms do not mention Caron, but show the DASPOP books are kept by Becci Shaak.

She oversees finance at Caron. A LinkedIn page said Shaak has been involved with DASPOP since 2001.

In an email, Shaak declined a request for an interview. She said she is not a representative of DASPOP and referred inquiries to Harle and Beck.

David Rotenberg, chief clinical officer at Caron, said he and others there have attended quarterly DASPOP meetings held in Harrisburg.

"My experience as a Caron rep has been

Nonprofit continued on next page

Nonprofit continued

that Deb Beck has absolutely led the meetings. I am not even sure of her official title," Rotenberg said. "But she is an advocate, a strong advocate for legislation, funding, patients' families, and really the treatment community as far as I could see."

Financial pain

The Reading Eagle's scrutiny of DASPOP comes as Pennsylvania's leaders struggle to curb a statewide surge in heroin and opiate deaths.

Annual heroin deaths across the state increased from 47 to 800 over a five-year period. Twenty-six people died of heroin-related causes in Berks last year, and the rate of deaths increased early this year.

Beyond the fatalities, struggling families and taxpayers are pouring millions of dollars into a treatment system that some believe is in need of an overhaul, in part because of a "revolving door" dynamic that has become typical and even accepted.

Payments of up to \$30,000 or more are made to place a heroin or opiate abuser in a residential treatment center for about 30 days, after which the drug abuser frequently relapses and is once again pushed to enter a treatment center.

State documents show licensed drug and alcohol treatment providers are both for-profit and nonprofit. Some executives are being paid \$400,000 or more.

Wanamaker took out a home

equity loan to pay the \$30,000 bill for her son's stay at a Berks inpatient facility. It was one of at least six rehab stays.

Rich Gunter of South Heidelberg Township wiped out a retirement account as he and his wife tried to help their son fight heroin addiction. Between multiple rehab stays followed by relapses, wrecked cars and stolen family items, the struggle has cost

the family more than \$100,000.

Julie Umstead of Lower Pottsgrove Township estimated she has spent \$34,500 on treatment alone for her 20-year-old daughter, including \$19,000 out-of-pocket for a stay in a Berks program.

Coleen Watchorn of Limerick Township said she and her son's father spent more than \$50,000 before their son, Stephen Watchorn, died of a heroin overdose in 2012.

She said, "I can't even remember all of the treatment facilities he went to."

A 'great advocate'

Beck testified at a legislative hearing on the heroin crisis in Reading last summer.

The hearing agenda identified her as "president" of DASPOP and while she testified, she referred to herself repeatedly as a "treatment person." The websites of Schwank and state Sen. Gene Yaw, who ran the hearing, subsequently referred to her as "executive director."

Schwank said, "That's what I thought she was."

Even though Beck gave testimony as DASPOP president to lawmakers on Nov. 1, 2011, another person, Mark Sarneso, had identified himself as president of DASPOP the previous day, Oct. 31, when he signed and dated an IRS form.

There apparently was no change of leadership because Beck also identified herself as president during state House testimony on June 16, 2011.

In Reading, Beck recalled how she once ran a "skid row program" and referred to herself as a treatment person. She said she has worked in the addiction field since 1971.

Recently, when U.S. Sen. Bob Casey Jr. spoke at a press conference on funding drug treatment in Pennsylvania, he called Beck a "great advocate" for drug treatment. He even described how, decades earlier,

Beck had harried Casey's father, former Pennsylvania Gov. Robert P. Casey Sr., concerning anti-drug initiatives.

"She used to meet him at his car every day," the younger Casey recalled, "and say, 'How are we doing?' "

Department of State records show that during each of the string of four quarters that ended June 30, Beck was paid \$21,120 for lobbying. Total payments since January 2007 were more than \$582,000.

Harle said DASPOP and Beck have been instrumental in passing laws that keep the power of insurance companies in check.

"Deb's personality and her advocacy is so powerful," Harle said. "That outweighs the dollars being pushed in the other direction."

Those dollars, Harle said, are spent by insurance companies.

"They don't want these laws," he said.

Need for change

Barry Kauffman, executive director of Common Cause Pennsylvania, a watchdog group that advocates open government, said he has known Beck for 20 years.

Chief officers of trade associations, he said, frequently serve as lobbyists. For instance, Kauffman said he is registered as a lobbyist to advocate for Common Cause even though he is executive director.

He said he did not know enough about DASPOP to comment on Beck's representation of it. Still, he said, "She has always been a straight-up person."

DASPOP, meanwhile, continues to play a big role in the system being challenged by the heroin and opiate crisis. Poet Rivers, a Berks County resident whose heroin-abusing son has been in and out of rehab, said, "Anybody who has anything to do with this knows the system needs to be changed."

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Help, or 'horrid waste'?

Rehab centers under increasing cost-versus-effectiveness scrutiny

December 2, 2016

By Ford Turner
Reading Eagle

The wonderful little granddaughter who loved to dance and sing had become a 24-year-old heroin addict on the verge of disaster.

Deborah Grubbs had to help.

While her granddaughter went through withdrawal on the living room sofa, Grubbs went through a frantic and frustrating exercise that is becoming common among families across the Berks County region: During a life-threatening emergency, she tried to navigate a drug treatment system laden with serious questions.

Grubbs called several Pennsylvania rehab facilities. Two didn't take her insurance. A third had no beds available.

Finally, Grubbs put her granddaughter on an immediate, \$600 flight to Florida, where a \$1,000-a-day rehab had a space and accepted Grubbs' insurance. And she knew the trip ultimately might not resolve her granddaughter's addiction.

"It broke our hearts," Grubbs, a Cornwall, Lebanon County, resident, said of the Nov. 2 revelation that her granddaughter used heroin.

Parents who have spent large sums trying to save drug-abusing children have long wondered about the financial cost, whether it will work and their gnawing sense that it is really just big business. Now, with an escalating heroin and opiate abuse crisis spawning ever-greater levels of addiction and deaths, those questions are attracting attention.

State Sen. Judy Schwank, a Ruscombmanor Township Democrat, has called for a statewide study of the cost, effectiveness and availability of treatment. A public town hall meeting she arranged concerning the heroin and opiates crisis is scheduled for Thursday at 7 p.m. in the auditorium of Brandywine Heights High School.

Two other state lawmakers, Rep. Mark Rozzi and Sen. Mike Folmer, both said a state-level discussion is needed. Some national-level researchers speak bluntly.

"Our treatments are ham-handedly inappropriate," said Dr. Adam C. Brooks, a senior research scientist at the Treatment Research Institute in Philadelphia. "It is an expensive,

horrid waste of money that preys on people's fears, and it makes my skin crawl."

Two different approaches

Every heroin or opiate-abusing addict who agrees to accept treatment follows a unique path.

One typical sequence involves a seven- to 10-day period of detox, followed by a 30-day stay in an inpatient rehabilitation facility that leads to a lengthy period of outpatient counseling or living in a group setting.

The 30-day inpatient rehab stay — which many people believe should be longer — is the linchpin of the process. Most rehabs follow a drug-free approach that does not involve medicines used to control heroin cravings, such as methadone or the buprenorphine-naloxone combination sometimes referred to by the brand name Suboxone.

Many people in "recovery," the term used for those who have stayed clear of drugs after acknowledging addiction, are effusive in praising the approach that is working for them.

But Dr. Mary Jeanne Kreek, an internationally known researcher at Rockefeller University in New York City who helped pioneer methadone treatment, called non-medicine approaches "talk therapy."

She said study after study has shown they do not work well.

Caron Treatment Centers President and CEO Douglas Tieman said there is a significant downside to employing methadone and buprenorphine-naloxone in treatment.

Both, he said, are opiates themselves.

"You can get high off them," he said. "They have street value."

Caron, which has grown into a major multi-state treatment provider from a base in Berks County, has a nationally known program for treating addiction, without medicine, based on the 12-step approach created by the founders of Alcoholics Anonymous.

"We do that so well that there is a misinformed perception that is all we do," Tieman said.

But he said Caron has for years used the medicine naltrexone — often sold under the brand name Vivitrol — in treating some clients.

Naltrexone, he said, does not produce a "high" and hence is not abused. The

medicine is administered monthly in extended-release injections that block the ability of the user to get high on heroin.

Support for a study

Greg Horvath, the Los Angeles-based producer of a new documentary, "The Business of Recovery," described the treatment industry as one in need of reform.

"The addiction treatment industry has gotten a pass," Horvath said. "It's kind of like, 'Trust us.'"

The film challenges practices in the drug treatment industry. Among topics that get scrutiny are the effectiveness of the 12-step approach, the methods used by some treatment centers to gauge results, and salaries paid to treatment center executives.

Rozzi, a Muhlenberg Township Democrat, and Folmer, a Lebanon County Republican, viewed the film online and said in separate interviews that Pennsylvania needed to have a discussion about treatment.

"Obviously, the status quo is not working," Folmer said. "This is a \$34 billion industry. There is nothing wrong with profits. Profits make the world go round. But when you are making a profit off someone's basic need for help?"

Both also questioned the amount of money being paid to executives at nonprofit treatment organizations.

Schwank, who also viewed the film, called it "somewhat one-sided." But she said there was legitimate cause to evaluate how heroin and opiate addiction are treated.

She said, "I am concerned that we are not truly looking at all of the options that are available in treatment, and are not looking at the issues of cost and effectiveness."

Tieman said Caron was in favor of an "audit" of treatment in Pennsylvania, although he believed the state did a better job overall than some others.

Dr. William Santoro, chief of the Section of Addictions Medicine at Reading Health System and also medical director of New Directions Treatment Services in West Reading, welcomed a study that would look at all approaches to treatment.

At Reading Health System, Santoro helps oversee an inpatient rehabilitation facility. At New Directions, he helps run the county's only methadone clinic.

Centers continued on next page

Centers continued

Santoro said 12-step programs have a better history in treating alcohol addiction than addiction to opiates. An ideal approach, he said, might be to try a medication-free approach, and then quickly switch to medicine if the client does not progress.

“They just assumed any substance abuse can be treated with 12 steps,” Santoro said. “I am not sure I buy that.”

A dangerous time

Grubbs, the Lebanon County grandmother, said her granddaughter worked at a drug treatment agency in New Jersey before she drove home to get help with her heroin problem.

Hence, Grubbs said, she knew she might die if she let the problem get worse. And Grubbs knew that she had little time to act because heroin’s hold on her granddaughter’s mind might at any time cause her to give up the quest for help and instead send her out looking for drugs.

That’s a common scenario, according to George J. Vogel Jr., executive director of the Council on Chemical Abuse. A substance abuser will go through detox, spend some time in treatment and start to feel better and perhaps begin to think more treatment is not necessary.

“Surrounding the disease of addiction is a

Evaluating treatment programs

Family and friends can play important roles in motivating people to enter and remain in drug treatment. But figuring out which program is the best fit can be difficult. The National Institute on Drug Abuse used these five questions to create a guide for helping people choose a program:

- Does the program use treatments backed by scientific evidence?
- Does the program tailor treatment to the needs of each patient?
- Does the program adapt treatment as the patient’s needs change?
- Is the duration of treatment sufficient?
- How do 12-step or similar recovery programs fit into drug addiction treatment?

Calling for help

If you or someone you care about needs to talk to someone about a drug problem, call the Berks County drug and alcohol hot line at 484-628-8186. The hot line is staffed by people trained to assist individuals with substance abuse problems.

strong cloak of denial,” he said.

Vogel said he believed a study of the fractured treatment system in Pennsylvania was long overdue. By “fractured,” Vogel said he meant there were not enough beds available and not enough public money to help people who did not have the resources to access treatment themselves.

Grubbs said the Fort Lauderdale-area rehab her granddaughter entered is near the beach. There are plenty of palm trees, and some of the residential cottages look like mansions.

Grubbs doesn’t know if the beautiful Florida setting will help her granddaughter stay heroin-free. Ultimately, she said, it will be her granddaughter’s choice.

But sending her there was something that had to be done.

“She wanted to get help immediately,” Grubbs said. “I had no idea she was using stuff like that.”

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Programs’ ‘success’ rates nearly impossible to gauge

December 2, 2015

By Ford Turner
Reading Eagle

Measuring the success of addiction treatment programs is a difficult concept.

Dr. William R. Miller, who made a career at the University of New Mexico researching addiction treatment and who has personal ties to Reading, said some treatment centers use self-reporting — calling graduates and asking how they are doing — to generate numerical success rates. In some cases, he said, treatment centers have made up figures.

“There is no way to validate it,” Miller said. “We don’t know whether those numbers are correct or not.”

Miller made the assertion in an appearance in a new documentary film, “The Business of Recovery.” The film challenges practices in the drug treatment industry, including methods used by some centers to gauge results.

Figuring out the effectiveness of drug treatment was one reason state Sen. Judy Schwank, a Ruscombmanor Township Democrat, called for a statewide study of treatment. She also hopes to focus on cost and availability.

Schwank said the average consumer has little data on how well programs work.

“I have never asked that question, but I think it is a legitimate one to ask,” she said. “My goal is to make sure the individuals get the service they need.”

George J. Vogel Jr., executive director of the Reading-based Council on Chemical Abuse, said, “What are your recovery rates? I think that is something that is hard to quantify.”

At Berks County-based Caron Treatment Centers, the most reliable data on how past substance abuse clients have fared has been generated by its “My First Year Recovery” program, according to President and CEO Douglas Tieman.

In the program, Caron seeks feedback directly from people who associate closely with the recovering addict, like therapists and employers, and it requires the recovering addict to submit to urine tests. Only some Caron clients take part, he said, and they pay \$10,000 to be involved.

In the program, Tieman said, 57 to 59 percent of people have been found to have stayed completely substance-free during the first year after leaving Caron.

Tieman acknowledged that the far less stringent system of self-reporting does not carry a lot of scientific weight.

But he said Caron has made efforts to go beyond it. After discovering that only 35 to 40 percent of former clients responded to self-reporting phone calls after a year, Caron hired university researchers to study the group that was no longer responding.

Results indicated that even among those

Success continued on next page

Success continued

who dropped out of self-reporting, 55 to 60 percent had stayed substance-free for the full year.

Miller lived in Reading for a few summers when he was a college student, and his father and grandfather worked for the Reading Railroad.

He said in a telephone interview that some treatment organizations have complicated the meaning of success by awarding tokens or chips for being substance-free, or sober, for 30 days, one year and at other milestone intervals. At the same time, he said, they treat a single episode of drinking or drug use as failure and turn the count back to zero.

In people with other health challenges, like diabetes or hypertension, a single binge on sugary or salty foods would not be treated by medical professionals as a failure.

Miller said, "We don't say you have relapsed."

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PAIR GET PLEA BREAK IN DEADLY OVERDOSE

Man and woman who provided heroin that killed ex-trooper's son avoid long prison terms

May 7, 2016

By Stephanie Weaver

Reading Eagle

As a retired state trooper, Manuel DeLeon was trained to spot the signs of drug use.

But the Schuylkill County man doesn't remember seeing anything alarming about his son Joseph before Nov. 20, 2014, the day the 19-year-old was found in a car in a fire hall parking lot dead from a heroin overdose.

"If I would have noticed something, I would have intervened," Manuel DeLeon said Friday in Berks County Court. "There was no intervention because we didn't know. It was a total shock and surprise. Because of it we lost our son.

"We weren't even given a chance to help him because when we found out, he was dead already," he said.

Authorities said Kaitlin S. Leibensperger, 23, and Sean M. Hess, 24, also of Schuylkill County, helped DeLeon obtain the heroin he took that night in a gas station parking lot in Richmond Township and then did nothing to save him after he went unconscious.

Hess and Leibensperger, who deal with their own heroin addictions, admitted to their roles in DeLeon's death before Judge Patrick T. Barrett on Friday.

Both defendants were initially charged with drug delivery resulting in death, which carries a possible penalty of 20 to 40 years.

This case was the first time the charge was used in Berks County for a heroin overdose death.

However, the charge was dismissed as part of plea agreements made in both cases.

Hess, 24, of Auburn pleaded guilty to delivering heroin and involuntary man-

slaughter. He was sentenced to 11 1/2 to 23 months in Berks County Prison followed by 13 years of probation.

Leibensperger, 23, of Pottsville pleaded guilty to intending to deliver heroin and involuntary manslaughter and was sentenced to one to two years in state prison followed by 13 years of probation. Manuel DeLeon said he and his wife, Susan, agreed to the plea deals because they didn't want to destroy two more young lives.

"One was already lost," he said. "We hope this opportunity afforded changes things around for them as well."

Susan DeLeon looked both Hess and Leibensperger in the eye to tell them she doesn't harbor any anger.

"I don't want anything bad to happen to them," she said. "I just wish they could get help so they don't have to live their lives like this. This evil takes over your life."

'This case was rare'

Hess and Leibensperger admitted they met with DeLeon at a gas station in Richmond Township for a drug deal on Nov. 20, 2014.

Leibensperger knew both men and arranged the deal, with Hess selling 10 bags of heroin to DeLeon. In return, she received some, too.

Authorities said DeLeon and Leibensperger then took the heroin in DeLeon's car. Soon after, DeLeon passed out and his vital signs began to fade.

Hess drove the vehicle to a fire company parking lot in Schuylkill County, but he and Leibensperger left the car without calling for help. A fourth individual, who was not identified or charged, stayed with DeLeon and called emergency personnel.

Assistant District Attorney Rosalynda Michetti noted the Good Samaritan Act, which grants immunity to individuals who call 9-1-1 when someone overdoses, became Dec. 1, 2014, just 12 days after DeLeon's death.

She said the plea deals provide an opportunity for Hess and Leibensperger to become rehabilitated.

"The concern here was the disregard for Mr. DeLeon's life for their own self-preservation," she said.

But Manuel DeLeon said his family is fortunate there were witnesses to help fill in the pieces of their son's death.

Leibensperger's attorney, Assistant Public Defender Craig W. Snyder, said she did everything she could to help, cooperating with authorities and providing a full confession.

"She did it because she felt it was the right thing to do," Snyder said.

Manuel and Susan DeLeon said they appreciate Leibensperger's willingness to help and the work of the state police and Berks district attorney's office.

"This case was rare," Manuel DeLeon said. "How many kids are dying from this and how many cases are being brought forth. There's very few and the reason is there is rarely any witnesses.

"I feel bad for the people who don't have answers for their losses," he said.

Demons to deal with

When Joseph DeLeon was 15 years old, he suffered severe injuries in an ATV crash that led to a three-week hospitalization and more than two months of rehabilitation.

In the hospital, he received morphine and other powerful medications multiple times a day, his parents said.

"When he was released, he still had those demons to deal with," his mother said. "Things were just never the same for him. He always had this craving for these opiates and chronic pain in his knee."

She knew DeLeon struggled with getting away from the medications and talked with him about going to a doctor.

"He insisted he could do it on his own,"

Plea continued on next page

Plea continued

she said. "He wanted to make us proud and wanted to set his life up."

DeLeon earned Eagle Scout honors and enlisted in the Marines, a lifelong dream. But lingering effects of the crash caused the strapping 6-foot-7 DeLeon to be discharged for medical reasons in October 2013.

That same day, his grandmother died. Soon after he returned home, he and his girlfriend broke up.

His parents now believe the combination of his chronic pain, struggle with prescription pills and the loss of his grandmother, girlfriend and dream job led to his heroin use.

"This drug problem is rampant in this area and it affects everybody, not just the people you would think are involved in drugs," Manuel DeLeon said. "These are good kids."

Susan DeLeon said people struggling with addictions need long-term rehabilitation, but it's not an option for most.

"Something has to be done," she said. "Families who don't have the money for

rehab, the insurance won't take it and these kids out there are falling through the cracks."

Apologies offered in court

Kaitlin Leibensperger was an honor student and athlete in high school and didn't experiment with drugs until after her graduation when a former boyfriend introduced her to heroin.

"Before long, she was a full-blown heroin addict," said Snyder, her attorney.

Leibensperger's voice trembled as she apologized to DeLeon's parents Friday.

"I never intended for it to happen that way," she said. "I was trying to benefit both of them. It's hard for me because (DeLeon) was a really good friend of mine."

She said she knows her apologies don't lessen the DeLeons' loss, but she is hoping to get her life back.

"Heroin is definitely the worst thing that ever happened to me," she said.

Hess also apologized to DeLeon's family and thanked them for their forgiveness and

the opportunity to be better.

"In inpatient (treatment), I learned a lot about myself," he said. "It's time to change things, time to take a new path and make something of myself. It's time to grow up."

Hess' attorney, Jay M. Nigrini, said Hess started using drugs when he was 15, moving from marijuana to methamphetamine and finally heroin. He said Hess was in a treatment program in Ephrata when he was arrested in this case.

He said Hess wants to help others dealing with addictions and speak at high schools and community events about the negative consequences of using heroin.

"I would agree with the assessment that had something been done immediately, Mr. DeLeon may still be with us," Nigrini said.

"All the individuals inside that vehicle were in the clutches of heroin addiction. That sound reasoning went out the window the minute these individuals began putting this poison into their bodies."

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Defendant's brother possible drug victim

Kaitlin Leibensperger's brother died Monday; evidence suggests overdose

May 7, 2016

By Ford Turner

Reading Eagle

As she agonized over a daughter caught up in the prosecution of a drug death case, Denise Leibensperger this week suffered another cruel blow — her son died of a possible drug overdose.

However, it did not change her belief that drug abusers who share a small amount of drugs with or sell them to another person who then dies should not face a charge of drug delivery resulting in death, a first-degree felony with a maximum penalty of 20 to 40 years in state prison.

Her daughter faced that charge, and others, as she entered a Berks County courtroom Friday.

"I still think it's a stupid law," said Denise Leibensperger, a Lynn Township, Lehigh County, resident whose son, Joshua Leibensperger, died of a suspected drug overdose Monday.

Denise's daughter, Kaitlin Leibensperger, 23, and a co-defendant were charged last

year with drug delivery resulting in death and other offenses following the 2014 death of 19-year-old Joseph DeLeon of North Manheim Township, Schuylkill County.

Kaitlin, one of Denise Leibensperger's five children, was incarcerated after the charges were lodged against her, and her mother and other family members went to visit her regularly in prison.

On Monday, Denise Leibensperger said she learned that Joshua, 25, had died of an apparent drug overdose at his home in North Manheim Township.

"We know it was drugs. They did a quick test. He had drugs in his system," she said.

Deb Detweiler, a Schuylkill County deputy coroner, confirmed that an initial screening indicated illicit drugs were present in Joshua Leibensperger at the time of his death. Specifics, she said, would not be known until toxicological test results were available.

State police are investigating, according to Detweiler.

She said Joshua Leibensperger's death was one of six drug-related deaths in three days in Schuylkill County.

"They are all over the county," she said. "It is getting worse."

There were 25 drug-related deaths in all

of 2015 in Schuylkill, Detweiler said. With less than five months elapsed in 2016, there already have been 21 drug-related deaths.

Twelve of last year's deaths involved heroin, Detweiler said. So far this year, five deaths involve heroin, but it is possible other cases may involve heroin as well because many test results have not been received.

Joshua Leibensperger was a member of the National Honor Society at Schuylkill Haven High School. He played football and baseball and was on the wrestling team.

"Joshua always made people smile. He was an outgoing person. A generous person," Denise Leibensperger said. "He wanted to go back to school but he had a struggle with drugs."

She said Joshua and Kaitlin were close.

On Friday, Kaitlin Leibensperger pleaded guilty in Berks County Court to intending to deliver heroin and involuntary manslaughter. The charge of drug delivery resulting in death was dismissed.

She was sentenced to one to two years in state prison but will receive credit for the 185 days she already served. She will face an additional 13 years of probation.

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SENATE LEADER FAULTS STATE DRUG PROGRAM

Letter cites Berks group's 'control'

June 18, 2016

By Ford Turner

Reading Eagle

In a letter to Gov. Tom Wolf, the state's top senator attacked the state Department of Drug and Alcohol Programs' approach to treating heroin addicts and questioned its relationship with the drug industry lobbying group Drug and Alcohol Service Providers Organization of Pennsylvania, which has listed a Berks County mailing address on federal forms.

Senate President Pro Tempore Joseph Scarnati told Wolf in a letter dated Monday and obtained by the Reading Eagle that DDAP appeared unwilling to embrace medication-assisted treatment for addicts and instead focused on "a narrow, antiquated agenda of long-term, abstinence-based treatment."

He also questioned the state agency's relationship with DASPOP. The non-profit lists a Robesonia post office box as a mailing address, apparently because some of its paper work has been done by a woman who also works at a Berks-based treatment agency.

"The unbridled control DASPOP wields over DDAP is deeply troubling," Scarnati, a Republican, wrote to Wolf, a Democrat.

The Eagle described DASPOP's behind-the-scenes clout in a story published in late

2015. It reported that while DASPOP has huge influence on drug treatment lawmaking, it has no employees, rebuffs inquiries about its membership list and is led publicly by a registered lobbyist, Deb Beck.

Attempts to reach Beck and Steve Roman, chairman of DASPOP, were unsuccessful.

A spokesman for Wolf, Jeff Sheridan, said Friday that the governor had received the letter and would make a written response. Sheridan said Gary Tennis, the DDAP secretary, had done phenomenal work.

Concerning DASPOP, Sheridan said: "We want to work with Sen. Scarnati. There is no outside influence that has any control over this administration."

Nearly 2,500 people died of drug overdoses in Pennsylvania in 2014, including 800 heroin-related deaths. Officials have said the still-untallied death total for 2015 will surpass 2014 and will increase yet again in 2016.

Massive new public spending on antidrug initiatives is being considered as the crisis worsens.

Two general approaches to treating substance abusers involve abstinence, or staying away from drugs completely, and medication-assisted treatment. The abstinence approach is practiced at many 12-step programs and long-term treatment centers.

"The case DDAP and DASPOP continually make for long-term residential treatment in the media, in one-on-one meetings with legislators and in public hearings is not based on sound science," Scarnati wrote to Wolf. "Although DASPOP and DDAP continue to emphatically state that the 'research shows the gold standard' for opioid addiction treatment is greater lengths of stay-in residential treatment, they have yet to provide that research."

Meanwhile, he said, medication-assisted treatment has been proved effective.

Scarnati asked that DDAP provide copies of research and figures on how many people are being turned away from treatment because of the claim that beds are not available.

Wolf's three priorities during the ongoing fiscal 2017 budget process, Sheridan said, are achieving a balanced budget, funding education in adequate fashion and providing money to fight the heroin crisis.

Wolf wants to secure new spending of \$34 million — an amount that could be supplemented by a federal match of \$18 million — to operate health homes that would help previously untreated drug-abusing Medicaid recipients. Those "Centers for Excellence" would use medication and other approaches to treat heroin and opioid abusers.

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DRUG DEATH REPORTS DIFFER

Coroners association, DEA numbers conflict on 2014 Pa. totals

July 7, 2016

By Ford Turner

Reading Eagle

Glaring differences between two high-profile reports on how many people died from drug overdoses in Pennsylvania in 2014 have called into question the reliability of numbers given to the public on the toll of the heroin and opioid drug crisis.

The reports were produced by the Pennsylvania State Coroners Association and the federal Drug Enforcement Administration. The coroners association report lists 2014 drug death totals for Lehigh, Chester and Lebanon counties as 85, 82 and 15, while the federal report lists the totals as 66, 36 and 11, respectively.

The reports show large discrepancies involving many other counties, as well. Both got media coverage across the state.

"I think it's important to get the numbers right," said Frances Cortez Funk, director of health promotion and alcohol and other drug services at Kutztown University. "The numbers are important because every number represents a life."

Berks County Coroner Dennis Hess said drug death numbers generated by coroners have changed as they pass through the state Department of Drug and Alcohol Programs, which has served as a resource for the DEA.

He said he had no indication the changes were intentional, but they made the information inaccurate.

"Ours are real numbers," he said. "Nobody is looking at the state and saying, 'Why are they changing those numbers?'"

Hess' office sends reports on drug deaths to DDAP and the state coroners association. The association's legislative liaison, Susan Shanaman, said she has found inaccuracies in a DDAP spreadsheet on statewide drug deaths.

"I have found discrepancies in the numbers, where I know the data has been sent to both DDAP and myself. I don't have an explanation for why DDAP's numbers are

fewer," Shanaman said.

DDAP spokesman Jason Snyder said any assertion the department gave out information significantly different from what it had collected was "unequivocally false."

He said human error may have produced a few mistakes in a spreadsheet, but it would not explain the "sweeping discrepancies" between the two reports.

"What comes in to DDAP goes out, just as it came in," Snyder said.

He stressed the importance of accurate data.

"There is no question about that. We do need to come up with a way where we are sure what we are looking at is accurate," Snyder said. "This is something on a lot of people's radar screens."

But he said questions about the accuracy of two reports should be put to the organizations that produced them.

On Wednesday afternoon, the author of the DEA report, Laura Hendrick, said in a telephone interview that DEA's source material for its 2014 report included a spreadsheet from DDAP. She said it was understood that the spreadsheet was "not complete" because it did not include information from some counties.

DEA will issue revisions to some of its 2014 numbers when it issues the 2015 report, Hendrick said. All of the revisions will be increases in county totals.

State Rep. Gen Yaw, a Lycoming County Republican who has gone around the state for hearings about the heroin crisis, said he heard of differences between the reports and then learned that the DEA had changed its 2014 numbers.

He said he believed the 2014 coroners association report was the more accurate of the two.

But Shanaman, who compiled the association report, acknowledged it had at least one inaccuracy.

The single largest county discrepancy involved Bucks, for which the coroners' association reported 205 deaths and the DEA

113 deaths. In that case, Shanaman said her Bucks drug death tally included many fatalities where drugs were present but did not actually cause the death.

"Bucks is the only one I did that on," she said.

Coroners are not required by law to report drug deaths. Some coroners — especially those in counties with very few deaths — worry that sharing data on them might lead to identities becoming known, against families' wishes.

Hendrick, who is the highest ranking intelligence officer in DEA's Philadelphia Field Division, said the original sources for all the data in both reports are county coroners.

In some cases, the DEA has issued subpoenas to obtain information from coroners, she said. The lack of mandatory reporting has hampered efforts to get good data.

"We have struggled for years to get this information," she said.

At the same time, she said, the type of training and experience of each coroner may affect how they classify deaths. And they have latitude in deciding which deaths to report.

"There is a lot of leeway," she said.

Yaw has floated a concept for strengthening the drug death reporting system with other lawmakers.

He said, "We need accurate reporting."

Chuck Kiessling, Lycoming County coroner and president of the association, said it was vital to have accurate information. The number of deaths, he said, gives the public a "gauge" to measure the drug crisis.

Shanaman said she believed coroners should remain the primary conduits for information.

She described them as "the guys and gals who are there and who are seeing the bodies and seeing the deaths up close and personal."

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Overdose deaths up nearly 25%

2014 figures are revised significantly; heroin biggest problem area, toxicology tests show

July 13, 2016

By Ford Turner

Reading Eagle

Administration on Tuesday released a report that showed the number of drug-related overdose deaths in Pennsylvania increased by 23.4 percent in 2015, part of a statistical picture national and regional officials described as disturbing and stunning.

The DEA's analysis showed there were 3,383 drug-overdose deaths in 2015 in Pennsylvania, an increase from 2,742 in 2014.

"The figures in this report are of grave concern," said Gary Tuggle, special agent in charge of the DEA's Philadelphia Field Division.

He noted that heroin was the drug found most often in toxicology tests. It was present in nearly 55 percent of the deaths.

The DEA's 2014 report, released late last year, showed drug death totals that were vastly different from those in an earlier report on 2014 issued by the Pennsylvania State Coroners Association.

On Tuesday, the DEA significantly revised its 2014 totals.

For instance, the DEA originally reported Armstrong County's drug-overdose death rate as 20.65 per 100,000 people in 2014, ranking it 14th among Pennsylvania's 67 counties. The revisions put Armstrong's 2014 rate at 43.25 deaths per 100,000, ranking it second in the state behind only Philadelphia's 45.93.

The narrative of the report said DEA officials received updated data on 2014 when they contacted county coroners to verify their 2015 data.

Zane D. Memeger, U.S. attorney for the eastern district of Pennsylvania, called the 2015 statistics very disturbing and said the heroin and opioid drug crisis showed no boundaries in terms of age, gender or location.

The report did show notable patterns. Sixty-seven percent of those who died were men, 74 percent were white and the median age of those who died was 40.

It noted that white males in the 30-39 age range made up 15 percent of drug-related deaths but comprise only 4.7 percent of the state's population.

Twelve rural counties were among the top 20 with the highest rates of death.

Berks County had a rate of 16.62 drug-related overdose deaths per 100,000 people, ranking it 42nd among the state's 67 counties. Other nearby counties also had rates that placed them in the bottom half of the ranked list of counties.

For instance, Schuylkill ranked 39th with 17.29 deaths per 100,000 people, Montgomery 43rd with 16.60 and Lancaster 47th with 14.91.

Fentanyl, a powerful prescription painkiller, was the second most frequently identified drug in those who died across the state. The DEA said it was present in 27 percent of deaths.

Jeremiah Daley, executive director of the Philadelphia-Camden High Intensity Drug Trafficking Area enforcement program, called the data absolutely stunning and said it portrayed an acute crisis.

The problem, he said, required a multi-faceted approach, including education that would convince drug abusers that "being high does not equal being happy."

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Greenville, Pa. 16125



Marsha Fleegeer/PA

John Hauser speaks to the Greenville Area Historical Society on Thiel College and its 150 Years.

Archivist skips usual notes to describe Thiel history

By MARSHA FLEEGER
mfleegeer@recordargusnews.com

Thiel College came to Greenville from Monaca, Pa., in 1870, because Greenville was the town that made the college, which was looking to move to larger facilities.

The best offer — \$20,000 and a building.

Because that was 150 years ago this year, Thiel archivist John Hauser reflected on the tale as part of the Greenville Historical Society's lecture series Sunday.

The college started as a preparatory school, thanks to a generous donation by Lois and Barbara Thiel, who had bought a few shares in Columbia Oil Company in 1859 and pledged to give 10 percent of the profits to the church, if it ever yielded.

When Colonel Drake struck oil at Titusville in 1859, and those few shares yielded the Thiels \$40,000, they did in fact donate 10 percent as promised.

After they met with William Passavant, who was looking to start a Lutheran college, the Thiels felt that just such a college — where students would get not only a higher education, but also a Christian education — would be a good use for the money they planned to donate to the church.

"When I started thinking about this presentation

See Thiel, Page A5

PART ONE OF FOUR IN A SERIES



WORSE NOW THAN EVER

Law enforcement, addicts say county's drug problem is like nothing seen here before

By MOLLY VANWOERT • mvanwoert@recordargusnews.com

Mercer County has a drug problem, and despite the best efforts of law enforcement officials, it doesn't seem to be getting better. ♦ "It's worse now than it's ever been," Sergeant Paul Molton of the Greenville-West Salem Township Police Department said.

Molton, who has served the department for 18 years, recalled a significant heroin problem hitting the Greenville area in the late 1990s, before it eventually declined due to a rise in prescription drug abuse.

"It comes in cycles," he said. "In the last seven years, we've seen heroin make a serious comeback."

Officer Dan McCloskey, of the Hempfield Township Police, attributed the recent rise in drug use to a decline in available entertainment options within the community.

"The first problem is that there's nothing to do," he said. "There used to be parks and pools, there was a rec center, now there's nothing. There's nothing for teenagers or people in their early 20s to do — they have to drive hours to find a way to fill their day, and that's part of the issue."

"What are they going to do?" he said. "They're going to revert to drugs."

James, a 33-year-old Greenville resident who battled addiction for more than a decade, echoed McCloskey's

thoughts. After spending four years fighting overseas as a U.S. Marine — from September 2001 until September 2005 — James said he was shocked to see how his community had changed in his absence.

"I couldn't wait to come back home while I was over in Iraq," he said. "We had baseball fields, we had the Rec Center, I lived in a community where moms could just let their kids leave on their bikes and not worry about them for an afternoon. You couldn't have asked for a nicer place to live."

However, James said the community he left behind in 2001 was not the one to which he returned in 2005.

"Two weeks after I got home, two meth labs exploded in town, right near one of my favorite parks," he said. "Things were different. Activities started to disappear, and there was nothing to do, and you could see the shift."

With an increase in drug use, Molton

See Part I, Page A5

EDITOR'S NOTE: This story is part of four-part series on drugs. Pick up Tuesday's Argus for a story from the perspective of paramedics, and join us for The Record-Argus Town Hall on Drugs at 6 p.m. Wednesday at Greenville High School auditorium. ♦ The name of a former addict interviewed for this story has been changed in the interest of anonymity.

'TAKE YOUR TRACTOR TO CHURCH' AG SUNDAY



Photos by Marsha Fleegeer/PA

COOLSPRING TOWNSHIP — Eight-year-old Addison Raymond, Sandy Lake, climbs down from a John Deere tractor at Coolspring Presbyterian Church's Ag Sunday.

Coolspring church thankful for farmers who feed the world

By MARSHA FLEEGER
mfleegeer@recordargusnews.com

COOLSPRING TOWNSHIP — A row of tractors sat in the parking lot of Coolspring Presbyterian Church Sunday, while inside, the Rev. Mark Frailey prayed for blessings for farmers and preached on rotten tomatoes.

"We are thankful for the tools you have given us, for the science, engineering and chemistry that goes into modern agriculture," he said during a special "Ag Sunday" service, to which the church encouraged the congregation to leave their Chevys at home and drive their John Deeres instead. "We thank you, Lord, for the ability to feed the world."

He said he feels at home in a farming community and is working on his own garden.

"Farmers know how intimately we are connected with God's provision," Frailey added.

While this area is fortunate to have temperate weather, and usually only has crops delayed a week or two by too much rain or dry weather, Frailey pointed out that in



COOLSPRING TOWNSHIP — The Rev. Mark Frailey preaches at Coolspring Presbyterian Church on Ag Sunday.

See Farmers, Page A5

DEATHS

TREVITT — Walter S., 88, Lake Township, Stoneboro.

RA calendar

Today
Special Jamestown School Board meeting, 6 p.m.

WEATHER

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Sunset 8:41 p.m. ♦ Sunrise 5:56 a.m.

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PART ONE OF FOUR IN A SERIES

WORSE NOW THAN EVER

Law enforcement, addicts say county's drug problem is like nothing seen here before

May 23, 2016

By MOLLY VANWOERT

mvanwoer t@recordargusnews.com

Mercer County has a drug problem, and despite the best efforts of law enforcement officials, it doesn't seem to be getting better. "It's worse now than it's ever been," Sergeant Paul Molton of the Greenville-West Salem Township Police Department said.

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"What are they going to do?" he said. "They're going to revert to drugs."

James, a 33-year-old Greenville resident who battled addiction for more than a decade, echoed McCloskey's thoughts.

After spending four years fighting overseas as a U.S. Marine — from September 2001 until September 2005 — James said he was shocked to see how his community had changed in his absence.

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different. Activities started to disappear, and there was nothing to do, and you could see the shift."

With an increase in drug use, Molton said, also comes an increase in crime.

"Most of our crime is drug related," he said. "We get calls every day for drug-related incidents, whether it's an overdose or a burglary — it's all intertwined."

Drug use and thefts go "hand in hand," Molton said, citing a string of more than a dozen thefts from vehicles that occurred in town earlier this month that were found to be drug related.

"It's an expensive habit," he said. "So you have people out stealing and committing thefts just to keep up with it."

District Attorney Miles Karson also has a theory as to why Greenville has seen a sharp increase in drug activity in recent years.

"Look at Greenville: How many full-time officers do they have? Six? Seven?" he said. "These men are working hard, and they're doing their jobs well, but in a perfect world, we'd have eight or nine more of them."

As a community sees a decline in its police presence, Karson said, that community will also see an increase in crime and drug activity.

The steady, daily calls of drug-related incidents and crimes, Molton said, puts a strain on resources and manpower within the police and fire departments, as well as paramedics.

"There is a lot of time, hours, manpower and money that goes into just one drug-related incident," he said. "I wish we could stop these kids from saying yes to the drugs in the first place, but a lot of the time, we're just seeing the tail end of things. All we can do at that point is respond."

McCloskey agreed, describing Mercer County's rising drug problem as a "never-ending cycle."

"It seems like, no matter what, we're always a step behind," he said. "There is so much that comes along with the drug problem in the community, and we can't be on top of everything 100 percent of the time, but we're trying to be, and we aren't going to stop trying."

In addition to an increase in individuals suf-

fering from addiction, Molton said Greenville has seen a rise in dealers in the area.

"We used to have a large number of users but no sellers; most of the drugs were brought in from Youngstown," he said. "Now, we're seeing an influx of dealers moving to the community."

Whether the dealers live in Greenville or travel into town to sell their product, James has seen first-hand what happens when drugs become readily available within the community.

"This is a job for them [dealers], and these aren't stupid people. They're not using what they're selling, they're just pushing what people want," James said. "The ones who drive in from Youngstown will leave at 7 a.m., and by the time they get here at around nine — don't kid yourself — there's a line of people waiting for them."

While a handful of dealers have chosen to re-locate to the Greenville area, James added that others choose to continue to make the commute from Youngstown in order to protect themselves.

"They'll sit in your house and feed you dope all day so you don't care, and they'll just traffic right out of your home all day long," he said. "That way, if the cops come, they leave out the back, and you're the one who gets busted. Like I said, these aren't stupid people."

Seeing the families of addicts struggle as they try to protect their loved ones, Molton said, is the toughest part of the job.

"The families are the first to be hurt by addiction," he said. "That's who they're stealing from initially — it's Mom and Dad and grandparents — and the families see that, and they wrestle with whether or not to call us."

More often than not, Molton said families will struggle with the decision of whether or not to report a theft carried out by a family member struggling with addiction, in an attempt to protect their son or daughter from facing criminal charges.

"It's a hard decision to make, but sometimes, that arrest might be the first step to helping them beat it," he said. "Maybe by getting arrested, they were able to find an available treatment program, and we can get to them early, before they're too far gone."

PART TWO OF FOUR IN A SERIES

LIVES THAT FALL APART

Responders want to save lives, but if the drugs win, it's family left to wonder why

May 24, 2016

By **MOLLY VANWOERT**

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Addiction doesn't discriminate. It affects the young and the old, the rich and the poor — stealing the lives of its victims just as easily as it steals the sense of security that comes from living in small communities like those that make up Mercer County.

As the county's drug problem continues to worsen, paramedics and law enforcement officials are left trying to pick up the pieces.

"We get between five and 10 calls per week for drug-related incidents," said Matt Chlpka, a paramedic with McGonigle Ambulance Service. "I can tell you some of the addresses by heart."

Upon arriving at a potential overdose, Chlpka said he and his team first wait for the police to secure the scene; and, once given the go-ahead, paramedics enter and begin to assess the situation.

In the event an individual is found unresponsive or has respiratory depression, Chlpka will use Narcan — an opiate antidote — to revive him or her. Narcan, using the active ingredient naloxone, blocks the effects of opiates and reverses an overdose.

"In about 30 seconds to a minute, they're awake and talking," Chlpka said. "They usually aren't happy, but they're alive."

While Chlpka said paramedics today are "very fortunate in that we can counteract most overdoses" by using Narcan, he added that if the person is alone when the overdose occurs, the chances of survival diminish significantly.

"Normally, someone at the scene called us and can tell us what's going on," he said. "But if we get there because someone found them — maybe a family member who hadn't heard from their kid in a few nights — then there's nothing we can do. It's always the hardest if the family is there, and it's too late, because the life of someone they love was wasted for no reason."

From the vantage point of Mercer County Coroner John Libonati, seeing the toll addiction takes on those who do not survive only strengthens his resolve to do everything in his power to reduce drug-related deaths in the county.

"Addiction has very long-standing effects

on the body," he said. "It affects all aspects of your life, and it shortens it significantly."

Those effects are evident, both internally and externally, on who Libonati says are predominately young people who have lost their lives to addiction in recent years.

"I see 20-year-olds who look like they're 50," he said. "Their life falls apart, and I see these once-beautiful young men and women who have aged so much faster than they should have, and you don't have an individual's outside characteristics affected without seeing that effect mirrored internally."

Last year in Mercer County, Libonati said there were 160 total deaths, 19 of which were a result of drug toxicity.

That number does not account for those individuals who were treated for overdoses or drug-related incidents and then released, he said, or Mercer County residents who lost their lives due to drug-related incidents while being treated in hospitals outside of the county.

Along the same lines, he said that number does not pertain to Mercer County residents exclusively, as it includes individuals from outside of the county who were transported to hospitals within the county for treatment.

"Right now, I'm working with hospitals to attempt to obtain more exact information," Libonati said. "If we can have a better idea of how many people come in and are treated for drug toxicity, as well as where in the county they're from, then we can use that information to see where the problems are, and where we should place our focus."

In 2016, Libonati said the stakes are much higher when it comes to addiction.

"We went from an environment of drinking and smoking to an environment of very hard drugs," he said. "My parents were happy if we didn't drink or smoke; now we're happy if kids aren't smoking crack or shooting heroin. The availability and access to it all has become so easy, and it's consumed people."

According to District Attorney Miles Karson, the increased availability to drugs such as cocaine and heroin can be partially attributed to outside sources transporting the drugs into Mercer County via Interstates 79 and 80.

"Those two roads run right through

Mercer, and we see a significant number of incidents involving individuals using the interstate to transport drugs into the area," Karson said, citing a Jan. 26 incident involving two New York residents who were found to be transporting nine pounds of raw heroin after being stopped on Interstate 80.

"That has a street value of around \$4 million," he said.

While the men transporting the drugs hailed from New York, Karson added that the drugs themselves originate from all over the world.

"In that particular case, the heroin was found with cartel stamps still on the packages," he said. "It didn't come from the United States."

Addiction has a profound effect on not just the addict themselves, but their family, friends and surrounding community members as well, according to Officer Dan McCloskey of the Hempfield Township Police Department.

"It affects everybody," McCloskey said. "The community as a whole is more tense. You can see that the increase in drug-related crime has put everyone on edge."

"The hardest part is the parents," he added. "You see these parents doing everything they possibly can for their kids — they put them in rehab, they get the help, they follow the steps — but in the end, they end up coming out to the same area with the same group of people, and they end up slipping back and ultimately dying in the end. To see a parent try everything they can, and to know that they feel like they've failed, is tough."

Although an exact solution is unknown, county officials agree that Mercer County's rising addiction rate is not a problem that can be solved by any one individual or group.

"We all have a responsibility to reach out and get these individuals the help they need," Libonati said. "Addiction has no boundaries — it's in everything, and it's everywhere — and it's hard to attack an enemy you can't see, but that's where we are."

"Every life is important, and every individual in one respect or another is meant for greatness, and to see a life cut short is so tragic," he said. "Our highest priority as county officials should be to do whatever we can to attack these unnecessary deaths caused by drugs."

PART THREE OF FOUR IN A SERIES

YOU ARE WORTH SO MUCH MORE

They lost jobs, dreams, almost their lives, but after the nightmare, they saw the light

May 25, 2016

By **MOLLY VANWOERT**

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Addict. For all intents and purposes, an addict is defined as someone who “devotes or surrenders oneself to something habitually or obsessively.” But over time, the word “addict” began to be used synonymously with other, less flattering terms. Liar. Criminal. Thief. Junkie.

However, people who have experienced addiction first-hand — who know what it looks and feels like from the inside — also know that these stigmas are not representative of all individuals suffering from or recovering from addiction.

“Just because you’re an addict doesn’t mean that you’re nothing,” said Jane, a 38-year-old former opiate addict. “People are people, and it doesn’t matter where we came from or where we’re going — we all have a story.”

Jane was 34 years old when she began her battle with addiction.

She was working as an LPN and, after the passing of her son, began to purchase Fentanyl patches from a family friend.

Fentanyl is a synthetic opiate analgesic similar to — but more potent than — morphine, typically used to treat severe or chronic pain.

“I started out with just a small square cut off of the patch, but within a few months, I was chewing them,” Jane said. “I was a nurse ... I had goals for myself, and then all of a sudden, I wanted to do nothing but get high.”

Leah, a 26-year-old single mother from Transfer, also dreamed of working in the medical field — “I wanted to be a doctor when I grew up,” she said. However, addiction found her early.

“I started using when I was 12 years old,” Leah said.

A friend walking on her back caused Leah to suffer a slipped disc at the age of 12, which led her to begin taking her mother’s pain medication.

In high school, Leah said she began drinking and smoking marijuana socially with friends, but it wasn’t long before she began to sell opiates.

“I sold drugs before I really ever started to use,” she said.

Leah said she began dealing drugs because she “wanted to be liked.”

“I got in with the wrong crowd, I started drinking and smoking pot, and I wanted them to like me,” she said. “When I was selling drugs, I was in possession of something that people needed — they needed me. Eventually, I was doing crack, coke, pills — that’s when they were cheap. When they started to get expensive, I turned to heroin.”

After almost a decade of drug use, Leah said it was “the look in my kids’ eyes” when she would lock herself in the bathroom to use that made the mother of 5- and 2-year-old boys want to get clean.

“They wanted to come in; they would knock on the door and ask what Mommy was doing. They were sad, but they didn’t understand why,” she said. “I didn’t want to orphan my children for something so worthless — it really is a worthless thing.”

Jane also credits her children for giving her the push she needed to overcome her addiction; and, although her addiction caused her to lose her job as an LPN, she said she is currently taking steps to get her license back in good standing, so that she can go on to become an RN.

“Through it all, I never lost sight of what a natural high felt like — when my kids were born, when I graduated school,” she said. “If I ever get back to doing what I love, I’m going to hold on to that and never let it go again.”

Although Leah said she considers herself lucky to have survived her addiction, she has seen firsthand what it can do to the families of those who choose not to seek help.

“I’ve lost so many friends; I was at a funeral just last month,” she said. “Two months ago, I was at a funeral for another friend who was sold a bad batch of heroin; it was poison, and it killed her. She had two little girls.”

Tom, a 34-year-old graduate of Reynolds High School, is also no stranger to what addiction can steal from a person — both personally and professionally.

“It took my life from me, and it completely destroyed it,” Tom said of his former heroin addiction. “I lost jobs, I stopped talking to my friends, I stole from my family — I isolat-

ed myself, and I used because I wanted to numb the pain.”

Tom began drinking socially and smoking marijuana with friends at age 16, and by 21, he said a pill addiction had become too expensive, so he turned to heroin.

“It was all downhill from there,” he said.

After spending most of his 20s in jail, Tom said it became increasingly difficult for him to find work.

“It completely screwed me,” he said of a 2008 felony charge of criminal trespass. “I can’t get a job anywhere — I can’t even work at McDonald’s. No one wants someone with a felony on their record.”

Tom has been in recovery for about two years, and although he recently started a new job in the Hermitage area, he said his past “still eats at me today.”

“People don’t understand how fast it grabs you, how quickly it gets ahold of you,” Tom said. “You start out thinking it’ll just be once a week, or twice a week, but then, it’s every other day. I thought I could just use here and there, but it turned into me not being able to get out of bed unless I had the phone next to me to find my next fix. I hated it.”

Because Leah was so young when her battle began, she said addiction not only took her childhood, but also the future she dreamed of having.

“I had ambition, and I knew that I had a future — I wanted to be a doctor, and I blew it all away,” she said. “I know I still have a future, but I’ll never be able to live up to my potential.”

If she could go back, Leah said she would tell her 16-year-old self that being well-liked isn’t worth risking the life she could have had.

“You have to make your own choices; you can’t let people influence you,” she said. “Your life is so much more important than drugs, and once they get ahold of you, they never let you go. You need to decide that you are worth more than the drugs — you are worth so much more.”

Jane, Leah and Tom are all currently in recovery, and have been patients at Rainbow Recovery Center in Mercer for about two years.

For more information about methodone treatments offered at Rainbow Recovery Center, visit <http://bit.ly/1TpLdKe>

After Iraq service, James' next battle was against a surprising enemy

May 25, 2016

Addiction isn't always a result of peer pressure or the byproduct of a string of poor decisions.

Sometimes, an individual may not realize he or she is suffering from addiction until that person is going through the beginning stages of withdrawal.

That was the case for James, a 33-year-old Greenville resident who battled addiction for more than a decade.

"I had never touched drugs," he said. "I was a Marine."

James enlisted at 17, beginning his first day of training on Sept. 11, 2001.

In the four years James spent fighting overseas, he suffered upwards of 80 injuries and dislocations to his left shoulder.

The initial shoulder injury, he said, occurred during a football match between him and his fellow soldiers.

"It was an accident," he said. "After that, it was just dislocation, after dislocation, after dislocation."

Upon returning from Iraq, James underwent two shoulder surgeries in a five-year span, being prescribed heavy doses of Percocet to manage his pain between procedures.

It wasn't until after the second surgery — when his prescription ran out — that James began to feel the effects of breaking the routine his body had become accustomed to.

"That was no fun at all," he said. "I remember being in the shower, in the fetal position, and I thought I was going to die. My roommate had to drive me to the hospi-

tal, I didn't know what was going on."

The doctors explained to James that he was experiencing the beginning stages of withdrawal, treated him overnight and released him.

After returning to Slippery Rock University, where he was enrolled as a student, James said he knew he "never wanted to feel that way again."

"I knew I had to find out where to get more [Percocet], so I went out and I found them," he said. "You gotta do what you gotta do."

Thus began what James referred to as the "big, huge carousel" that was his life as an addict, a ride he said he was unable to get off for nearly 12 years.

"I never had to steal — I always had good jobs — so in that sense, I was pretty fortunate," he said. "But I was making six figures, and I'd be in the hole before my next paycheck. It doesn't matter how much money you make, you aren't going to have any."

During his time as an addict, James was in and out of rehab three times, he was lying to his family, hiding his addiction from his wife and child and, eventually, could no longer afford the pills he was addicted to.

"I don't care who you are or what you say: If you're addicted to pills, that addiction is always going to evolve into a heroin addiction," he said.

The roughly three years that James spent using heroin, he said, were the worst of his life.

After awhile, he said his daily routine had become centered around where his next fix

would come from.

"I'd wake up at 6 a.m., call everyone I knew who could help me score dope, go out and buy it, and go back home to use — all so I could go to work by nine," he said. "After work, I'd have to do it all again so I wouldn't get sick in front of my family. Then, by the time I'm ready to go to sleep, I'm about due for another fix — and in the morning, I'd start over.

"This was every day," he said. "That's how I lived every day of my life."

About a year ago, James said he finally found a treatment that stuck — Vivitrol.

"It truly is amazing, and no one ever talks about it," James said of the treatment. "It cut my urges, it cut my cravings — everything. Getting clean was the hardest thing I've ever done — and I've seen and gone through a lot — but this treatment works, and more people need to know about it."

Vivitrol is a once-a-month injection using the active ingredient naltrexone to work as a "blocker," that attaches to certain opioid receptors in the brain and "blocks the pleasurable feelings associated with taking opioids," according to the official Vivitrol site.

Vivitrol can be used to treat alcohol dependency, the site says, as well as to help prevent relapse to opiate addiction "after opioid detox."

"I want to help as many people as I can," James said. "If telling my story and getting the word out about Vivitrol can help someone in their recovery — even just one person — then that's what I want to do."

PART FOUR OF FOUR IN A SERIES

WHY WE'RE HERE – THE PROBLEM IS REAL

R-A panelists show community members what Mercer County's drug problem is really like

May 26, 2016

STORY and PHOTOS
by **MOLLY VANWOERT**

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Panelists at Wednesday's Record-Argus Town Hall on Drugs offered several

different opinions and perspectives when it comes to addiction, but one belief was shared across the board: Mercer County has a drug problem.

"That's why we're here tonight," said moderator Caleb Stright, R-A editor, as all 12 panelists raised their hands to represent their acknowledgment of the county's growing drug problem.

"Some people don't believe in things until they are placed in the same room as it," Stright said. "These 12 people face this thing on a daily basis, and we are all here with the goal of giving the community an idea of what the drug problem is really like."

Mercer County Sheriff Gary Hartman referenced the "War on Drugs" campaign that was introduced in the 1980s, saying "if we're talking in terms of war, this is guerrilla warfare.

"It's in our schools, it's in our neighborhoods, it's in our front yards," he said. "When I first heard the term 'War on Drugs,' it seemed so far off — that's something they deal with in California, Arizona, Texas, not here — but it's real, and it's crossed the borders, and it's here."

While each panelist noted that addiction knows no boundaries in terms of financial status or location, they differed in opinion when it came to which age group is most affected.

"Like anything, there are ups and downs when it comes to addiction," said Sergeant Paul Molton of the Greenville-West Salem Township Police. "We're mostly seeing

individuals between the ages of 20 and 30 struggling with heroin addiction — and with that comes crack, cocaine and meth — but fortunately, we haven't seen it in the high school, or any of our schools in the district."

However, Laura Leskovac, mobilizer for Communities that Care and member of the Greenville School Board, disagreed, saying that while heroin addiction may not be prevalent among high school-aged children, narcotics use is.

"If you think high school students aren't taking drugs, you're wrong — because they're telling us that they are," she said, citing surveys given to high school seniors throughout the county.

"Fifteen percent of seniors in Mercer County reported regular use of narcotics like Percocet, codeine and OxyContin without a prescription," she said. "We aren't seeing the overdoses, but it all starts with the narcotics that they are getting very easily. But once the money runs out, that narcotics addiction turns into a heroin addiction."

While no one disagreed that narcotics abuse is an extremely common starting point in what could eventually become a heroin addiction, Jeff Hanley, prevention specialist at the Mercer County Behavioral Health Commission, urged panelists and the more than 100 community members in attendance to not overlook the positive in that statistic.

"If 15 percent of high school kids are abusing prescription medication, that also means that 85 percent of them are not," he said. "We need to focus on the norm, and in this case, the norm is that most kids are leading healthy and drug-free lives. That doesn't mean that it's not a serious problem — it certainly is — but they may think all of their friends are doing it when, in reality, most of their peers are not."

While a majority of juvenile drug use is

isolated to alcohol and marijuana Mark Benedetto, chief juvenile probation officer, said it is not unheard of to see children under the age of 18 who are struggling with opiate addictions.

"You see young kids using heroin and, 15 years ago, you never would have seen it," he said. "This is such a comprehensive problem, and the only way to deal with it is to get everyone together, like we're doing tonight, to address it from all angles."

The most important thing that parents can do if they feel their child is experimenting with or using drugs, Molton said, is get involved.

"Look in their room, ask them who they're with and what they're doing — it's your job as parents to know what your kids are doing," he said. "They aren't going to like it, but you need to protect them so we aren't sitting here 15 years from now talking about how this is still an epidemic."

While Molton said he understands parents' hesitance to get law enforcement involved when it comes to children using drugs, he added that, sometimes, it could be the first step in the right direction.

"Don't be afraid to call us, especially with kids; we're not here to punish them," he said. "We just want to make sure that they don't become life-long users ... That's why we're here, to protect our kids."

Wednesday's panel also included Sen. Michele Brooks; Rodney Carson, outpatient therapist with the Community Counseling Center; Myka Davis, business development representative with Turning Point Chemical Dependency Center; District Attorney Miles Karson; Coroner John Libonati; Officer Dan McCloskey, Hempfield Township Police Department; and Dan Reed, clinical director of Turning Point Chemical Dependency Center.

WALK ALONGSIDE US

May 27, 2016

STORY and PHOTOS
by **MOLLY VANWOERT**

mvanwoer t@recordargusnews.com

Addiction is everyone's problem — it's a message that was not only the theme of Wednesday's Record-Argus Town Hall on Drugs, but was referenced by each of the event's 12 panelists as they discussed the roles they play in combating the county's growing drug problem.

"There are 116,000 people in Mercer County. Look around you — every single seat should be filled, because it's all of our problem," Coroner John Libonati said to a crowd of more than 100 community members who attended Wednesday's discussion. "We're all up here because we care, but I don't know if we can eradicate this issue without every single person's help.

"Walk alongside us, let's become a Roman army — if one of us falls, there are two to pick them up," he said. "I deal with death for a living, but I hate death, and I am proud to stand with the people on this stage."

While more populated sections of Mercer County have been battling drug abuse for years, Sheriff Gary Hartman said smaller communities within the county are also beginning to feel the effects of the growing addiction rate.

"It comes as a shock to people in Grove City and Jamestown who are left thinking, 'Where is this coming from — oh my gosh, this shouldn't be here,'" Hartman said. "It's not just Greenville and Sharon anymore."

Additionally, as the drug problem in Mercer County continues to grow and expand, Hartman said he's seen the county's police forces continue to shrink.

"I'm going to be 110 percent honest with all of you — we are completely reactive at this point," he said of law enforcement agencies throughout the county.

Mercer County has 140 officers, including Pennsylvania State Police and Probation & Parole, Hartman said.

"That's about one officer per 853 people, give or take," he said. "I'm not trying to

pick on Greenville or any politicians, but our police departments are shells of what they used to be."

The decline in available manpower is something that District Attorney Miles Karson said he hopes to counteract by taking over the Drug Task Force, which is currently operated by the Office of the Pennsylvania Attorney General.

"I want to make it our task force ... It would give us more control, and we could place a greater focus on the county," Karson said. "We could have our ears closer to the ground and, hopefully, we could be more effective from an enforcement standpoint."

In addition to taking on the task force, Karson said he's working to establish relationships with individuals at the federal level in the hopes that he can utilize their resources to help combat Mercer County's drug problem.

"The FBI, Homeland Security, they're all interested in drug addiction," he said. "Some of this intelligence can be used beyond us locally, so I'll pick and choose which cases to turn over to the feds for prosecution.

"They can utilize the information much better than we can, and they have a much bigger hammer than I do," Karson added, referencing harsher sentence guidelines at the federal level.

At the state level, Sen. Michele Brooks (R-50) called the drug problem in Pennsylvania "an epidemic."

Although she said problems faced in Philadelphia and other eastern parts of the state differ from those faced by more rural areas, Brooks added that the problems that small communities face are just as real and should be taken just as seriously as those being faced in the city.

In addition to the four prescription pill depositories that have been installed throughout Mercer County, Brooks said she plans to hold an event in the fall featuring Gary Tennis, secretary of the state Department of Drug & Alcohol Programs, to share with county residents what the state is doing to combat addiction.

When it comes to seeking treatment, Jeff Hanley, prevention specialist for the Mercer County Behavioral Health Commission, said it's important for those hoping to enter recovery not to try to wait for a vacancy at a local treatment facility.

"No matter where you call, beds will always be full, and there will always be a waitlist," Hanley said. "If you call, and there is a bed open across the state, take that bed. Don't wait for the local bed; take the bed."

Hanley stressed that the minutes and hours after an individual suffering from addiction decides to seek help are "critical," and the faster they are signed into a treatment program, the better.

Dan Reed, clinical director of Turning Point Chemical Dependency Center, added that in the event an individual is unable to secure a bed at a treatment facility, there are several self-help options available, such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous.

Despite plans he and other panel members have in place to begin to improve the county's drug problem, Karson warned community members about taking a passive approach to the growing addiction rate.

"It's not going to get better; it actually has the potential to get a lot worse," he said. "[Drug dealers] are armed and dangerous, and they will do harm. If we sit back and do nothing, it will get worse."

Moderator Caleb Stright, R-A editor, also acknowledged that while several proactive approaches were presented at Wednesday's town hall, the conversation is far from over.

"This doesn't end tonight," he said. "I'm under no delusions that we've solved this or even put a dent in it tonight. I want to do everything I can to make this area as safe as possible, and I can't make arrests, and I don't know how to treat people, but what I do know is how to get the word out."

To leave anonymous tips about drug activity in the county, individuals can call 724-383-1713.

BE A SNOOP BE A PEST

Panelists encourage parental detective work to fight addiction

June 9, 2016

By CALEB STRIGHT

cstright@recordargusnews.com

SOUTH SHENANGO TOWNSHIP — Over the last 10 years, Ben Zimmer's perception of who drug addicts are and what they look like has changed drastically.

"I was of the mindset than an opiate user has to be evil," he told the crowd at the Jamestown Drug & Alcohol Prevention Partners forum Wednesday at the Jamestown Masonic Hall. "That wasn't the case."

After his son injured his neck wrestling in the 11th grade, complications and an infection sent him to the hospital and introduced him to Vicodin, which ultimately put him on the path to addiction.

It was the same son Zimmer recalls eagerly coming home to start homework. The same son that "bubbled with love for his family and friends.

"He knew it was wrong. He knew it was wrong when he was doing it," Zimmer said. "But he had no idea the impact he was having."

Zimmer shared the story of his family's battle with addiction, as the panel not only painted a picture of what addiction looks like, but also what family and the community can do to combat it.

Jamestown Police Chief Ben Walker, for

example, urged family members to call police if they have concerns.

"You guys are the ones that would see the issue before we would, and we're here to help," he said. "If we can't help you, we'll do our best to direct you to the people that can help you."

What should they look for?

"Typical teenage behavior," Sheriff Gary Hartman said.

While mood swings and rapid changes in what activities a student is involved in and who they're hanging out with are usually just symptoms of adolescence, he said they're also some of the best indicators of drug use.

Most parents think they can just look for track marks.

"Users and abusers can hide that really well," said Hartman, who urged parents to have access to social media accounts and cell phones.

"Be a snoop," he said. "Be a pest."

"They'll get mad at you," Walker said, "but they'll get over it."

"This is one of the scenarios that you need to know what your kids are doing," Hartman added.

When it comes time for treatment, families can face hurdles such as financing the help.

"Don't let the finances be another hurdle," said Kim Anglin, drug and alcohol administrator at Mercer County's Behavioral Health Commission (BHC).

She explained that the BHC is publicly funded and designed to help get treatment for those who wouldn't normally be able to afford it.

The BHC sits down with those facing addiction and assesses their finances. The goal is to make sure that most clients are paying something, she said, but "Your tax dollars are there to help them access treatment."

Zimmer said that Christian counselors worked best for his son and added that there are several such counselors in the area.

Addicts also need to attend weekly meetings, he said, adding that Bethel Life Worship Center offers a program called Celebrate Recovery that offers that kind of help.

While families and law enforcement are struggling with the battle, Matt Shellenbarger, the director of pharmacy operations for Walberg Family Pharmacies, highlighted some help that's coming.

Starting later this month, Pennsylvania Drug Monitoring Program will provide a database for all prescription narcotics sold in the state to help monitor who is buying them and how much.

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Drug doesn't discriminate



Schuylkill County District Attorney Christine Holman talks about heroin Thursday in her office at the Schuylkill County Courthouse.

Heroin use on rise in county

BY AMY MARCHIANO
STAFF WRITER
amarchiano@republicanherald.com
EDITOR'S NOTE: This is the first of two-part report about heroin use in Schuylkill County. The second part will appear in the Oct. 18, 2015, edition of The Republican-Herald.

There is a problem, a life-destroying problem that is growing worse. Unfortunately, Schuylkill County seems to be thriving with heroin users and, I'm assuming, heroin dealers," Schuylkill County District Attorney Christine Holman said in an Oct. 1 interview. "It's almost a given that it has to increase because people typically start off being addicted to, like a prescription pain pill."

However, when a prescription runs out, a user often turns to the streets to find drugs that provide a stronger



A bag of heroin and drug paraphernalia were confiscated in a recent drug bust in Schuylkill County.

high and are easier to get, Kurt Montz of the Schuylkill County Drug Task Force said.

"You can probably get a bag of heroin from \$5 to \$15," he said, depending on location.

The drug usually comes in small glassine bags about the size of a pin-



Heroin packaged for street sale was confiscated in a drug bust in the county.

ky finger, enough for roughly one use.

Newspaper police logs, district and county court records, arraignments lists and guilty pleas, not to mention the county's overcrowded jail, are replete with drug offenses, many involving the addictive opiate.

Please see **HEROIN**, Page A8

Salvation Army captain shares his story of addiction, recovery

BY AMY MARCHIANO
STAFF WRITER
amarchiano@republicanherald.com
Kevin Polito knows about the dangers of heroin because he was an addict. The 42-year-old captain in the Salvation Army of Pottsville said he experimented with drugs including LSD, cocaine, Percocet, Vicodin, marijuana and heroin.

He has been clean since March 2005. Polito said he agreed to share his experiences so he could help others struggling with drugs and keep them from making the same mistakes he did.

"I want to provide hope," he said. "Recovery is possible."

Everyone makes mistakes, Polito said, "sometimes it's just a matter of degrees."

"You won't be able to control it. This is something that can't be controlled. It's like opening Pandora's box."

Capt. Kevin Polito The Salvation Army of Pottsville, about heroin addiction

Changes in college

Growing up, Polito said he was against drugs. He earned good grades in school, played sports and was involved with the arts.

"I had a lot of friends," Polito said.



Capt. Kevin Polito of The Salvation Army of Pottsville talks about his battle with heroin addiction that started in his college years and continued until he was 32.

He graduated from St. Rose High School in Stowe Township, Allegheny County, in 1980.

Something changed when Polito went to college at age

17; drugs came into his life and stayed until he was 32. He originally was an international studies major in college.

Please see **STORY**, Page A9



In this image made from video, participants in a peace rally react as an explosion occurs behind them Saturday in Ankara, Turkey.

Peace rally in Turkey hit by bombings

95 killed, hundreds wounded

BY SUZAN FRASER
ASSOCIATED PRESS
ANKARA, Turkey — Nearly simultaneous explosions targeted a Turkish peace rally Saturday in Ankara, killing at least 95 people and wounding hundreds in Turkey's deadliest attack in years — one that threatens to inflame the nation's ethnic tensions.

There was no immediate claim of responsibility but Prime Minister Ahmet Davutoglu said there were "strong signs" that the two explosions — which struck 60 yards apart just after 10 a.m. — were suicide bombings. He suggested that Kurdish rebels or Islamic State group militants were to blame.

The two explosions occurred seconds apart outside the capital's main train station as hundreds of opposition supporters and Kurdish activists gathered for the peace rally organized by Turkey's public workers' union and other groups. The protesters planned to call for increased democracy in Turkey and an end to the renewed violence between Kurdish rebels and Turkish security forces.

The attacks Saturday came at a tense time for Turkey, a NATO member that borders war-torn Syria, hosts more refugees than any other nation in the world and has seen renewed fighting with Kurdish rebels that has left hundreds dead in the last few months.

Many people at the rally had been anticipating that the rebels of the Kurdistan Workers' Party, or PKK, would declare a temporary cease-fire — which it did hours after the bombing — to ensure that Turkey's Nov. 1 election would be held in a safe environment.

Television footage from Turkey's Dogan news agency showed a line of protesters Saturday near Ankara's train station, chanting and performing a traditional dance with their hands locked when a large explosion went off behind them. An Associated Press photographer saw several bodies covered with bloodied flags and banners that demonstrators had brought for the rally.

"There was a massacre in the middle of Ankara," Lami Ozgen, head of the Confederation of Public Sector Trade Unions, or KESK, said.

The state-run Anadolu Agency said the attacks were carried out with TNT explosives fortified with metal ball-bearings.

Turkey's government late Saturday raised the death toll in the twin bomb blasts to 95

Please see **BOMBINGS**, Page A9

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Drug doesn't discriminate

Heroin use on rise in county

October 11, 2015

AMY MARCHIANO
STAFF WRITER

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"Unfortunately, Schuylkill County seems to be thriving with heroin users and, I'm assuming, heroin dealers," Schuylkill County District Attorney Christine Holman said in an Oct. 1 interview. "It's almost a given that it has to increase because people typically start off being addicted to, like a prescription pain pill."

However, when a prescription runs out, a user often turns to the streets to find drug that provide a stronger high and are easier to get, Kurt Montz of the Schuylkill County Drug Task Force said.

"You can probably get a bag of heroin from \$5 to \$15," he said, depending on location.

The drug usually comes in small glassine bags about the size of a pinky finger, enough for roughly one use.

Newspaper police logs, district and county court records, arraignments lists and guilty pleas, not to mention the county's overcrowded jail, are replete with drug offenses, many involving the addictive opiate.

Joe Szeliga, chief of Schuylkill County Adult Probation and Parole Department since 2014, said the department has a case load of 2,200 and "probably 1,000" have serious drug problems. He said that estimation might even be as low as 70 percent of the cases that are for some type of drug- or alcohol-related offense.

Of the approximately 1,000 that have serious drug offenses, he said 500 to 600 are heroin.

When Szeliga started in adult probation in 1990, his case load was 65 people with "serious drug and alcohol problem cases."

At that time the case load in the department was about 1,000 people.

"I saw heroin for the first time in '92 when it showed up in our case load," Szeliga said.

That was the case was of a young woman who is still on his radar.

"She's been on and off of it (heroin) for 23 years," he said.

Since 1992, Szeliga estimates "at least 100 people have died from heroin use who have come through the probation department."

Schuylkill County Coroner Dr. David J. Moylan III said Friday he did not have a number of heroin deaths in the county. He said since 2012, there have been 43 cases of drug death overdoses. He could not say how many of those were heroin.

"We're in an investigation with the drug enforcement agency," he said, meaning the DEA.

Moylan said the agency is looking at data for some legal cases, declining to say more.

When asked how some other counties report heroin deaths and he did not provide a number, Moylan said, "A lot of it depends on the history of the circumstances of the death."

For instance, heroin might be near the person or in the vicinity or the person could have a history of heroin use.

"The body rapidly degrades the drug," he said, adding within 20 minutes it metabolizes from heroin into something else.

All classes vulnerable

Heroin use does not discriminate.

"Everybody that is getting hooked is on every scale of the social system. It's not unique to one particular financial class," Montz said.

Few people sell the drug without using, Montz said.

"It's your neighbor. It's your nephew. It's affecting a lot of good families," Szeliga said.

"This drug takes over your soul," Montz said. "I think it (heroin) is the most addictive one in the county."

Leon Czikowsky, legislative liaison with the state Department of Drug and Alcohol, said Wednesday that heroin is a real concern: "This is the largest heroin crisis in history. It's much more available. It's no longer an urban thing. The market has expanded."

Community hurting

While the price of a heroin hit may not be steep, the cost to a user, his family and the community can be immense.

"It's spread out everywhere," Montz said.

In southern Schuylkill County, users from Orwigsburg and Schuylkill Haven can go to Reading, Montz said, adding that people from Pottsville can also go to Reading for the drug. Users in Shenandoah and Ashland usually get the drug from Hazleton, and in Tamaqua, they go to the Lehigh Valley or Reading, he said.

Holman talked about a conversation she had with Szeliga about a woman from New York City whom he was supervising on probation.

"What brings somebody like you (from the Bronx) to Schuylkill County and then why select Minersville? She said, well, I'm going to tell you the truth. My boyfriend is a dealer and word is out that Schuylkill County has a lot of users and it is a good market," Holman said Szeliga was told.

Szeliga does not know the exact reason why heroin is so pervasive.

"Cheap is one thing," he said about the cost of the drug.

Szeliga also said he thinks the culture has changed from years past.

"I think it's been a cultural shift. I think it's complicated to say why," he said.

Officials try to help those who enter the system while holding them responsible for their actions, applying alternative sentencing and placing users where they can learn life skills.

"These people don't know how to live day to day," Szeliga said, because the heroin can take over their lives.

"How do we get them to want to stop?" he asked.

The need for the drug fuels other destructive behavior and both Holman and Montz believe the increase in stealing is related to drug use.

"We have seen a tremendous spike in retail thefts, car thefts," Holman said.

In retail theft, "eventually the cost of the theft is passed onto the consumer, the law-abiding citizen" in the form of potentially higher prices, Holman said.

Police chiefs respond

Local police see heroin and its effects regularly.

"At least 65 percent of our felony delivery arrests in 2015 dealt with heroin or other

Drug continued on next page

Drug continued

opiates," Pottsville Police Chief Richard F. Wojciechowski said Friday.

The availability of the drug, the price and the fact it is usually less expensive to buy than legal opiates can contribute to use, he said.

When talking with people, Wojciechowski said, heroin use usually starts with taking prescription medication and can escalate into heroin use.

Minersville police Chief Michael Combs is aware of the heroin flood, although it shares space with its partner in destruction, methamphetamine.

"We definitely see it. It's certainly throughout Schuylkill County," Combs said Sept. 30.

Those who want heroin know where to find it, Combs said.

"We pursue drug cases in Minersville. We make it a point to try and keep it (drugs) to a minimum in the borough," he said.

There were 10 or 12 drug arrests in 2014, he said. Combs didn't recall how many were heroin.

In 2015, there have been heroin busts in the borough, but he could not specify how many.

Although there is heroin in the borough, "Our arrests have lately focused more on meth," because that is more of a problem, he said.

Pine Grove Police Chief Thomas Trotter said heroin is a problem, but there have been no arrests in the borough this year.

"The major problem we have is methamphetamine," Trotter said Tuesday.

He said there was a heroin overdose last year, but the user recovered. The Pine Grove Ambulance treated the person, he said, and he didn't know if Narcan, the brand name of the fast-acting overdose antidote naloxone, was given.

Orwigsburg police Chief Stanley Brozana said there have been heroin complaints in

the borough, although he did not go into detail. His department does what it can with its manpower, he said.

State police also patrol the borough as needed. Brozana said the department partners with the county drug task force in some cases.

Schuylkill Haven police Chief Jeffrey Walcott said Wednesday that heroin addiction is "the most prevalent addiction that we come across." He said he believes it is the most addictive countywide and borough-wide.

While not knowing the exact reason why it is so widespread, Walcott said, "They get their bang for the buck. It's a cheap high and it's an intense high for them."

Walcott said in September, there were 25 misdemeanor/felony arrests. Of those, 16 were drug related. He is sure they were not all heroin-related. Those arrested included "a few borough residents," he said.

Montz said for the most recent quarter, July, August and September 2015, the task force had 17 arrests.

"Eleven of those, it was either specifically heroin or it was a paraphernalia to heroin," he said.

"I don't like heroin cases. And the reason I don't like heroin cases because it's not only a danger to the individual who is using it but law enforcement. You get into other dangers of needle sticks and everything else," Montz said.

Front lines

Paramedics and EMTs have specific weapons for fighting heroin.

Pat Moran, education coordinator with Schuylkill EMS, said Wednesday that staff members carry Narcan or naloxone. Naloxone blocks the effects of heroin and opiates on the brain and can restore an overdose victim's ability to breathe.

"Our nightshift probably used that in the last five days," Moran said of the drug. "I started in EMS in 1985 and we had it then."

The drug can work wonders, but care should also be taken when administering it. There is always some type of reaction by the patient.

"The medication itself has properties that create withdrawal," he said.

Those affected can become combative and even nauseous.

"It sometimes depends on how long they've been using and how much is in their system," he said.

When paramedics and EMTs go out on a call, the first thing is to check to see if the scene is safe, meaning there is no safety hazard for anyone. They also check to see if the patient is breathing and if he has circulation. If it is decided to administer the drug, it can be given through an IV or by nasal injection.

"By using Narcan, it chemically alters the narcotic. It changes the narcotic into a rather innocuous fluid in the body," Moran said.

He has given the drug before and has probably done so within the last six months. When giving the drug, a maximum of 2 milligrams is given before calling a physician. The patient is usually taken to the hospital.

Administering the drug is just part of his job, he said.

"I've had families thank me," he said. "It is sad that someone feels the need to escape so badly."

Solutions

The effect heroin has on a body can be hard to defeat.

Taking heroin is risking your life, Szeliga said.

"Lord knows what's in that," Szeliga said of the drug that can be mixed with something else by dealers.

Experts say to put the users in treatment, but it has to be effective, Szeliga said.

"A lot of them don't want to stop or don't realize they have a problem," he said.

Salvation Army captain shares

October 11, 2015

AMY MARCHIANO
STAFF WRITER

Kevin Polito knows about the dangers of heroin because he was an addict.

The 42-year-old captain in The Salvation Army of Pottsville said he experimented with drugs including LSD, cocaine, Percocet, Vicodin, marijuana and heroin.

He has been clean since March 2005.

Polito said he agreed to share his experiences so he could help others struggling with drugs and keep them from making the same mistakes he did.

"I want to provide hope," he said. "Recovery is possible."

Everyone makes mistakes, Polito said, "sometimes it's just a matter of degrees."

Changes in college

Growing up, Polito said he was against drugs. He earned good grades in school, played sports and was involved with the arts.

"I had a lot of friends," Polito said.

He graduated from Sto-Rox High School in Stowe Township, Allegheny County, in 1990.

Something changed when Polito went to college at age 17: drugs came into his life and stayed until he was 32.

He originally was an international studies major in college.

"I wanted to be like a diplomat," Polito said.

He pledged a fraternity and met people who introduced him to harder drugs, which were accessible on campus, he said.

"They would be like, 'Hey, want to do a line of coke?' " he said of the cocaine usage he started at 19.

The soft-spoken man who has pledged his life to God said at that age, he felt invincible.

Polito did drugs while having a full-time job; he got a part-time job to help pay for his drug habit.

His grades dropped.

Heroin introduced

By the time he graduated in May 1996, he had switched majors to social sciences.

Using cocaine and prescription pills like Percocet and Vicodin continued.

At age 27, he did heroin for the first time when a co-worker asked Polito if he wanted to try it.

"I would never stick a needle in my arm. I'm not that stupid," he said.

The co-worker said Polito could snort it. He was intrigued.

"I still remember the first time I did it," he said, and the experience felt like "somebody wrapped a warm blanket around my soul."

He said he threw up before the best sleep he ever had.

"I felt at ease. Peaceful," he said. "A couple days later, I did it again. The thing about heroin is it makes you violently sick," after about 30 to 45 minutes.

That side effect can go away after you build up a tolerance, he said. Without it, functioning is difficult. After 24 hours, the withdrawal is almost intolerable.

"It's like you have a super-flu," Polito said, adding that flu-like symptoms can last for three to seven days.

Users then chase that first-hit experience.

"You are always trying to find that first high. You never find it," he said.

Polito said he eventually had a \$100-a-day heroin habit.

"I would use, at my peak, 10 bags a day," he said.

He resorted to stealing as a way to pay for his addiction.

Breaking away

Getting better was something Polito tried by going to rehab — 14 times.

But even when he was in rehab, he often did heroin by having other people hide it on site for him.

"I wasn't even being close to ready to quit," he said.

Polito enrolled in graduate school at Duquesne University, Pittsburgh, for his master's degree from 2001 to 2004, but didn't graduate. He still had a drug habit.

He was homeless in 2005 after his father kicked him out of his Allegheny County home because of drugs. Polito lived in his car and at treatment facilities.

While at Gaiser Addiction Center in Butler in March 2005, he finally accepted the fact he had a drug problem.

"I was there for nine days, and it was probably the worst nine days of my life," he said.

Polito got thrown out because he did not follow rules and didn't comply with recommendations, but the staff there got through to him like no one else did.

"They broke through my well-constructed denial. I felt like I was naked. I felt exposed," he said.

His brother picked him up from the center and took him to Pittsburgh, where he thought he could use social services.

Everything he owned fit in a laundry basket.

Finding answers

While at a McDonald's restaurant in Pittsburgh after being dropped off in the city, he called 911 and said he was going to kill himself.

The Pittsburgh police officer who responded told him that the Bible was where he would find his answers.

He was admitted to West Psychiatric Hospital, Pittsburgh, for treatment for about two weeks until his insurance ran out.

He found himself with a bus ticket to the Salvation Army's six-month program south of the city.

He planned on staying two weeks, but then he felt a higher calling, he said.

"If I would have left after two weeks, I would not be here today," Polito said.

He spoke with a major in the Salvation Army. He said he had a strong feeling that God was calling him to be a member of the Salvation Army.

He thought the idea was crazy at first because of mistakes he had made in his life, but he followed the calling and eventually landed in Pottsville.

Polito's advice to others about heroin: "You won't be able to control it. This is something that can't be controlled. It's like opening Pandora's box."

If people are looking to fill a void in their lives or just want to experience the drug, it's not worth it, he said.

"You get to that certain point where that freedom of choice leaves you," he said.

For some addicted to heroin, authorities have enacted the use of naloxone, a fast-acting overdose antidote that blocks the heroin's effects and opiates on the brain. It can also restore an overdose victim's ability to breathe.

Polito thinks that naloxone, which has been in the headlines recently, is a good thing.

"The police should carry naloxone here. They are very important piece to the puzzle. They are one the front lines," he said.

The drug, which goes by the brand name Narcan, can save lives, he said.

"Isn't that a fundamental tenant of our society? Everybody deserves a second chance," Polito said.

Treatment available, but help needed

October 18, 2015

AMY MARCHIANO
STAFF WRITER

The battle against heroin addiction in Schuylkill County needs more ammunition.

Though treatment for heroin addiction is available, more could be done, professionals said.

"We've seen an increase in the number of people seeking treatment," Melissa Chewey, Schuylkill County Drug and Alcohol program administrator, said. "We need more resources."

It is difficult to find beds for detox, she said. She said the bed shortage is likely caused by the heroin epidemic throughout the state, not just here.

"We want to let people know what is available" locally, Chewey said.

In Schuylkill County, users can get help at Clinical Outcomes Group Inc., Pottsville; Gaudenzia, Pottsville; Schuylkill Health Counseling Center, Saint Clair; Ashland Addiction, Ashland; and Visualize Change, Girardville. Those outpatient locations provide screening and assessment for addicts.

Clinical Outcomes also provides medication.

"We find sometimes people will go and they will stay for detox only, but we always encourage somebody to stay for rehab," Chewey said.

Overdoses

Chewey did not know how many recent heroin-related deaths there have been in the county, but said overdoses are a growing problem.

"I can tell you it is my understanding there were almost 400 (general overdose admissions) between the two hospitals last year," she said, mainly at Schuylkill Medical Center-South Jackson Street. She said that information came from a source in the hospital.

"Every system in every county is different. We did meet with the hospital several times on how we can offer them assistance because somebody who overdoses, once they are medically stable, they really need to go to treatment," she said.

M. Michael Peckman, director of marketing and public relations for Schuylkill Health, could not confirm the numbers of overdoses.

"It's not a statistic we report to the state," Peckman said, but he confirmed that the-

hospitals get overdose cases.

Leon Czikowsky, legislative liaison with the state Department of Drug and Alcohol, said Friday that state Department of Health data show that in 2012, the most recent available, 32 people died in the county of accidental drug poisoning, which can include heroin deaths.

In 2010, 22 people died of accidental drug poisoning.

Bill Rowan, director of Schuylkill Health Counseling Center, 502 S. Second St., Saint Clair, said they see hundreds of heroin cases each year. About 12,500 clinical visits were done at the center in 2014. Of those, about 450 or 500 patients had an opioid diagnosis.

When someone comes to the counseling center, they discuss their drug use with a counselor and what led them down that path.

"We try identify what the most appropriate type of resources are," Rowan said.

He believes there is sufficient outpatient help in the county for things such as screening and assessment for those afflicted by heroin, but also that there could be more detox options.

"More detox beds in Schuylkill County would be a part of the solution," he said.

A continued, broad effort needs to be made to combat the growing crisis, Rowan said.

"Everyone needs to be a stakeholder" in addressing the problem, he said.

Detox available

Locally, there is one detox center in Schuylkill County: Conewago Pottsville.

The 20-bed center in the city admits men and women. It offers detoxification, support and other services to those dealing with addiction.

Charlie Fritz, director of the non-medical detox facility (one that does not have a doctor on site all the time) since 2013, said Friday all beds are full.

Those admitted have to meet guidelines such as how much they are using and how often. The facility does not have a doctor on staff, but one is there six days a week, usually evenings, he said.

The nursing staff is at the location 24 hours a day. Fourteen beds are designated for men and six for women. Less than half of the beds are occupied by Schuylkill County-residents, as the facility has a contract with

other counties in the state. Getting a bed for a person who needs help can be difficult.

"Statewide, there is not enough facilities that provide detox," Fritz said.

Treatment at the facility lasts five days. Those admitted are encouraged not to leave before treatments — such as meeting with counselors and completing a medical protocol — are accomplished. They are then encouraged to seek extra help. Fritz said most get it.

Those who leave before completing treatment are not permitted re-entry.

Fritz said 70 percent of those they help are 25 to 45 years old and 70 percent are male.

In 2013, they helped more than 1,100 people. Of those, 61 percent were in detox for opiates, mainly heroin, he said.

"In 2014, we actually served nearly 1,300 people," he said, 53 percent because of an opiate addiction that was mostly heroin.

Fritz said the number will likely increase this year.

Open arms

Pastor Vinnie Murray said the heroin problem is too big for society to ignore.

Murray is a recovery coach with Open Arms Ministries, a crisis center and men's transitional house. The crisis center is in Saint Clair and the house is in Pottsville. Thenonprofit ministry helps those afflicted with drug and alcohol issues.

"This has been an ongoing problem in the county," the pastor said Thursday, adding that about 80 percent of those who are addicted and seeking help through them are addicted to heroin.

Those who request services are asked about drug use and are taken to detox if they want to go. Murray said they usually take them to a Gaudenzia facility in Harrisburg.

Still, it is hard to find beds.

"We need more detox facilities," Murray said.

Three men are in the transitional house, which can hold up to five men, Murray said. The men must agree to follow guidelines such as going to church, attending meetings and holding a job.

Pretending the heroin problem does not exist is not going to solve it, he said.

"Everybody is scared to talk about it until it hits their home," he said.

Treatment continued on next page

Treatment continued

Education helps battle

Experts said education is a key factor in combating the heroin crisis.

“Education and alternative sentencing, but that alternative sentencing would be re-habs,” which cost money, Schuylkill County District Attorney Christine Holman said.

“We don’t have housing. I mean, we don’t even have a prerelease center. I mean, we are looking at having to potentially take people out of county and ship them to another county prison so that we can maintain our county prison,” she said.

“Education can be the best remedy that can help someone with addiction or their loved one with addiction,” Patrick Moran, education coordinator with Schuylkill EMS, said.

Help can start by someone caring about the user.

“You know your family member better than anyone. If you begin to see a change in their mood or physical appearance or they become irrational for no reason, try to help them help themselves. Get them to a physician, counseling, even as far as an addiction center,” Moran said.

Overdose antidote raises concerns

October 18, 2015

AMY MARCHIANO
STAFF WRITER

Naloxone can be a life-saving drug against opioid overdose, but most local police departments are not ready to carry and use it quite yet.

While state police are now carrying the drug, local law enforcement officials cite concerns with temperature control, training requirements and possible litigation as reasons they don’t use it.

Capital Blue Cross announced in December that it was providing funding in its 21-county coverage area, including Schuylkill County, for overdose rescue kits that contain naloxone and an atomizer, a device to administer it through a nasal spray. The funding was for police departments, who must be trained on its use.

Naloxone is a fast-acting overdose antidote that blocks effects of heroin and opiates on the brain. It also goes by the brand name Narcan.

Training is provided online by the state Department of Drug and Alcohol Programs. The company is working with the Pennsylvania District Attorney’s Association, which coordinates with district attorneys to combat illegal drugs.

Rich Long, executive director of PDAA, said Oct. 7 he is not aware of kits distributed to Schuylkill County police, but they were in Dauphin, Lancaster and York counties.

Locally, naloxone can be ordered without a prescription at CVS. Mike DeAngelis, CVS public relations director, said the drug is not stocked but can be ordered and typically available the next day for \$40 to \$50.

Act 139, signed by former Gov. Tom Corbett in September 2014, took effect in November and permits police and others to administer the drug without fear of

prosecution and provides immunity when applicable.

As of Friday, 302 drug overdoses have been reversed after local and state police started carrying naloxone, according to the state Department of Drug and Alcohol Programs website, www.portal.state.pa.us.

The Pennsylvania State Coroners Association said in its 2014 report that 2,488 people died from drug overdoses. Heroin was used in 800 deaths. In all, 54 of 67 counties submitted data. Schuylkill County did not.

State police started carrying the drug this year, Adam Reed, public information officer with state police in Harrisburg, said. Naloxone is kept in cars with officers.

The medication is “climate controlled” at all times.

Pottsville Police Chief Richard F. Wojciechowski said Pottsville is fortunate to have an ambulance company which carries the drug and responds when needed.

“Many times they are on scene as quickly as police are responding,” he said.

Still, he said, the naloxone can help save a life.

“We are looking into outfitting our officers with naloxone,” he said, adding not all officers would have it but it would be available while they are in the vehicles. “All of our officers have completed the online training.”

The drug would not be in the car for long periods. He said there are temperature concerns, but because they are a 24-hour department he believes they can control it.

Wojciechowski didn’t know when the department may start administering the drug.

Minersville Police Chief Michael Combs said his department is not using the drug, but an ambulance company in Minersville that carries it responds when called.

He said there are concerns about the drug and he was not aware of police departments in the county using it.

“The temperature fluctuations in your car is a problem,” he said. “We’re in a litigation-happy society. Are we opening up municipalities to litigation because of it? You can put all the laws in place you want, you can get sued.”

Concerns were expressed at Schuylkill County Chiefs of Police Association meetings, Combs said.

Orwigsburg Police Chief Stan Brozana said his department does not use naloxone and the officers are not trained. There is an issue of manpower and officers would have to take time to train and use it. He said police “do the best you can until they (the ambulance company) get there,” if police do not have naloxone.

“In the future I would say there is a good possibility (of officers using it),” he said.

The Schuylkill Haven Police Department also does not use naloxone, Police Chief Jeff Walcott said.

“In talking to my officers, it’s another item we have to stick on our belts we don’t have room for,” Walcott said.

Training is also an issue, he said. Scheduling officers to receive multiple trainings can be difficult: “The further we expand our duties, the more diluted our skills get.”

Pine Grove Police Chief Thomas Trotter said his department doesn’t carry it.

“We have a good response with our ambulance. They are the professionals,” Trotter said, adding temperature control and the extra responsibility are concerns.

District Attorney Christine A. Holman said she knows chiefs have issues.

“Two of their primary concerns was, OK, we’ve got to carry this stuff now in our vehicles. We have to carry it so therefore in order for the Narcan to work properly, it has to be stored at the proper temperature. Signing it in and out. Bringing it in and out of the car. When they take it out of the car

Antidote continued on next page

Antidote continued

where do they put it in their police station. What does the temperature have to be," she said. "OK. So you have a heroin addict who's overdosed. Yes, you want to do everything you can to save their life. You give them the Narcan. They become combative. You're out alone. They come up swinging. You know you've got some problems."

Kurt Montz of the Schuylkill County Drug Task Force questioned what would happen if the drug was needed and forgotten by an officer.

"What is the liability to the police department?" he said. "I think in a year or so, if you see it across the state that it has worked, that there hasn't been any issues, I think you will see more police departments going to it as the court systems get tested and everything."

He added that ambulance services do a

great job.

Patrick Moran, education coordinator with Schuylkill EMS, understands the concerns.

"Because of side effects and potential outcomes of giving this medication, I understand why law enforcement may be hesitant to administer it. Law enforcement supports EMS in many ways. Their help on the scenes of these calls is more geared to their law enforcement training than medical training," Moran said.

Leon Czikowsky, legislative liaison with the state Department of Drug and Alcohol, said after speaking with the manufacturer of Evzio, a brand of naloxone, he was told it "will last six months at 104 degrees."

The drug "could save a life. Often, the police are there first," he said.

A survey by the Center for Rural Pennsylvania were sent to municipal police chiefs or those in charge in May. Of 578 complet-

ed surveys returned, a majority of police departments said they responded to a drug overdose in the last year; police were there first 70 percent of the time; and 55 percent of the departments had overdose calls which reported a death.

Melissa Chewey, Schuylkill County Drug and Alcohol program administrator, said the heroin problem needs to continue to be addressed. Earlier this month, she received a supply of naloxone.

"We have enough, I think, to distribute it throughout the county," she said about the drug bought with Human Service Block Grant funds.

It could save lives, she said. "Nobody wakes up and says 'I want to be an addict.'"

She would like to make naloxone available to first responders. She wants to "have a conversation with law enforcement to see if their interested, and from there, I would like to have some public awareness."

The Sentinel

50 cents

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West-end elementary schools to merge without Lack

Juniata County School Board OKs partial consolidation for the district

By **KATHRYN DIVIRGIUS**
Education/religion editor
kdivirgus@lewistownsentinel.com

MIFFLINTOWN — Four elementary schools will be combined into one, as determined by the Juniata County School Board during its meeting Thursday night.

A few Juniata County residents made one last effort to implore the board against including Lack-Tus-

carora in its plan of elementary school consolidation. After the motion was moved to consolidate with Lack-Tuscarora included, Board Member Mark Wagner questioned whether or not there were other options for consolidation. He was also speculative about the traffic study having not been performed yet.

"The consolidation has to be approved before a traffic study can be done," Board Member Christine

McLaughlin explained. "If the area can't handle the traffic, then another site will have to be examined."

The board was tied on the motion to consolidate Mountain View, Tuscarora Valley, Walker and Lack-Tuscarora elementary schools into a renovated Fer-

managh-Mifflintown Elementary School building, and therefore failed.

to consolidate Mountain View, Tuscarora Valley, and Walker elementary schools into the Fer-

managh-Mifflintown Elementary School building, while keeping Lack-Tuscarora Elementary open separately and renovating it. That motion passed.

In other business, East Juniata High School principal Ben Faussey reported that the mini-THON event led by student council raised \$12,000.

The board approved having JCSD administration move into a combined district office and business office space located at 146 Weatherby Way, Mifflintown, for a cost of \$271,000.

A demolition of a chimney no longer in use at East Juniata High School was approved for \$6,266.40. The work is contracted with JNS Enterprises Construction. The board also approved entering into a professional service

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CENTER FOR RURAL PENNSYLVANIA

Hospital hosts drug hearing

By **KIERVAN M. SCHALK**
Sentinel reporter
kschalk@lewistownsentinel.com

LEWISTOWN — Members of the Center for Rural Pennsylvania have been crisscrossing the state in recent months to hold a series of public hearings on confronting the heroin and opioid epidemic in Pennsylvania.

The scourge of heroin and opioid medication has swept across the entire country in recent years and Pennsylvania has one of the highest death rates from these drugs in the nation. According to the Center for Disease Control, the overdose

death rate in Pennsylvania was 22 people per 100,000 in 2014. Only a handful of other states in the nation had a higher death rate. There were 2,488 heroin and other drug related deaths in 2014 in Pennsylvania.

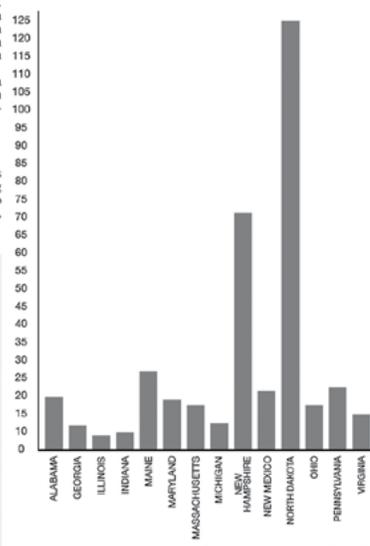
On Thursday, the CRP held a hearing at Geisinger-Lewistown Hospital where several local officials offered testimony.

Law enforcement

Among those officials was Mifflin County Detective Craig Snyder. With more than two decades in law enforcement,

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INCREASES IN DRUG OVERDOSE DEATHS



Sentinel graphic by JULIANNE CAHILL

According to a report by the Centers for Disease Control and Prevention, Pennsylvania ranks fourth among US states with statistically significant increases in the rate of drug overdose deaths from 2013 to 2014. Other states mentioned in the report are Alabama, Georgia, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Mexico, North Dakota, Ohio and Virginia.

MCSD to shift some students

O'Donnell: Move will balance number of students without need for additional teachers

By **JOE CANNON**
Special to The Sentinel

LEWISTOWN — Some elementary school students will be attending different buildings next school year as part of a building balancing proposal that was presented Thursday to the Mifflin County School District Board of Directors.

Three elementary school principals, Kevin O'Donnell, Jean Mitchell and Frank Miller, were on hand at the board's committee-of-the-whole meeting and noted that due to population shifts, some students currently attending East Derry Elementary School will be shifted to Lewistown Elementary School and some from Lewistown will move to Strodes Mills Elementary School in an effort to even out class sizes and eliminate the need for the hiring of additional elementary school teachers.

O'Donnell said the moves are necessary due to East Derry being filled to capacity. To maintain the same number of students would facilitate putting a kindergarten class in the art room. "It's an issue of space," he said. "What we're trying to do is create equity across the district."

The moves would reduce the student population at East Derry from

See **MCSD** / Page A3

Police to be trained on administration of opioid-reversal medication, naloxone

By **LAUREN KERSHNER**
Sentinel reporter
lkershner@lewistownsentinel.com

LEWISTOWN — Opioid use is on the rise in many areas surrounding the Juniata Valley, and to help combat the issue locally, police and emergency medical groups are working together to train to save lives of overdose victims.

In September 2014, Act 139 was signed into law allowing first responders — including police officers and firefighters — to administer naloxone, a life-saving opioid reversal medication that is given to patients who are suffering from an opioid overdose.

Ferne EMS Chief Patrick Shoop said that the ambulance service has been working with Lewistown Borough, Mifflin County Regional and Granville Township police departments to hold a training session for officers.

Shoop said that under Act 139 local ambulance services create agreements with police departments to obtain the medication and train the officers.

"We will provide them with the tool to save lives and one of our captains will train them," he explained.

Ferne EMS Captain Troy Long will be the emergency medical technician training the officers. Long explained

See **Training** / Page A3

Board signs to end domestic violence

Commissioners urge area residents to pledge against abuse, assault

By **JOE CANNON**
Special to The Sentinel

LEWISTOWN — In an effort to encourage all citizens, and especially men, to say "No More" to domestic violence and sexual assault, the Mifflin County Commissioners on Thursday adopted a proclamation designating June 13 through 19 as "Father's Day Pledge Pa. Week" in Mifflin County.

"Domestic violence and sexual assault are at epidemic levels in the commonwealth, claiming the lives of 113 Pennsylvanians last year," Commissioner Lisa Nancollis read from the proclamation.

The proclamation cited the efforts of the Abuse Network, a member of the Pennsylvania Coalition Against Domestic Violence, which is dedicated to ending domestic violence for the next generation.

See **No More** / Page A11

20TH ANNUAL EMBASSY FAIR Brothers make a splash



Brothers, from left, Tyler Hower, 6, Elijah Hower, 6, and Bentley Hower, 3, all of Lewistown, try to win some goldfish during the first night of the 20th annual Embassy Fair Thursday evening at Kish Park in Burnham. The fair runs through April 30. Hours are 6 to 9 p.m. Monday to Thursday; 5 to 10 p.m. Friday; 1 to 11 p.m. Saturday; and 1 to 8 p.m. Sunday.

Sentinel photo by BRADLEY KREITZER

Good morning,
J. Berber
Thank you for subscribing to
The Sentinel!



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Hospital hosts drug hearing

April 22, 2016

By **KIERNAN M. SCHALK**

Sentinel reporter

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LEWISTOWN — Members of the Center for Rural Pennsylvania have been crisscrossing the state in recent months to hold a series of public hearings on confronting the heroin and opioid epidemic in Pennsylvania.

The scourge of heroin and opioid medication has swept across the entire country in recent years and Pennsylvania has one of the highest death rates from these drugs in the nation.

According to the Center for Disease Control, the overdose death rate in Pennsylvania was 22 people per 100,000 in 2014. Only a handful of other states in the nation had a higher death rate. There were 2,488 heroin and other drug related deaths in 2014 in Pennsylvania.

On Thursday, the CRP held a hearing at Geisinger-Lewistown Hospital where several local officials offered testimony.

Law enforcement

Among those officials was Mifflin County Detective Craig Snyder. With more than two decades in law enforcement, Snyder has seen how drugs have permeated the Juniata Valley.

Snyder, who has been the Coordinator for the Mifflin County Drug Task Force for several years said that when heroin initially swept in to the county in the mid- to late 1990s many young users started snorting heroin because of its purity. Eventually, some users end up injecting the drug using needles. The age of the average user has shifted as well and now instead of mostly younger people using heroin, he is seeing more and more people in their 30s and 40s who have been hooked on the drug for years, even after incarceration.

Snyder said that over the years the flow of drugs has shifted at times. Initially, users from the Juniata Valley were driving to Philadelphia or Harrisburg to feed their habits. In addition, periodically the task force would get wind of drug dealers setting up shop in the Juniata Valley.

"The most abused drug in Mifflin County now is Buprenorphine," Snyder said of the medication, which is typically used to treat heroin addiction.

Snyder said he doesn't believe any doctors locally are prescribing this drug, therefore users are traveling elsewhere to obtain the prescription, which is commonly referred to as "doctor shopping."

Snyder's testimony was part of a panel that included Mifflin County First Assistant District Attorney Mark Remy, who handles the bulk of the drug cases in the county and Juniata County District Attorney Cory Snook.

"There is a three-pronged threat in Mifflin County," Remy said of heroin, opiate based pain medication and the diversion of medication illegally.

"Like most prosecutors, I realize that society will not arrest or prosecute its way out of the current heroin and opioid epidemic. To that end, the Mifflin County District Attorney's office has been an early adopter of many treatment options for drug offenders. This was among the first counties to offer drug courts, or as we call them now, treatment courts, to drug addicted offenders," Remy said.

Remy added that the Adult Treatment Court was started in 2011 and 20 people have successfully completed the program and there are now 16 active participants.

Snook testified on what he termed "warehousing addicts" by putting them in local jails, with limited resources for treatment.

Snook said in order to stop the revolving door of addicts coming in and out of local jails, better resources are needed to treat them.

"While they are doing that time, it needs to be beneficial to them so we are not just warehousing them...we need to do something to stop the vicious cycle," he said.

Prevention and treatment

Also testifying before the CRP board was Secretary Gary Tennis of the Department of Drug and Alcohol Programs.

Tennis said there were 57,000 American soldiers lost in the war in Vietnam and the country will likely lose that many people to drug overdoses this year.

Tennis said "Evidence Based Programs," particularly those that focus on prevention, show positive results but state and federal funding for these types of programs has been on the downturn for many years.

David Kelley, Chief Medical Officer of

Medical Assistance Programs for the Pennsylvania Department of Human Services said DHS strongly believes Medicated Assisted Treatment, coupled with wrap-around supportive services, can prevent people from relapsing and improve their chances for recovery.

"Because opioids are so powerful, those who try to recover need different types of help in order to beat this disease. In fact, this approach has gained huge momentum as the most modern and successful way to help lighten the load of addiction recovery, especially from opioids," Kelley said. "Opioid addiction is an illness, the paradigm needs to shift within the medical community."

Kelley said the success rate for people attempting to kick opioid addiction increases as they become more engaged in seeking out high quality treatment.

Michael Hannon, the Executive Director of the Juniata Valley Tri-County Drug and Alcohol Abuse Commission, said rural Pennsylvania faces many challenges in addressing this epidemic, including stigma and the need for prevention and education which is needed by the community, agencies and schools.

Hannon said staffing, transportation and funding cuts also continue to be issues.

"Base funding cuts over the years to drug and alcohol programs continue to put the squeeze on as the demand for treatment increases. The cost of staff training, the overhead cost of facilities, the increased reporting, rising insurance rates, much higher deductibles, and copays for employees and clients we serve contribute to financial strain of delivering quality services," Hannon said. "Capacity is a really big issue for us. Currently there are not enough inpatient beds in the commonwealth to meet the demand. A few short years ago an individual seeking in patient treatment could access treatment almost immediately. Unfortunately, in today's world it is not uncommon to wait four or five days and in some cases weeks to find a bed."

Derrin Myers Director, Office of Financial Management for the Pennsylvania Commission on Crime and Delinquency said the opioid epidemic is "not only a public health issue but also an issue of public safety."

Myers also touted the success of "Evidence Based" prevention programs, such

Hearing continued on next page

Hearing continued

as those used by Mifflin County Communities that Care.

“This model relies on the identification of certain key factors in the life of a child at increased risk of a myriad of adolescent problem behaviors. Since 1989, the commonwealth has assisted communities in identifying these factors through the facilitation of the biennial Pennsylvania Youth Survey. The survey is administered to school students in the sixth, eighth, 10th and 12th grades with the collected information contributing to community leaders’ overall assessment of the communities’ risks and resources,” Myers said.

Stephanie Bradley, Managing Director at Evidence-based Prevention and Intervention Support Center at Penn State University said prevention rarely gets enough coverage in testimonies and strategic plans.

“Prevention can keep people from having to suffer the terrible consequences and losses that are so often a part of using these drugs. ... Prevention in its truest form is not about intervening after a problem has occurred. Prevention is not about reducing instances of overdose, and it is not about

reducing instances of death. Prevention is about keeping problems from even arising,” Bradley said. “In the case of this epidemic, prevention is about preventing the first case of heroin use, and it’s about preventing the first case of prescription opioid misuse. At its best, prevention is a data driven, planful, upstream approach to protecting youth and communities and ensuring their positive development.”

Bradley said CTC is a process that takes communities through a well-defined and structured sequence of steps to prevent adolescent problem behaviors and promote positive youth development. CTC communities form a broad-based coalition, with representation from multiple sectors of the community and then collect local data on risk and protective factors. The community identifies three to five specific risk and protective factors to focus on, and then seeks evidence-based programs and strategies to address those priorities. After two to three years of implementing these strategies, the community re-assesses its risk and protective factors to measure impact and identify new emerging priorities.

“Research on CTC has shown that youth in CTC communities fare better than youth

in non-CTC communities, including being less likely to be negatively influenced by peers, less likely to engage in delinquent behavior, and more likely to be engaged in school and performing well,” she said.

Also offering testimony on Thursday was Janice Pringle, Director for Program Evaluation and Research Unit at the University of Pittsburgh’s School of Pharmacy.

Pringle said the Overdose- FreePA website has received national recognition and accolades.

“It has been discussed on (National Public Radio), reviewed and supported by the Office of National Drug Control Policy, and reviewed by the CDC and the National Heroin Task Force. It has been cited as a national model for a state’s response to the overdose epidemic,” she said. “This epidemic is affecting all people within our commonwealth. Research estimates that one out of every four people in Pennsylvania is directly affected by overdose, regardless of their income or neighborhood. We are working to save lives and reduce the stigma associated with substance use disorder and addiction. Too many Pennsylvania families have lost loved ones.”

Police to be trained on administration of opioid-reversal medication, naloxone

April 22, 2016

By **LAUREN KERSHNER**

Sentinel reporter

lkershner@lewistownsentinel.com

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In September 2014, Act 139 was signed into law allowing first responders — including police officers and firefighters — to administer naloxone, a life-saving opioid reversal medication that is given to patients who are suffering from an opioid overdose.

Fame EMS Chief Patrick Shoop said that the ambulance service has been working with Lewistown Borough, Mifflin County Regional and Granville Township police departments to hold a training session for

officers.

Shoop said that under Act 139 local ambulance services create agreements with police departments to obtain the medication and train the officers.

“We will provide them with the tool to save lives and one of our captains will train them,” he explained.

Fame EMS Captain Troy Long will be the emergency medical technician training the officers. Long explained that naloxone works by blocking the effects of opioids on the brain and spinal cord.

“There is only one function of the medicine, to reverse the effects of opioids,” Long said.

Long said that once administered the medicine will remain in the system anywhere between 30 to 90 minutes.

Shoop added that it is for people who are unresponsive.

“If the patient is still conscious will be more hesitant to use it,” he said. “This is going to be used for the people who are dying or unresponsive.”

Long said that the medicine lasts long enough to get the person to the hospital where more extensive measures can be taken to save patient.

Currently in Mifflin and Juniata counties, Shoop said that he has not seen or heard of a higher amount of opioid overdoses.

“We have them,” Shoop explained. “They just are not as extensive as they were years ago.”

However, he did add that there are areas around the Juniata Valley that are experiencing more frequent cases of overdoses.

Police departments in Mifflin County have looked at training officers to use the medicine since Act 139 was signed.

Police continued on next page

Police continued

Lewistown Borough Police Chief William Herkert said that he has been working for the past six months to get officers trained.

"We want to have it out there to help the community," he explained.

Mifflin County Regional Police Chief Scott Mauery also said the department had been thinking about setting up the program, but until Shoop came to a board of directors meeting it was not something that was prioritized.

"We wanted to make sure we were covered to do it and that we could easily do it without causing more harm," Mauery

explained. "They said they would train us how to administer it through the nose."

Long explained that the intranasal is the fastest way to administer the medicine and for the patients to receive it. He also said it comes in premeasured doses that make it easy for the officers to administer.

"They will also get hands on training to help them become comfortable," he said.

Mauery said that all of the officers will be trained to use the medicine, but he would allow it to be a choice to carry it or not.

"It is our jobs to save lives, this is another way to do that," he said.

Shoop said the focus of the drug is to

help those who overdose, but he said that comes in several ways.

"There are those people who might intentionally take too much, forget and take too much, or accidentally take the wrong drug," he explained.

He used an example of the 3-year-old who gets into his or her grandparents' medicine cabinet or pill cases and takes an opioid accidentally. Mauery and Herkert shared this sentiment.

"Even if it is only used rarely, one life saved makes it worth having," Herkert said.

IS IT TIME?

Kyle Busch seeks elusive Pocono win B2



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Report: Accuser planned to confront Cosby

By MARYLAURE DALE
Associated Press

PHILADELPHIA — Newly public police records in Bill Cosby's criminal sex-assault case show his accuser planned to confront him weeks after their 2004 encounter but backed off when he got too close to her.

Andrea Constand told police she "just wanted to confront him about it and ask some questions" when she returned to his home after dining with him and others at a restaurant.

Instead, Constand waited a year before telling her mother and then police. A suburban Philadelphia prosecutor decided at the time not to bring charges, citing insufficient evidence of a crime.

Cosby, 73, was arrested last year after the case was reopened amid the release of his testimony in Constand's civil lawsuit and after dozens of other women had aired similar complaints of being drugged and molested.

Excerpts of the 2006 police statements were read aloud in court last week at Cosby's preliminary hearing, when a judge sent the case to trial. The full police statements were posted as exhibits in the court file Thursday.

Cosby in his January 2006 statement, said he had shared three earlier "romantic" encounters with Constand at his suburban Philadelphia home. He described them as "petting" sessions and said they did not have sex. Constand said she had twice rejected his "advances" before the night she believes she was drugged and molested.

Constand, then 31, told police that she never told Cosby she's gay. On the other hand, she said, "I never gave him any reason to believe I was interested in him."

See COSBY, A13



Battling drug crisis

Gov. Tom Wolf speaks during a news conference at the Temple University Lewis Katz School of Medicine in Philadelphia on Thursday. Wolf discussed his \$34 million budget request to fight an opioid epidemic.

By ERRIN HAINES WHACK
Associated Press

PHILADELPHIA — Gov. Tom Wolf's \$34 million budget request to address Pennsylvania's opioid abuse crisis is "a start" as the state begins to understand the scope and need of a statewide epidemic, he told reporters Thursday.

Speaking briefly to reporters at the Center for Substance Abuse Research at Temple University's Lewis Katz School of Medicine, Wolf acknowledged that "we in Harrisburg are just waking up to the problem."

"The question is, why do we have this crisis of opioid addiction?" Wolf said. "And second, what are we going

to do about it?"

If approved by the state legislature, Wolf said his request — along with approximately \$16 million in Medicaid funding — would help fund the creation of 50 outpatient treatment centers across the state that could serve up to 11,000 people a year. But he called the funding "a down payment" that only begins to address the scope of heroin addiction.

"This is something we really need to address in a much more comprehensive way," he said. "That's a placeholder."

Wolf's call for heroin funding comes in the wake of a record budget standoff and months before many lawmakers face re-election this fall. The GOP-con-

trolled Legislature has only a few weeks left to pass a budget before the start of the 2016-17 fiscal year on July 1.

Still, the Democratic governor suggested the issue is one that should transcend politics.

"This is something that cuts across party lines, class lines, geographical lines in Pennsylvania," Wolf said. "I think there is real interest in doing something about this."

Opioid and heroin abuse has become an issue of increasing concern in Pennsylvania. The state ranks among the top in the country for drug-overdose deaths. The governor's office says that heroin overdoses kill at least seven Pennsylvanians a day.

Wolf calls \$34M request for heroin treatment 'a start'

Legislators hear from families affected by addiction

By SARAH SCINTO
Staff Writer

KINGSTON — Sharon Kempa's son was in eighth grade when he first failed a drug test.

Kempa regularly brought her children for random tests, hoping to keep them from falling into her family's history of addiction. That day, Kempa said her son,

Kyle Kempa, approached her before the results arrived and begged her not to be mad when the test would come back positive for marijuana.

"He promised that he wasn't going to do it again," Kempa recalled. "Being a

mom and wanting to believe him, I trusted him."

When he was 16, Kempa said her son took a bottle of painkillers she had been prescribed for a back injury.

When the painkillers stopped giving him a high, Kempa said her son turned toward heroin.

Kempa detailed her son's descent from that point into heroin abuse during her testimony at a policy hearing hosted by state legislators at the West Side Career and Technology Center on Thursday.

Local law enforcement and drug treatment professionals spoke before a panel of legislators intent on form-

ing policy to combat what many called an epidemic of heroin and opioid abuse and overdose.

The House Majority Policy Committee, led by chairman Rep. Kerry Benninghoff, R-171, Bellefonte, heard the testimony and posed questions to help legislators draft policy that might combat the issue. Rep. Aaron Kauffer, R-120, Kingston, opened the discussion.

"This is an issue that has hit every demographic," Kauffer said. "It's time for action. We've been working on legislation to be considered... we have talked a lot, we have done a lot, but there's so much more to do.

We are only scratching the surface of how this is affecting people."

According to a report from the Luzerne County Coroner's office, 95 people died of drug overdoses in Luzerne County in 2015, second only to naturally caused deaths.

In his testimony, Assistant District Attorney James McMonagle Jr. spoke about Luzerne County's Drug Treatment Court, which he said helps people access treatment before the tragedy of an overdose.

Luzerne County has seen 188 people graduate from Drug Treatment Court.

See LEGISLATION, A13

Casey backs Equality Act

By BORYS KRACZENIUK
Staff Writer

U.S. Sen. Rob Casey joined the fight Thursday for a bill to bar discrimination against gay, lesbian, bisexual and transgender people.

Casey said he would co-sponsor the Equality Act of 2015, which would amend the federal Civil Rights Act to bar discrimination based on sexual orientation and gender identity in education, employment, housing, credit and federal jury service.

Entities that receive federal funding also could not discriminate based on sexual orientation or gender identity if the bill passes.

"The Equality Act would allow us to right a lot of ongoing wrongs," Casey said.

The bill, introduced last July by Sen. Jeff Merkley, D-Oregon, already has 40 co-sponsors — 37 Democrats, two independents and one Republican. It was referred to the Senate Judiciary Committee, which has not acted on it. A similar bill remains pending before four House committees.

Casey pointed to controversial laws in North Carolina and Mississippi to highlight why the bill is needed. The North Carolina law requires transgender people to use bathrooms of their gender at birth. The Mississippi law allows business owners who hold religious objections to LGBT people to refuse service to them and lets the owners determine who uses bathrooms based on birth gender.

Casey called such laws "a license to discriminate."

"You could have a loving couple get married on a Saturday and be fired when they get to work on Monday just because of who they are. That obviously makes no sense. It's contrary to our values and we have to correct it," he said.

See EQUALITY, A13

Two coal companies to merge, create more jobs

By JIM DINO
Staff Writer

Anthracite coal is this area's past but can also be its future because it is being used in applications other than as a heating fuel, local leaders say.

Two of the area's largest coal companies, Coal Contractors and Hazleton Shaft Corp., are merging, which will create more jobs, their top officials said.

Adam Wilson, CEO of Coal Contractors, and George Roskos, CEO of Hazleton Shaft, announced the merger during a taping of "The Sam Lesante Show" on Thursday morning at the SSPTV studios in downtown Hazleton.

The two companies will now coexist under the banner of Atlantic Carbon, which operates a mining operation in Stockton, the larg-



From left, state Sen. John Yucichak, U.S. Rep. Lou Barletta, George Roskos of Hazleton Shaft and Adam Wilson of Coal Contractors appear with host Sam Lesante on the "Sam Lesante Show" on Thursday.

est single anthracite mine in the United States that produces about 10 percent of the coal produced in the country.

Wilson said Atlantic can mine more coal — and create more jobs — than Hazleton Shaft can at its operations.

"We are going to put significant investment into properties that they (Hazleton Shaft) have long leases over," Wilson said. "What it means for us is that we will be able to extract from those leases more carbon and be able to fill the land back."

Atlantic uses modern mining methods which reclaim the land as it is mined, Wilson explained.

"We can increase the mining activity and the reclamation, create new jobs, make more investment and make the land better than it was before," Wilson said. "Our modern mining methods will not only solve environmental problems previously created by old mining methods, but will also exploit coal for its new uses."

Those uses include coloring glass, filtration and steel recycling, Wilson said.

"BMW is building a carbon-framed car," Wilson said. "It is a synthetic carbon. There is nothing stop us from injecting powdered carbon into that process."

Atlantic mines coal by strip mining, but not by using the large, drag lines that dug a big strip mine hole. In their place, there is modern equipment that mines in a smaller hole that is filled right back up after it's made.

"The land was previously deep mined," Wilson said. "It is like Swiss cheese under there. It is of no use to anyone. On some of George's land, there are some environmental issues which we're going to actively work on."

The merger will benefit both companies, Roskos said.

See COAL, A13

Battling drug crisis

Wolf calls \$34M request for heroin treatment 'a start'

June 3, 2016

By SARAH SCINTO
Staff Writer

PHILADELPHIA—Gov. Tom Wolf's \$34 million budget request to address Pennsylvania's opioid abuse crisis is "a start" as the state begins to understand the scope and need of a statewide epidemic, he told reporters Thursday.

Speaking briefly to reporters at the Center for Substance Abuse Research at Temple University's Lewis Katz School of Medicine, Wolf acknowledged that "we in Harrisburg are just waking up to the problem."

"The question is, why do we have this crisis of opioid addiction?" Wolf said. "And second, what are we going to do about it?"

If approved by the state legislature, Wolf said his request—along with approximately \$16 million in Medicaid funding—would help fund the creation of 50 outpatient treatment centers across the state that could serve up to 11,000 people a year. But he called the funding "a downpayment" that only begins to address the scope of heroin addiction.

"This is something we really need to address in a much more comprehensive way," he said. "That's a placeholder."

Wolf's call for heroin funding comes in the wake of a record budget standoff and months before many lawmakers face re-election this fall. The GOP-controlled Legislature has only a few weeks left to pass a budget before the start of the 2016-17 fiscal year on July 1.

Still, the Democratic governor suggested the issue is one that should transcend politics.

"This is something that cuts across party lines, class lines, geographical lines in Pennsylvania," Wolf said. "I think there is real interest in doing something about this."

Opioid and heroin abuse has become an issue of increasing concern in Pennsylvania. The state ranks among the top in the country for drug overdose deaths. The governor's office says that heroin overdoses kill McMonagle said, and only 4 percent of graduates relapse or engage in other criminal activity within three years of completing the program, McMonagle said. He characterized drug treatment courts as "spectacular" successes throughout Pennsylvania, but noted several issues preventing these courts from expanding their services.

"There seems to be plenty of money to start a drug treatment court, but few grants to help or expand existing programs," he said. As an example, McMonagle explained Luzerne County's Drug Treatment Court has one probation officer handling all of the people in the program. Because there is only one probation officer, McMonagle said the court has to limit the number of people in the program to avoid overloading the probation officer.

John Knowles of Clearbrook Treatment Centers detailed the challenges facing addiction treatment facilities. He said some people, because of their insurance plans, have little hope of getting treatment unless they are arrested and enrolled in a drug

treatment court.

"Many of the new Affordable Care Act plans provide coverage but require large out-of-pocket and deductible charges," he said. "It's not unusual for a working class patient to have a \$5,000 threshold before being able to access the benefit."

Representatives including Kaufer, Benninghoff, Rep. Tarah Toohil, R-116, Butler Township; Rep. Karen Boback, R-117, Harveys Lake; and Rep. David Parker, R-115, Stroud Township, listened to the testimony and questioned the panelists on how the state legislature can address the needs they outlined.

Kempa, who provided the final testimony of the day, said her son might not be alive today if she hadn't gone to Kauffer's office seeking help after her son relapsed into heroin use.

"We walked in there and ... they tried to help Kyle and they got him so much support," she said. Her son spent 30 days in a rehab facility and three months in a transition house after that visit, Kempa said, but because he had no job when he left the transition house, he could not find a place to live. She said he bounced from one friend's house to another.

"That's really a problem with the system," she said, her voice shaking. "He had nowhere else to go and he's started using again. I'm so afraid he's not going to make it."

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Rural communities feel sting of opioid epidemic

July 1, 2016

By KELLY MONITZ
Staff Writer

Rural Carbon County isn't immune to the opioid epidemic sweeping the state, said state Rep. Doyle Heffley, R-122, who has been working to solve the drug problem since he was elected in 2011.

Ambulance companies in the county reported reviving some 600 people who overdosed on heroin last year and at least

one person dies of an overdose each week, he said.

"We've got to crackdown on the heroin on our streets," Heffley said, adding that 82 percent of heroin users started with taking powerful prescription medicines, which are being overprescribed.

Last week, the state House of Representatives passed the final three pieces of legislation, including one introduced by Heffley, that provides coverage of abuse deterrent opioids.

The legislation stems from recommendations from the House Resolution 659 Task Force and Advisory Committee on Opioid Prescription Drug Proliferation by the Joint State Government Commission.

"I'm excited that this past week we got the commitment from leadership on a packet of bills that we've been working for over a year," Heffley said.

Heffley's opponent in the November election, Democrat Neil Makhija, believes there are more effective ways to combat the drug

Rural continued on next page

Rural continued

problem.

"I have met too many families who have given up hope on false promises from politicians," Makhija said. "We need a far more dramatic change and broad reform. Getting state funding for drug courts and supervised rehab programs would be much more effective at combating the drug problem."

In announcing the completion of the task force recommendations Thursday, House leadership called on Gov. Tom Wolf to convene a special session of the General Assembly to continue working on the opioid epidemic.

Wolf agreed to the special session, signaling the need for more work on the opioid issue, said Jeffrey Sheridan, the governor's press secretary. No timetable for the special session has been set, he said.

"The Wolf Administration has made the fight against the opioid abuse and heroin use crisis a top priority," Sheridan said.

The governor and cabinet officials traveled throughout the state and held more than 20 events, engaging with state leaders, local officials, law enforcement, emergency responders and health care professionals to determine the next steps in combatting the epidemic, he said.

"The 2016-2017 budget plays an integral role in fighting this problem, which is why after hearing from people across the commonwealth, including dozens of legislators, that we need more funding for treatment. Wolf proposed \$34 million to fight the opioid crisis in the budget," Sheridan said.

The funding would allow the state to draw down about \$18 million in matching federal funds for the Department of Human Services to implement 50 Centers of Excellence that will treat more than 11,000 people that currently are not able to access treatment, he said.

"We cannot wait—Pennsylvania must act immediately to save lives and lead the nation in the fight to combat the opioid abuse

and heroin use epidemic," Sheridan said. "The governor looks forward to continuing to work together with the legislation and community leaders to ensure that Pennsylvania is fighting this public health crisis with urgency."

Heffley noted that they also have to work on public awareness and stop the overprescribing of pain medicines, which some people become addicted to before moving onto heroin. High school athletes, for instance, should not be given drugs, such as Percocet and oxycodone, because young adults are much more likely to develop an addiction.

"There is no way an injury of a high school athlete should be a death sentence," he said. "(Young people) don't have a chance against such a powerful drug."

Heffley hopes acting now to combat the issue will save the next generation of young people.

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Editorial

Overdose toll affirms crisis

July 16, 2016

New federal data erases any lingering doubt about Pennsylvania's worsening drug epidemic.

Overdose deaths in the state totaled 3,383 in 2015, the Drug Enforcement Agency's Philadelphia division reported on Tuesday. It was a 23percent increase over the prior year. Regional 2015 trends are even more unsettling: Luzerne County's 2015 loss included 95 victims, a 42 percent advance. About seven people in Pennsylvania die daily from overdoses.

"We are in the midst of the worst ever overdose death epidemic and the worst public health crisis of the last 100 years," state Secretary of Drug and Alcohol Pro-

grams Gary Tennis declared in April. Overdose deaths in the state in 2014 were 14 times greater than the 1979 total, according to a Pittsburgh Graduate School of Public Health Study.

An decades-long explosion in the prescription of opioid medications, such as Oxycontin and Vicodin, contributes to the crisis and street prices for heroin have dropped by more than half over the last decade. Heroin use among young adults has doubled in the last decade, according to the Centers for Disease Control and Prevention.

The state has taken steps to address the crisis. Naloxone, an opioid overdose antidote, is broadly available, even without a prescription. Later this summer, the state expects to unveil an expanded drug

prescription monitoring database to help contain the opioid abuse epidemic.

A shortage of available treatment, though, continues to hinder overdose prevention efforts. State funding for drug and alcohol programs increased by just 9 percent from fiscal 2010-11 to

the current year. Meanwhile, the state budget grew by 11 percent and corrections spending advanced by 20 percent during the same period.

If the state intends to arrest and reverse the overdose trend, more funding and resources must be devoted to community-based drug treatment and rehabilitation programs.

State offers opioid guidance

July 20, 2016

By **ROBERT SWIFT**

Harrisburg Bureau Chief

HARRISBURG—A new set of voluntary state guidelines encourages physicians to be judicious when prescribing painkillers, said Gov. Tom Wolf and top state health officials Tuesday.

The guidelines were developed by an administration task force and are being supported in official action taken by state licensing boards for doctors, dentists and pharmacists.

“Opioids should be one of the last treatments for chronic pain,” said Physician General Rachel Levine, M.D., at a Capitol news conference.

The guidelines stem from research showing that 80 percent of heroin addicts

can trace their addiction back to misuse of prescription opioids.

In place of painkillers, physicians can turn to physical and cognitive therapies to deal with a patient’s pain, said Gary Tennis, secretary of the Department of Drug and Alcohol Programs.

Wolf said he would support legislation to make the prescribing guidelines mandatory.

The action on prescription guidelines is part of an intense focus in recent months on combating Pennsylvania’s overdose epidemic.

More than 3,300 Pennsylvanians died as a result of drug-related overdoses in 2015, an increase of 23 percent from 2014, according to a new federal Drug Enforcement Administration report. The presence of heroin or at least one opioid was reported in four-fifths of the victims.

The health department is ready to launch a new program to monitor use of prescription drugs starting Aug. 25, said Health Secretary Karen Murphy, R.N., Ph.D.

The Achieving Better Care By Monitoring All Prescriptions Program was authorized under a 2014 law. The program is based on an electronic database listing all controlled substances that are prescribed in Pennsylvania. Physicians and dispensers will be able to check the database to “red flag” any instances of unusual or unacceptable practices in obtaining a controlled substances.

The new state budget provides \$20 million for initiatives to combat the overdose epidemic and \$3.1 million to operate the database.

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Editorial

Progress on opioid front

July 21, 2016

Gov. Tom Wolf’s administration continues to gain headway in the struggle against Pennsylvania’s drug-addiction crisis.

On Tuesday, Wolf and top state officials unveiled voluntary guidelines for prescribing and dispensing opioid pain medications. The recommendations, aimed at reducing the over prescription of narcotics such as Percocet and OxyContin, were endorsed quickly by the licensing boards for Pennsylvania physicians, dentists and pharmacists.

The latest action follows recent news from the U.S. Drug Enforcement Agency that overdose deaths in Pennsylvania totaled 3,383 in 2015, a 23 percent increase over 2014. About four out of five heroin ad-

dicts trace their dependence to prescription opioid abuse and a drug industry information service concluded that the number of opioid prescriptions issued nationwide virtually tripled from 1991 to 2013.

“Really, opioids should be one of the last treatments for acute pain or chronic pain, as opposed to the first treatment that’s prescribed,” state Physician General Rachel Levine said Tuesday.

The new state budget, meanwhile, tackles the addiction crisis from the treatment side and helps address a shortage of effective addiction therapy. The state has committed \$20 million, including \$5 million in federal Medicaid funding, for more comprehensive treatment. Twenty drug treatment centers

will expand their regimen to offer health services, housing and employment assistance. Up to 4,500 people are expected to benefit from the expansion.

Pennsylvania has made steady progress on the addiction front. Naloxone, an opioid overdose antidote, has been available widely since October. Next month, the state expects to introduce a detailed database of patient drug histories to help professionals monitor potential abuses of prescription opioids.

The Wolf administration’s incremental steps to address the crisis reflect a thoughtful, sensible approach to a tragic predicament. Reversing the fatal overdose curve must remain a state priority.

Community walk to shed light on overdose deaths

July 25, 2016

By **KELLY MONITZ**

Staff Writer

John and Tammy Sienkiewicz lost their daughter to a fentanyl overdose in April.

The Tamaqua couple doesn't want to see any more young people die because they're addicted or struggling with addiction.

They and close friends, who also lost someone to overdoses of heroin and fentanyl, a synthetic narcotic painkiller, or know someone who is battling addiction, formed Safer Streets for Tamaqua's Little Feet, hoping to save the next generation from the opioid epidemic that's raging across the country through awareness, education and support.

The group is hosting a Candlelight walk to raise awareness to overdose deaths and those struggling with addiction Saturday. The Out of the Darkness ... Into The Light event will begin at 7:30 p.m. at Bungalow Park in Tamaqua and proceed on Catawissa Street to Broad Street and end at the old CVS parking lot.

Participants will walk along the sidewalks through town. Those unable to walk are asked to place a candle in their window to show support, John Sienkiewicz said.

"We want this event to stand for something," he said. "We want to light up the street."

Informational booths will be set up at the end point of the walk, where purple lights will signify overdose awareness—and purple Chinese lanterns will be lit and sent afloat into the night sky, Sienkiewicz said. A disc jockey will provide entertainment and

several groups and speakers are expected.

As many as 500 people, including state Secretary of Drug and Alcohol Programs Gary Tennis, plan to attend, and area businesses have donated to the event, providing transportation back to Bungalow Park and other goods and services, he said.

"It's important to a lot of people," Sienkiewicz said. "It has touched everyone we know."

The Sienkiewiczes have been on an emotional roller coaster since their daughter, Alexandria, died on April 2. Her fentanyl death was the first in the Tamaqua area but there have been 38 overdose deaths since, he said.

The Schuylkill County coroner's office saw 25 overdose deaths last year; it's handled 36 so far this year, Sienkiewicz said. They expect the number of overdose deaths to exceed 60 this year, he said.

Frightening numbers

Statewide, 2,500 people died of overdose deaths and that number is expected to triple this year, Sienkiewicz said.

A boyfriend supposedly got Alexandria hooked on prescription pills and the addiction progressed to heroin when they could no longer get the prescription drugs, he said. Nine out of 10 heroin users started with prescription pills, he said.

Alexandria struggled with addiction for years, her father said. While in recovery, she reached out to people and tried to get them help for their addictions, he said.

"She would share information on grants to get into rehab," Sienkiewicz said. "She always had a kind heart. Always trying to help people out."

Recovery wasn't easy, as she needed to avoid people involved in drugs and she only had three friends who weren't involved, he said. Alexandria was three months out of rehab when a single packet of pure fentanyl took her life, he said.

"People say it's a choice. It's not," Sienkiewicz said. "When they put that needle in their arm that first time, it's a choice. After that, it's a life sentence."

The community can no longer ignore the problem, he said. People need to start opening up, talking about the problem, seek solutions and toughen drug laws, Sienkiewicz said. "We can't put a Band-Aid on it," he said. "We have to affect real change."

Travis Snyder of Hegins, who founded the grassroots addiction recovery project, The Skook Recovers, understands addiction and recovery, and she lives it every day. He has been in recovery for four and a half years.

"It's a matter of how much you're willing to change. I fought hard," he said, adding that had to bring in new, loving behaviors and attitudes.

"We have to learn to love ourselves. We have to peel back the layers and discover our true self. Those that struggle the most haven't committed to the change."

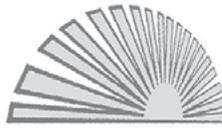
The Skook Recovers project allows those in recovery to share their stories to inspire hope and give strength to families, he said.

Sienkiewicz hopes the candlelight walk can become an annual event, but held in different communities. He has set his sights on Hazleton and Pottsville.

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The Sun

Your light on the Hummelstown, Hershey and Palmyra community



Syringe on East Chocolate Avenue.
Photo: Charles Huth.

**No Practical
Difference**

Heroin In Your Home

By **Brendan Foster**

Do you have heroin in your home? It is not all that unlikely. Because if you have oxycodone, Vicodin, Tylenol 3 or any other kind of opiate, you have heroin.

According to the federal Drug Enforcement Agency, Dauphin County had 47 overdose deaths in 2014, 30 of which were caused by heroin, while Lebanon County had 11, five of which were caused by heroin.

Despite the number of overdoses it causes, not many addicts even start off doing heroin in the first place. Many first become addicted to opioid painkillers such as oxycodone and Vicodin, which, like heroin, are opiates.

This often happens after a patient is prescribed opioid painkillers for some sort of injury or surgery. Soon, a patient may find themselves craving them, ultimately leading to addiction. Once an addict's supply of pills runs out or becomes too expensive, they move on to heroin.

"A single bag of heroin is a lot cheaper than a \$30 pill and will get you a lot higher," recovering alcoholic John G. said.

According to Detective Tony Pokrop of the North Londonderry Township police, the heroin epidemic is notable because who becomes addicted does not tend to follow any demographic lines, be it age, income level, race or gender.

"Throughout the years, you deal with low-income homeless to expensive, high-end neighborhoods," Pokrop said.

Although, according to Scott Luzier of Serenity Lodge, which offers transitional lodging for men in recovery, money does play a part. People from wealthier families have the money to fuel their addictions, as well as better healthcare and insurance, so access to pain pills is greater.

Luzier, nevertheless, believes that it is important to remember there is no practical difference between heroin and pain pill addiction, since both are opiates.

"To me, there's no difference between a kid with a pocketful of oxy's and a kid with a bundle of bags of heroin,"

(Continued on Page 7)

Heroin In Your Home

(From Page 1)

Luzier said.

A Pharmaceutical Mindset

Despite this, there is a big difference in perception between pill addicts and heroin addicts, according to Pokrop. Abusing pills is not seen as a big deal, while heroin use has a stigma attached to it.

"You'd rather be the guy that takes pills for your 'back problem', even though you're addicted just as much as a heroin guy," Pokrop said.

Similarly, mental illness tends to have a greater stigma than drug use, leading some addicts to choose abusing pain pills over seeking treatment.

"(An addict) would much rather self-medicate his own way than tell their peers that they're on some kind of (anti-)psychotic medication," Luzier said.

According to John G., the stigmatization of addiction does not help those already addicted.

For one, in order to get treatment, addicts first have to admit they have a problem, which they are discouraged to do because of the stigma. Even if they admit to their families that they are addicted, their families may attempt to hide it.

"Kids who are getting into heroin, their families are pushing it under the rug, it's not being talked about and it's not out in the open," John G. said.

Self-medication, according to Luzier, is also perpetuated by a sort of pharmaceutical mindset, the belief that mental anguish can be solved through drugs instead of psychological treatment.

For example, kids diagnosed with ADD or ADHD can be groomed into a pharmaceutical state of mind at a young age when they are prescribed drugs like Adderall.

"I don't think it's that much of a leap for that same person to say, 'Hey, I'm gonna take a pill to forget about everything,'" Luzier said.

This attitude could also be perpetuated due to pressure from hospitals and insurance and pharmaceutical companies to manage pain with drugs, according to Phil Moore, a toxicologist for Central Pennsylvania Toxicologists.

After surgery, patients are often given a survey that asks how well their pain was managed, putting doctors under pressure to prescribe opioid painkillers to alleviate it even though exercise would work much better than any pill.

"It's much easier to prescribe a pill than to educate a patient to stay active," Moore said.

Opioid painkillers may be overprescribed this way, not only perpetuating a pharmaceutical mindset among both hospitals and patients, but also putting patients at greater risk for addiction.

'You Got It'

Another issue fueling the epidemic is the evolution of the drugs market, according to Pokrop.

"It's so much more readily available," Pokrop said.

Ten or 20 years ago, the heroin market was similar to the modern marijuana market; every user had "the guy". Sometimes "the guy" would be available, sometimes he would not. For marijuana users, this is no problem.

For heroin addicts, however, not having heroin is simply not an option. Instead of relying on one person, most addicts have a list of multiple dealers they could call in order to get what they need.

On top of that, dealers and customers are in constant contact via cell phone, and customers can have drugs delivered to their instead of having to run into their dealers on the street.

"You call 'em and say, 'Hey, I need 10 bags,' 'Okay,



Photo: Nathan Merkel.

you got it,' and they'll bring it to you." Pokrop said.

If an addict does not have a regular dealer, there are dealers standing on street corners to sell to anyone who asks.

"You go into north Philly, they're so used to seeing white kids from the suburbs lookin' for dope, they'll most likely just ask you," John G. said.

Opioid painkillers are also readily available to the average person, probably in the nearest medicine cabinet.

"In today's world, it's the house next door, the medicine cabinet next door, not the next town anymore," Luzier said.

'We're Screwed'

According to Scott Luzier of Serenity Lodge, the heroin problem would not be as bad if as much money that was spent on drug enforcement was spent on treatment.

"Get your headline, get your picture in the paper," Luzier said, "but what are you gonna do with the addict?"

Before, insurance companies would pay for rehab for around 60 to 75 days, but now, drug addiction is seen to have some liability attached to it.

In addition, addicts need inpatient treatment right away to recover completely, but they have to go through outpatient and relapse before going into inpatient.

"You have to get worse before they send you away, which makes no sense," Luzier said.

Ultimately, punishment does not cure addiction, according to Luzier. Medical professionals should be the ones addressing addiction, not police, because punishment only creates more stigma.

"If they try to address (this) through the legal channels of this country, we're screwed," Luzier said.

For more info about Serenity Lodge, visit serenitylodgerecovery.com.

No Practical Difference Heroin In Your Home

April 7, 2016

By Brendan Foster

Do you have heroin in your home? It is not all that unlikely. Because if you have oxycodone, Vicodin, Tylenol 3 or any other kind of opiate, you have heroin.

According to the federal Drug Enforcement Agency, Dauphin County had 47 overdose deaths in 2014, 30 of which were caused by heroin, while Lebanon County had 11, five of which were caused by heroin.

Despite the number of overdoses it causes, not many addicts even start off doing heroin in the first place. Many first become addicted to opioid painkillers such as oxycodone and Vicodin, which, like heroin, are opiates.

This often happens after a patient is prescribed opioid painkillers for some sort of injury or surgery. Soon, a patient may find themselves craving them, ultimately leading to addiction. Once an addict's supply of pills runs out or becomes too expensive, they move on to heroin.

"A single bag of heroin is a lot cheaper than a \$30 pill and will get you a lot higher," recovering alcoholic John G. said.

According to Detective Tony Pokrop of the North Londonderry Township police, the heroin epidemic is notable because who becomes addicted does not tend to follow any demographic lines, be it age, income level, race or gender.

"Throughout the years, you deal with low-income homeless to expensive, high-end neighborhoods," Pokrop said.

Although, according to Scott Luzier of Serenity Lodge, which offers transitional lodging for men in recovery, money does play a part. People from wealthier families have the money to fuel their addictions, as well as better healthcare and insurance, so access to pain pills is greater.

Luzier, nevertheless, believes that it is important to remember there is no practical difference between heroin and pain pill addiction, since both are opiates.

"To me, there's no difference between a kid with a pocketful of oxys and a kid with a bundle of bags of heroin," Luzier said.

A Pharmaceutical Mindset

Despite this, there is a big difference in perception between pill addicts and heroin addicts, according to Pokrop. Abusing pills is not seen as a big deal, while heroin use has a stigma attached to it.

"You'd rather be the guy that takes pills for your 'back problem', even though you're addicted just as much as a heroin guy," Pokrop said.

Similarly, mental illness tends to have a greater stigma than drug use, leading some addicts to choose abusing pain pills over seeking treatment.

"(An addict) would much rather self-medicate his own way than tell their peers that they're on some kind of (anti-) psychotic medication," Luzier said.

According to John G., the stigmatization of addiction does not help those already addicted.

For one, in order to get treatment, addicts first have to admit they have a problem, which they are discouraged to do because of the stigma. Even if they admit to their families that they are addicted, their families may attempt to hide it.

"Kids who are getting into heroin, their families are pushing it under the rug, it's not being talked about and it's not out in the open," John G. said.

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TIMES LEADER

Wednesday, June 1, 2016

BREAKING NEWS AT TIMESLEADER.COM

Wilkes-Barre, Pennsylvania • 50¢

Report: Fatal ODs hitting record levels

Coroner predicts drug deaths in 2016 will exceed 2015's record of 95

By Jennifer Learn-Andes
jandes@timesleader.com

A new report from the Luzerne County Coroner's office shows a record number of Luzerne County residents died from drug overdoses last year, prompting stepped-up warnings from county officials to drug users and those who care about them.

The 95 overdose deaths in 2015 significantly exceeded the previous high of 70 in 2013, according to the new report. Drug overdoses were the leading killer of county residents after the 1,057 deaths from natural causes, the statistics show.

Heroin was involved in about half of last year's accidental drug fatalities, the coroner's office said. "This is a major issue. It's an epidemic," county Manager C. David Pedri said Tuesday. "It's affect-

ed me personally." One of Pedri's close friends recently lost a child to a heroin overdose, he said, and the county prison is loaded with inmates who have repeatedly committed crimes to feed their addiction.

TOP CAUSES OF DEATH

A Luzerne County Coroner's Office report shows the following causes of death in 2015.

- Natural — 1,057
- Drug overdoses — 95
- Accidental — 77
- Suicide — 67
- Homicide — 10

At least two Narcan training sessions for parents and others close to users will be announced soon, Donahue said. The state's Department of Drug and Alcohol Programs also provides online information about administering and accessing Narcan, also known as naloxone.

That is just part of the equation. If you know your loved ones are involved in use of opioids or heroin, please refer them for help ASAP."

See REPORT | 6A

Al, Jim Boscov impressed with store's new look

By Bill O'Boyle
boboyl@timesleader.com

WILKES-BARRE — Swoyersville resident Ruthann Rudick was browsing through Boscov's on Tuesday afternoon when she ran into employees eager to hear what she thought of the store's renovations.

Al Boscov, the store patriarch and corporate chairman, and his nephew, Jim Boscov, vice chairman and chief executive officer of the 44-store chain, were in town with a large group of Boscov's buyers to assess the inventory and check out the more than \$1 million remodeling project, which began in April of last year.

Rudick, who said she shops at the store frequently, had nothing but good things to say about Boscov's new look, and Al and Jim were all ears. "It looks so much better," Rudick said. "It's been a long time coming."

Rudick raved about the spacious aisles, the brighter lighting and the overall freshened appearance of the four-level downtown department store. "You can walk through easily," she said. "It's not cramped like it used to be. It's so much nicer to shop here now."

See BOSCOV | 9A



Janssen Wilborn paddles his team's cardboard boat across the Kistler Elementary School pool as part of the cardboard boat regatta. Wilkes students participate in each year.

Going overboard for education

Meyers students utilize science, math in cardboard boat regatta

By Mark Gugelich
mgugelich@timesleader.com

WILKES-BARRE — Janssen Wilborn looked doomed to failure as he stepped into a vessel with sides the height of a coffee mug, so slight the water would surely spill in instantly. Yet he stood like a Venetian gondolier and paddled across the pool at Kistler Elementary without a glitch.

Jack Givens, on the other hand, looked like a sure bet in a boat boasting tall sides — except for lower cuts in the center, presumably to make it easier for paddle to reach water. Yet the bottom buckled like a cheap belt, flooding the

deck from the port until he listed into the drink slo-mo.

It's the Olympics of Luzerne County corrugated sculling, the Dad Vail of Wilkes-Barre swimming pools: The annual cardboard boat regatta rowed by Meyers High School students in quest of watery renown and a better math grade.

Asked to name the hardest part of this competition — which may look aquatic but is actually mathematic — Givens said, "Figuring out how high the sides had to be."

So, how do you think you did on that?"

"Not so well," he laughed.

Teacher Sam Elias has

been holding this annual regatta so long that he paused to guess at the inaugural year. "It was around 2000, I think," he smiled. Each time, about 45 students form teams — seven at Tuesday's event — and design boats using cardboard and duct tape (as both binder and water-proofing), predicting displacement as measured by the waterline when weight is added. After that, they actually power them across the pool. Or, as in the case of Givens, about halfway across.

Victoria Collum made it end to end, but conceded it was a slow slog. "I'm too weak!" she shouted as teammates urged her on.

Jocelyn Sosa and her team had opted to turn their "Tribute" boat into a political statement,

printing "Save the arts" on one side, a reference to the Wilkes-Barre Area School Board's recent vote to cut four programs, including arts, next year — a move that prompted three days of student protests.

Erin Morris and her team were substantially less school-minded in christening their cardboard the U.S.S. Kimye, an overt homage to the celebrity couple Kim Kardashian and Kanye West.

"Naming it was the hardest part," Julie Formola insisted, a claim perhaps belied a bit when Morris answered the question, "Why Kimye?" with, "Why not?"

Corey Manganello paddled across in a boat bearing an aft sail, evoking the paradoxical lyrics

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Families advocate for lifesaving drug

Naloxone reverses effects of opiate overdoses

March 6, 2016

By Geri Gibbons

ggibbons@timesleader.com

WEST PITTSTON — When Carol Coolbaugh learned the state physician general had signed a standing order last October making naloxone available to all Pennsylvania residents, she was relieved.

The drug, also known as Narcan, reverses the effect of heroin and other opiates in the case of an overdose. The order followed one in April 2014 establishing a similar order for first responders.

In 2009, Coolbaugh lost her son, Erik, to an overdose. Now, seven years later, her daughter, Jennifer Coolbaugh Skursky, has been clean and sober for about eight months, attending recovery meetings and caring for her two children.

Still, Carol worries.

"Anything could happen," she said. "If she overdoses, I want to be able to bring her back, to save her life."

Carol believes that if the medication had been available to the person who found her son, perhaps he would still be alive, sharing holidays with them, parenting his children and helping her in the garden.

Erik had been clean and sober for some time before his last relapse, and Carol had hoped and prayed for the best.

Attempting to get naloxone

With this understanding, Jennifer, who lives with her mother, made her way to a local CVS on Jan. 20 to buy the drug. She expected to simply pay for it, bring it home and place it in the medicine cabinet with the hope she would never need to use it.

At most, she thought the pharmacy staff might need to order the drug and it would be available in a few days.

"I inquired four times, basically once a week, and my mom inquired twice," Jennifer said.

Finally, on Feb. 18, the pharmacy called to say the drug was ready.

"They had said they had it for a while, but had misplaced it amidst some alkaline batteries," Carol said.

"Really?" asked Jennifer, hinting it was incredulous that a potentially life-saving substance had been misplaced in a non-phar-

maceutical area of the store.

Having been quoted various prices in regard to the drug, which can be administered nasally or through an injection, Jennifer had no out-of-pocket costs after insurance.

Carol believes the process of obtaining the drug was too long and complicated.

"My daughter, anyone, could have died waiting for the drug to be available," she said.

Both Carol and Jennifer also said the pharmacy staff and the public seem to have a misunderstanding about the standing order and what it means.

Department of Health responds

In October, Pennsylvania Physician General Rachel Levine signed a statewide standing order for naloxone, essentially giving everyone in Pennsylvania a prescription for the lifesaving drug.

This month, she began a pharmacy tour across the state to remind residents and pharmacists a prescription is not needed to obtain the opioid antidote.

"I did this because of the severity of the crisis," Levine said. "If someone has overdosed, by the time 911 comes, it may be too late."

Levine emphasized that no one gets high from taking naloxone.

"It's a drug that reverses the effects of opiates," she said. "It can't be abused."

In theory, anyone should now be able to go to a pharmacist and obtain naloxone, but the Times Leader found that was not the case.

Three Rite Aid pharmacies, a Walgreens pharmacy, three CVS pharmacies and a private pharmacy were contacted. None were aware of the order.

One pharmacist said he believes attempting to get naloxone without a prescription is against state and federal law.

One CVS pharmacist strongly advised that, "you can't just come in and get naloxone," in spite of a press release by CVS cooperate officials that clearly states the pharmacy would make the drug available to residents of Pennsylvania.

A pharmacist at the CVS pharmacy in Wyoming, however, was aware of the standing order and of the press release issued by the company.

"Over 44,000 people die from accidental drug overdoses every year in the United States," CVS Vice President Tom Davis said in a statement in September. "By providing access to this medication in our pharmacies without a prescription in more states, we can save lives."

Adverse opinions

The Coolbaughs are aware some people wonder why money would be spent to save drug addicts, many who will use heroin and other opiates again.

Luzerne County Alcohol and Drug Services Administrator Michael Donahue said addiction, like other diseases, needs to be treated in the short term to provide an opportunity for those suffering from it to have success in the long term.

Bringing an addict back from an overdose provides an opportunity to encourage him or her to go to a detoxification unit, to a rehabilitation center and begin to live a sober life.

Although Donahue encourages those obtaining the drug to complete an online training that will assist them in identifying someone who has overdosed on an opiate and provide direction on getting them to an emergency room and obtaining further treatment, he believes simply getting naloxone into the hands of those who can help is a lifesaving move.

"Where there is life," he said, "there is hope."

Give them a chance

Maureen Kasenchak found her son, John Alan, after an overdose in December 2010.

John Alan had been doing well and was preparing for a move to New York City when his mother realized he had been in the bathroom a long time. She found him on the floor.

She wishes she had naloxone available to her on that night.

"Maybe he didn't have to die," she said. "Maybe he could have had one more chance."

A social worker, Kasenchak believes addiction is a disease and that society should provide an opportunity for recovery to those who suffer from it.

Families continued on next page

Families continued

She said the disease is not a result of bad parenting.

"His brother is now a physician," she said of her deceased son.

She likens John's personality to having a sunburn.

"It was like he had a sunburn (emotionally) and if you touched him, he was really so hurt," she said. "I believe that he took drugs to stop the pain."

He was also a very caring person, she said.

Kasenchak joins the Coolbaughs in her determination to get the word out.

"I lost my son to a tragic overdose and I don't know if I had to," she said. "It's so important to get the word about this drug out."

Looking to the future

Levine said the Department of Health has a commitment to informing pharmacists of the standing order.

She said the department will forward letters to Pennsylvania pharmacies in the near future, detailing the specifics of the order.

"We just believe that they have not yet

been informed," she said. "We're working with the Pennsylvania Pharmacists Association and sending out letters so they can better understand the law and the order."

In the meantime, Jennifer Coolbaugh Skursky is going to meetings, getting counseling and refraining from drug use one day at a time.

The naloxone kit she now has is simply a safety net, should she or anyone in her presence overdose on opiates.

Reach Geri Gibbons at 570-991-6117 or on Twitter @TLGGibbons

County coroner warns heroin users to beware

May 26, 2016

By Jennifer Leam-Andes

jandes@timesleader.com

At least 10 Luzerne County residents have died this year from heroin mixed with a powerful new synthetic substance called furanyl fentanyl, county Coroner William Lisman said.

Concocted in Chinese labs, this designer derivative of the pain medication fentanyl is "significantly more powerful than heroin," Lisman said.

Lisman said he learned through experts that some drug dealers are using furanyl fentanyl as a "cutting agent" to make their product stand out among competition.

"They're marketing it as a better high," he said.

Drug experts in other states also have theorized dealers are turning to furanyl fentanyl and other fillers because they can't meet the high demand for pure heroin.

Medical and law enforcement officials across the country have been issuing warnings about the potency of furanyl fentanyl and its deadly effect on unsuspecting heroin users.

"It makes the impact of the heroin stronger than what the user expects it to be," Lisman said.

Hazleton's acting Police Chief Jerry Speziale said last month a "marked increase" in heroin-related overdoses in Hazleton and surrounding areas may stem in part from drugs laced with forms of fentanyl that are passing through Pennsylvania, New Jersey and New York.

Narcan, an antidote used to reverse the effects of heroin, often is ineffective or must

be administered several times when furanyl fentanyl is present, officials say.

Lisman stressed the deaths involving furanyl fentanyl occurred throughout the county, not only in the Hazleton area.

U.S. Sen. Pat Toomey, R-Zionsville, sent a letter to U.S. Secretary of State John F. Kerry last week urging him to put more pressure on the Chinese government to stop the export of illicit fentanyl and its offshoot compounds.

Toomey's letter said recent news reports and law enforcement investigations point to a rising number of opioid overdoses attributable to Chinese-made fentanyl and its analogues that are being "surreptitiously added to heroin and counterfeit prescription opioid pills."

"Despite some efforts by the government of China to prohibit the export of synthetic fentanyl, this drug and other illicit substances such as 'bath salts' continue to enter the United States, both directly and via the Mexican drug cartels," he wrote. "Chinese manufacturers have also begun exporting a new domestically-unregulated yet equally lethal fentanyl look-alike known as furanyl fentanyl, thus underscoring the urgent need for international action."

Staying on top of new synthetic drugs creates a challenge for coroners and other medical professionals trying to pinpoint the cause of death, Lisman said.

In five overdose death cases this year, autopsies and advanced lab tests were needed to establish furanyl fentanyl was involved, Lisman said.

The county was unable to identify the drug that caused two overdose deaths this year through an autopsy and advanced testing,

he said.

"They keep tweaking these drug formulas, and it's hard for labs to stay up with what's on the streets," Lisman said.

Lisman requires automatic drug screening for all deceased under 50, unless they were in hospice or receiving treatment for a documented illness. Testing also is conducted for some cases involving victims over age 50, he said.

Testing ranges from \$193 to around \$464, depending on the level of detail required.

Lisman also warned of several recent deaths caused by cocaine.

"Cocaine was kind of off the books, and there's been a recent resurgence in cocaine-related deaths," Lisman said.

Cocaine users roll the dice each time they use because there is no "safe" amount, he said. Someone can die from using the same quantity or less than they have before, he said.

The heart stops beating in death by cocaine, he said. In comparison, a heroin overdose causes fluid the build up in the lungs, known as pulmonary edema, he said.

Last year there were 95 confirmed drug overdose deaths in the county. The number this year to date: 50, he said.

"We're on track to exceed last year's numbers," Lisman said.

He does not believe the overall number of people abusing drugs has grown significantly in the county.

"I think we have a spike in the potency of what drug users are consuming, and they should be careful," he said.

Reach Jennifer Leam-Andes at 570-991-6388 or on Twitter @TLJenLearnAndes.

Report: Fatal ODs hitting record levels

Coroner predicts drug deaths in 2016 will exceed 2015's record of 95

June 1, 2016

By Jennifer Learn-Andes

jandes@timesleader.com

A new report from the Luzerne County Coroner's office shows a record number of Luzerne County residents died from drug overdoses last year, prompting stepped-up warnings from county officials to drug users and those who care about them.

The 95 overdose deaths in 2015 significantly exceeded the previous high of 70 in 2013, according to the new report. Drug overdoses were the leading killer of county residents after the 1,057 deaths from natural causes, the statistics show.

Heroin was involved in about half of last year's accidental drug fatalities, the coroner's office said.

"This is a major issue. It's an epidemic," county Manager C. David Pedri said Tuesday. "It's affected me personally."

One of Pedri's close friends recently lost a child to a heroin overdose, he said, and the county prison is loaded with inmates who have repeatedly committed crimes to feed their addiction.

Pedri said he supports continuing the county's drug and alcohol treatment programs, including a day reporting center and drug treatment court that provide customized addiction recovery plans for offenders.

While providing resources remains a top priority, it's up to addicts to use them, he said.

"You can beg and plead, but unless the user wants to get better, the user will keep

going back to drugs," Pedri said.

County acting Human Services Division Head Michael Donahue said the continued loss of life is a major concern.

The county recently held two training sessions with law enforcement about administering Narcan, an antidote used to reverse the effects of heroin, Donahue said.

At least two Narcan training sessions for parents and others close to users will be announced soon, Donahue said. The state's Department of Drug and Alcohol Programs also provides online information about administering and accessing Narcan, also known as naloxone.

"That is just part of the equation. If you know your loved ones are involved in use of opioids or heroin, please refer them for help ASAP," Donahue said.

He also pointed to last week's alert from county Coroner William Lisman that at least 10 county residents have died this year from heroin mixed with a new synthetic substance called furanyl fentanyl, which is significantly more powerful than heroin.

Officials say drugs laced with forms of fentanyl are passing through Pennsylvania, New Jersey and New York.

The problem: Narcan often is ineffective or must be administered several times when furanyl fentanyl is present, officials say.

Lisman said the negative effects of furanyl fentanyl often continue after the initial dose of Narcan wears off, prompting some to wrongly conclude the drug user is in the clear. People overdosing should be transported to the hospital, even if Narcan has

been administered, he said.

"The coroner's warning needs to be heeded," Donahue said. "Whatever is in the heroin that is on the streets currently is seeming to make it much more potent, and the potential for overdosing is much more prevalent."

Lisman said a new high will be set in 2016 if something doesn't change, because the office already has recorded around 55 overdose deaths through May.

"If this continues, by the end of June the number of overdose deaths for half of the year will be equal to the number for the entire year of 2014," or 67 deaths, he said.

His office stressed it's not only young adults using heroin.

The average age of those who died from overdoses involving heroin ranged from 35 to 39 from 2011 through 2015, the office said.

A total 77 residents died from other accidental causes, including 44 from motor vehicle crashes, the statistics show.

There also were 67 suicides and 10 homicides in the county last year.

The number of cremations in the county continues to rise, with 1,826 in 2015 compared to 1,787 in 2014. In comparison, the county logged 814 cremations in 2002. Increased public and religious acceptance of cremation have driven the increase, officials have said.

Reach Jennifer Learn-Andes at 570-991-6388 or on Twitter @TLJenLearnAndes.

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A LOOK BACK
FEBRUARY 20, 1974
 Fred W. Manning, president of the board of directors of the Gaaden Huerten Memorial Hospital, announced the appointments of Joseph Modrick and Ronald J. Blisard to board membership.

A lifelong resident of Lansford, Modrick serves as the Carbon County Prothonotary. He is a World War II veteran, having served in the Air Force from which he was honorably discharged in 1945 with the rank of First Lieutenant.

Blisard resides in Hazo Valley Estates in Nesquehoning and is employed as a parts manager for Kovatch Oldsmobile. He is also a deputy Carbon County coroner and a part-time Nesquehoning police officer.

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THOUGHT
 "Life begets life. Energy creates energy. It is by spending oneself that one becomes rich."
 — Sarah Bernhardt, French actress (1844-1923)

WEATHER
TODAY: Partly cloudy. High 52, low 35.
TOMORROW: Partly cloudy. High 48, Low 32.

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Barnesville knitters string together top awards. **A1**
 'Defying ISIS' author Johnnie Moore coming to Penn's Peak. **5**
 Marian Fillices advance to District 11 AA semifinal. **9**

Man pleads in Coaldale killing

BY CHRIS PARKER
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One of two men accused of beating to death a Coaldale man two years ago admitted the deed before a Schuylkill County judge on Friday.

Oliver L. Trizarr's guilty plea, to conspiracy and third degree murder, came nine days after the other man accused in the killing, Stanley E. Kraik, successfully asked a judge to handle his case separately from Trizarr's.

Trizarr could face up to 40 years in state prison and \$100,000 in fines on the charges. But under the plea agreement, he faces 15 to 30 years, and \$4,295 in restitution.

"We think that's more than fair and reasonable under the circumstances," Trizarr's public defender, Michael O'Pake, said outside the courtroom.

Judge John E. Domalakes deferred sentencing until after Trizarr testifies at Kraik's trial.

The judge emphasized Trizarr's promise to "testify truthfully in the Kraik case."

He also asked for a presentence investigation before imposing Trizarr's punishment.

Trizarr, shackled, cuffed, and clad in drab brown prison garb and bright orange Crocs, answered Domalakes' routine questions, but did not otherwise testify.

In exchange for a lighter sentence, Trizarr promised to cooperate with prosecutors in Kraik's trial for the Jan. 20, 2014 death of 24-year-old Corey M. Samuels. No trial date has been scheduled.

Kraik, 18, of Coaldale, and Trizarr, 22, of Reading, were each charged with first and third degree murder, criminal homicide, robbery/inflicting serious bodily injury, aggravated assault, theft, and conspiracy.

Kraik is represented by public defender Claude A. Lord Shields.

The case is being prosecuted by Senior Deputy Assistant District Attorney Jennifer N. Lehman and Assistant District Attorney Keith D. Hoppes.

See KILLING on Page 2



Drugs in the workplace

Companies say more potential employees failing required tests

BY KRISTINE PORTER
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Work is available, but employers are having a tough time finding potential employees who can pass a drug test.

"Drug and alcohol is a major problem nationwide," said Robert Carl Jr., executive director of the Schuylkill Chamber of Commerce.

By doing drugs or having an alcohol problem, Carl said, "you eliminate yourself."

Carl added, "If I can find a person who is motivated to work and passes a drug and alcohol test, I will find a way to teach them the skill sets they need."

Susy Seifert, the office manager at Structural Metal Fabricators Inc. in Palmerton, said they have seen a 60 percent to 55 percent fail rate in drug tests of potential employees.

Lately, the fail rate has dropped, but Seifert thinks people know now that they can't get hired there if they can't pass the drug test. For that reason, people who couldn't pass it aren't applying.

"If someone gets hurt on the job, it opens up liability on the employer," Seifert said.

One of the first questions insurance companies ask the employer in workers' compensation is if the company has a drug policy.

Marshall Walters, corporate executive officer and president of Architectural Polymers in Palmerton, said he's disturbed by the reaction of people who fail a drug test.

"There's no shame if they don't pass a drug test," he said.

"There's this assumption that if it's legal in Colorado, then it's legal here. We've lost the war on drugs."

Walters said their behavior is as though "sooner or later companies will have to accept us."

"I'm not doing this. I'm not hiring someone who does that stuff," he said.

"I'm the one that is on the hook if they hurt someone. It's a huge liability. One bad accident and the rates would go through the roof."

See DRUGS on Page 2

After hiring, screening can still find drug problems

BY KRISTINE PORTER
 KPORTER@INONLINE.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 Career-Link 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 Walters, 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.

See SCREENING on Page 2

Carbon fund takes a hit

Retirement portfolio down \$2.3M

BY AMY MILLER
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Carbon County's retirement fund took a multimillion dollar hit when the markets went crazy last month.

On Thursday, Robert Crampsie, secretary to the retirement board and county controller, told the Carbon County Retirement Board that the retirement portfolio as of Jan. 31 was \$67,871,750, approximately \$2.3 million lower than the end of the year.

"We're all well aware with how the market performed in January, which wasn't very well," he said, but noted that recent activity has showed a slight turnaround.

"We are well positioned once the market turns around to do well," Crampsie said. "It's a matter of getting the market to perform and we're hoping that is going to happen. The last few days have been a little more positive. Hopefully it hit bottom and is starting to turn around."

Two portfolio advisers were at the monthly meeting to provide comments on the overall performance of the portfolios they manage for the county retirement fund.

Mark Gensheimer, president of CS McKee investment managers, spoke about the market as a whole and the underperformance of the portfolio because of the economic picture.

"It's been an interesting ride the last few months with the market," he said. "The past few months we've seen a tremendous amount of volatility in the markets."

"We think the economy is improving slowly but surely," Gensheimer said.

See FUND on Page 2

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Heroin has many names, forms

January 3, 2015

By **CHRIS PARKER**

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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.

Opioid abuse rising

February 17, 2015

By **TERRY AHNER**

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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.

Household objects double as drugs

Tuesday, April 7, 2015

By 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 contained 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.

Carbon County targets opiate addicts

Grant would fund pilot program for inmates on release

Thursday, May 21, 2015

By AMY MILLER
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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 Lehighton office over the next six months.

Drake said that early studies have shown that people who used the injection 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 discussion, 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 Lehighton 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.

Schuylkill competes for opiate program

Grant to provide injections to fight inmates' addiction before, and after release

May 22, 2015

By CHRIS PARKER

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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.

Heroin epidemic is a growing problem

September 4, 2015

By CHRIS PARKER
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The Lewis family of Northampton, who lost two children to the heroin epidemic, are not alone in coping with the devastating impact of addiction.

According 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 addiction 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.

Heroin overdoses increasing locally

November 13, 2015

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

Lehigh 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 common 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, Lehigh 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 counties 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."

Heroin leads drug deaths

November 18, 2015

By Amy Miller

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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 increasing 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.

Town hall event Wednesday on heroin epidemic

December 4, 2015

By Jarrad Hedes

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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, Lehigh 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, Tamaqua 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

Town Hall continued on next page

Town Hall continued

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 help-

ing 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."

Naloxone trainings held in Carbon

December 14, 2015

By Judy Dolgos-Kramer

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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.

Opinion

Illegal drugs are a menace to our society

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 issue just 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 over-

Menace continued on next page

Menace continued

doses 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., Lehighton. 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@tnonline.com

After hiring, screening can still find drug problems

February 20, 2016

By Kristine Porter

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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 Mar-

shall Walters, 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

Screening continued on next page

Screening continued

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.

Drug overdose numbers 'shocking, saddening'

February 23, 2016

By CHRIS REBER

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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 alternatives 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.

Community arms to battle drugs

February 24, 2016

By Amy Miller

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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 Lehigh 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 added.

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.

How can we fight drug addiction?

March 31, 2016

By Jarrad Hedes

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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.

Fight continued on next page

Fight continued

"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."

Official delivers a life lesson to Panther Valley

April 9, 2016

By CHRIS REBER
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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

May 18, 2016

By Jarrad Hedes

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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.

Tournament to aid in fight against opioids

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 organizers 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 Lehigh, talked to plenty of people, including police

Tournament continued on next page

Tournament continued

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 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 leading 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, 610-5337902, at the Blue Monkey Sports Restaurant, North Catasauqua (monkeybl@ptd.net).

Cartwright: 'Anyone can fall into addiction'

June 7, 2016

By Jarrad Hedes

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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 Hill-top 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, Aus-

tralia, 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.

Tamaqua dad fights against drugs

June 8, 2016

'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 version 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 narcotics 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 hopes to shed light on addiction

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 man-

agement 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 rescheduling a noncritical appointment. We'll do everything we can to get that person the help at the appropriate time."

Group continued on next page

Group continued

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 570421-1960, ext. 2703, or vhamnuk@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.

What you need to know about Narcan

June 25, 2016

By RON GOWER

TNEDITOR@tnonline.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 people 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.

Group fights drug abuse

Tamaqua forms STEP-Up program

July 7, 2016

By Kathy Kunkel

kkunkel@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 residents 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 provid-

ers, 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 Kensinger, 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 Feets" 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.

Family, lawmakers target opioid addiction

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, spe-

cialists, 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."



BILLBOARD'S BEST

Adele named top artist; Prince tribute closes show. Nation, B9

Law has unintended consequences
Business, D1

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MONDAY, MAY 23, 2016

Diocese counters void

With growing priest shortages, layman will provide leadership at two parishes



BAMBERA
Working to counter shortages

BUTEL
Will be third parish life coordinator

BY DAVID SINGLETON
STAFF WRITER

The Diocese of Scranton methodically is moving forward to counter its growing priest shortage, a year after Bishop Joseph C. Bambera warned of a looming pasto-

ral leadership vacuum and opened a diocesan-wide dialogue to prepare parishioners for the changes to come. In June, the diocese will install Tony Butel as its third parish life coordinator to shepherd a faith community

in the absence of a resident priest, a development the Rev. Jeffrey Walsh, episcopal vicar for clergy, called significant for two reasons.

Mr. Butel will be the first parish life coordinator to provide day-to-day pastoral and

organizational leadership in two parishes — St. Rita's in Gouldsboro and St. Elizabeth's in Bear Creek — and he will be the first layperson to serve in that capacity, the Rev. Walsh said.

Mr. Butel follows Sister

Mary Ann Cody, I.H.M., who became the diocese's first parish life coordinator in July at Our Lady of the Eucharist Parish in Pittston, and Deacon Peter G. Smith,

Please see **DIocese**, Page A9

BRING IT ON

HILLARY CLINTON DONALD TRUMP

THE NEW YORK TIMES FILE

Clinton sees benefits in Trump's personal attacks

BY LISA LERER AND CATHERINE LUCY
ASSOCIATED PRESS

WASHINGTON — Hillary Clinton has a message for Donald Trump: keep on talking. She's just weeks away from wrapping up the Democratic presidential nomination, and friends, aides and supporters describe a candidate who isn't particularly rattled by what she expects will be Mr. Trump's increasingly direct attacks on her marriage and husband's personal indiscretions. In fact, Mrs. Clinton believes that she can turn Mr. Trump's deeply personal assaults to her benefit, they say, particularly among suburban women who could be crucial to her hopes in the fall. Her plan is never to engage in any back-and-forth over the scandals. Instead, she'll merely cast him as a bully and talk about policy. "I don't care what he says about me, but I do resent what he says about other people, other successful women, who have worked hard, who have done their part," she told an audience in Louisville, Ky.

Please see **ATTACKS**, Page A9

Action growing on drug epidemic

BY ROBERT SWIFT
HARRISBURG BUREAU CHIEF

HARRISBURG — The reports and studies about the deadly epidemic with heroin and opioid drug abuse across Pennsylvania have been coming in for several years, but the issue is just now reaching critical mass in terms of getting attention from policymakers.

All of this happened last week.

■ Gov. Tom Wolf has held more roundtable discussions on the epidemic's impact on local communities.

■ A special PA-HOPE House caucus met for the first time to chart a strategy.

■ The Senate Democratic caucus unveiled a package of bills.

■ A Republican senator from Northeast Pennsylvania introduced additional bills.

■ The Pennsylvania Medical Society launched an initiative to find alternatives to addictive painkillers.

■ The state corrections secretary outlined programs to help inmates with substance abuse problems.

Numbers drive the policymakers and activists: Nearly 2,500 Pennsylvanians died of heroin and opioid overdoses in 2014, making it the leading cause of accidental deaths in the state. About 80 percent of heroin addicts can trace their addiction back



"I think there has been way too much hot air and not enough action on this."

Rep. Aaron Kauffer
R-120, Kingston, and co-chairman of the PA-HOPE.

Please see **DRUGS**, Page A9

Taliban leader's death seen as sign of hope

Officials say Mansour was killed by a U.S. drone strike.

BY LYNNE O'DONNELL
AND MIRWAIS KHAN
ASSOCIATED PRESS

KABUL, Afghanistan — The killing of Afghan Taliban leader Mullah Mohammed Akhtar Mansour in a U.S. drone strike was greeted Sunday by Kabul's political leadership as a game-changer in efforts to end the long insurgent war plaguing Afghanistan. In a rare show of unity, President Ashraf Ghani and Chief Executive Abdullah Abdullah both welcomed the news of Mr. Mansour's death as the removal of a man who unleashed violence against innocent civilians in

Afghanistan and was widely regarded as an obstacle to peace within the militant group.

Mr. Mansour, believed to be in his 50s, was killed when a U.S. drone fired on his vehicle in the southwestern Pakistan province of Baluchistan, although there were conflicting accounts whether the airstrike occurred Friday or Saturday. He had emerged as the successor to Taliban founder Mullah Mohammad Omar, whose 2013 death was only revealed last summer.

Mr. Mansour "engaged in deception, concealment of facts, drug-smuggling and terrorism while intimidating, maiming and killing innocent Afghans," Mr. Ghani said in a statement on his official Twitter account. "A new opportunity presents itself to those Taliban who are willing to end war and bloodshed," he added.



This photo purports to show the destroyed vehicle in which Mullah Mohammad Akhtar Mansour was traveling in the Ahmad Wal area in Baluchistan province of Pakistan.

Insurance coverage blitz stalls in state

Only about 10.9 percent in Pennsylvania remain without health coverage.

BY JON O'DONNELL
STAFF WRITER

More Pennsylvanians continue to sign up for health insurance, although a blitz to get coverage made more accessible under the Affordable Care Act has slowed to a crawl.

In 2013, more than 16 percent of Pennsylvanians were uninsured. Over the next two years, that figure fell by nearly one-third with only about 10.9 percent of people ages 18 to 64 uninsured last year in the state

of nearly 13 million people.

Figures released last week by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention show the nation as a whole hit a milestone in 2015 with less than 10 percent of all Americans uninsured — the first time.

However, the rise of insured people stalled in 2015 for Pennsylvanians with only about 100,000 people ages 18 to 64 uninsured last year in the state

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Good morning
A t-shower
High: 74°
Low: 54°
Weather, B10

Touching down
President Barack Obama arrived in Vietnam with a message of stronger economic and security ties with Asian-Pacific allies. **A8**



You're not 25 anymore
Dr. Paul Mackey stresses an age-appropriate exercise regimen for those older than 50 who want to stay in shape. **C6**



Our Opinion

Reversing overdoses, addiction

May 16, 2016

In the 18 months that police and other emergency responders have been allowed by state law to administer lifesaving opioid antidotes to people suffering overdoses, they have rescued nearly 900 victims statewide — including 25 in Lackawanna County and 11 in Luzerne County.

The Pennsylvania Department of Drug and Alcohol Programs recently released a map showing that local and state police have administered the highly effective opioid antidote naloxone to 880 people experiencing opioid overdoses. The drug prevents the respiratory arrest caused by overdoses of prescription opioid painkillers and heroin.

Prior to November 2014, when the state implemented the law allowing first responders to administer the drug, only medical

personnel were allowed to do so. The time lost transporting overdose victims to emergency rooms sometimes was the difference between life and death.

Availability makes difference

Gov. Tom Wolf expanded the availability of naloxone when he took office in 2015. The state physician general issued a universal prescription making it available, free, at any pharmacy. And state police now carry it. According to state data, troopers have administered 13 doses of naloxone to overdose victims.

Widespread availability of the antidote obviously is a highly successful and important step to diminish the toll of the opioid epidemic. But while saving lives, it does not stop addiction. The state government should follow up the progress in several ways.

According to the Department of Drug and Alcohol Programs, there still are 28 counties where state police are the only police that carry naloxone. Given the success of the program, lawmakers should make it mandatory for local police to carry naloxone, and they should provide funds to train local officers in its use.

The administration should develop protocols to ensure that addicts who are rescued from overdoses make the transition to addiction treatment. And the Legislature should make it much harder for parochial local governments to reject the placement of treatment centers.

Naloxone enables addicts to skirt death; the next step is to help them embrace drug-free life.

Action growing on drug epidemic

May 23, 2016

BY ROBERT SWIFT

HARRISBURG BUREAU CHIEF

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- The state corrections secretary outlined programs to help inmates with substance abuse problems.

Numbers drive the policymakers and activists: Nearly 2,500 Pennsylvanians died of heroin and opioid overdoses in 2014,

making it the leading cause of accidental deaths in the state. About 80 percent of heroin addicts can trace their addiction back to use of prescription opioids, officials said.

A nagging question exists whether the burst of activity will lead to concerted action to tackle this problem as Harrisburg enters its busiest season next month.

"I think there has been way too much hot air and not enough action on this," said Rep. Aaron Kaufer, R-120, Kingston, co-chairman of the PA-HOPE caucus. The caucus members plan to wade through a slew of bills to determine which they can support and have a chance of moving. Mr. Wolf attended the inaugural caucus meeting.

Cathleen Palm, founder of the Center for Children's Justice, wants officials to also address a heretofore neglected area: how the epidemic is affecting pregnant women and infants born with withdrawal symptoms.

"I do think it (attention) is bipartisan and there is a lot of energy," she said. "We would like to see the same urgency with a focus on pregnant women and children." Ms. Palm suggested a starting point could be providing \$10 million to support home visits by professionals to those families.

Mr. Wolf hopes the roundtable discussions, often involving local lawmakers of

both parties, lead to a package to fight drug abuse that can be passed with the fiscal 2016-17 budget.

"Our hope is this is part of the budget," said Wolf spokesman Jeff Sheridan. The governor has initially proposed \$34 million to run some 50 centers to help individuals with substance abuse disorders.

Mr. Kaufer said a network of emergency detoxification centers in partnership with health care providers is urgently needed to help stabilize overdose patients.

The ongoing statewide initiatives include distributing naloxone, a drug that reverses the symptoms of an opioid overdose, to police departments and emergency responders, setting up boxes where people can drop off unwanted and old prescriptions and implementing a state prescription drug monitoring system.

One big challenge is finding where to direct scarce resources to address a multifaceted and complex problem.

The bills in the hopper address a range of topics from setting up emergency treatment facilities, better coordination of longer-term treatment and recovery services, education programs for everyone from students to physicians, uniform reporting standards for

Action continued on next page

Action continued

overdose deaths and expanding access to naloxone.

Democratic senators called last week for a 10 percent state assessment on the sales of opioid drugs by pharmaceutical companies as a way to fund a number of programs. This assessment would generate an estimated \$60 million annually.

"You can't do it (help people) on the cheap," said Sen. Vincent Hughes, D-7, Philadelphia.

Pennsylvania will soon be able to combine both state and federal dollars to expand treatment programs, said Sen. John Blake, D-22, Archbald. He is working on obtaining state aid for a behavioral health initiative undertaken by the Commonwealth Medical

College in Scranton.

Sen. Gene Yaw, R-23, Williamsport, introduced a bill last week to require better reporting of overdoses and overdose deaths. Mr. Yaw has chaired hearings by the Center for Rural Pennsylvania that have led to two reports on the epidemic.

Contact the writer: rswift@timeshamrock.com

Bill targets med school role in painkillers

Lawmaker would cut overdoses

June 9, 2016

BY ROBERT SWIFT

HARRISBURG BUREAU CHIEF

HARRISBURG — Medical schools would be required to teach their students about safely prescribing opioid painkillers under a bill introduced this week by a senator from Northeast Pennsylvania.

The measure by Sen. Gene Yaw, R-23, Williamsport, would tie state funding to establishing an opioid teaching curriculum in medical schools. Medical students would be taught how to minimize use of opioids and identify those at high risk for being addicted as part of the curriculum. Students would be required to demonstrate proficiency using naloxone, an antidote for opioid overdoses.

The legislation seeks to address the link

between individuals becoming addicted to prescribed painkillers and later use of heroin.

The Commonwealth Medical College in Scranton said its curriculum already includes elements of Mr. Yaw's legislation and the school is continuing to improve its curriculum.

"We are part of a consortium of Pennsylvania medical schools working together to develop a common curriculum ...," a TCMC statement said. "The college has signed on to the White House pledge to incorporate opioid prescribing into the medical curriculum. Currently, TCMC addresses opioids and substance abuse throughout the medical students' second, third and fourth years."

Mr. Yaw wants more done collectively to address the rise in opioid abuse.

"It's disturbing to learn that veterinarians often receive more training in pain manage-

ment than many of our medical doctors," he said.

Meanwhile, a Senate committee approved this week another measure sponsored by Mr. Yaw that addresses opioid education.

The measure clearing the Consumer Protection and Professional Licensure Committee would include pain management and opioid prescribing practices in the continuing medical education credits for those licensed to prescribe and dispense opioids.

Gov. Tom Wolf endorsed this legislation saying it will improve state prescription monitoring laws.

"I am hopeful it (bill) is sent to my desk, and I will sign it into law," he said in a statement.

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OUR OPINION

Striking pose on opioid crisis

As new physicians take the Hippocratic Oath, they pledge to abstain from intentional wrongdoing and harm. Casting aside the ethical tenets of modern medicine, state Sen. Gene Yaw, a Williamsport Republican, has hatched legislation that would link state funding for medical schools to a requirement that they establish opioid teaching curricula. The bill would mandate instruction on minimum use of opioids and recognition of people at high risk for addiction.

Scranton's Commonwealth Medical College already teaches its students about opioids and substance abuse prevention. It is among a group of state medical schools cooperating on a common curriculum ad-

ressing the prescribing of opioids.

Multiple studies show the opioid crisis is driven by illegal drug activity, not medication ordered by physicians. The National Survey on Drug Use and Health, for instance, indicates that 75percent of opioid abuse starts with drugs people obtain unlawfully through friends and dealers, not at pharmacies.

Pennsylvania faces a widely publicized narcotics epidemic and ranks ninth nationally for overdose fatalities, according to the Trust for America's Health. But the state is making progress on the drug-abuse front. Naloxone, an antidote to heroin and prescription opioid overdoses, is widely available now,

even without a prescription. By Labor Day, the state expects to roll out an expanded drug prescription drug monitoring database to help check the opioid abuse epidemic.

Mr. Yaw's bill would impose unnecessary mandates serving only politicians posing to address the crisis. It even violates Republican orthodoxy against excessive regulation and limits on government intrusion.

As Mr. Yaw and his colleagues continue to work on the pending state budget, they could address the crisis more seriously by devoting additional state funding and resources to community drug treatment programs and long-term rehabilitation.

Wolf tackling state's opioid problem

Governor holds roundtable in Scranton to hear about the challenges caused by this crisis.

June 11, 2016

BY CLAYTON OVER
STAFF WRITER

Gov. Tom Wolf was in Scranton on Friday to hear from local elected, law enforcement, medical and school officials about challenges they're seeing caused by the state opioid crisis.

It's a growing problem in the state, the governor said after the talk Friday. According to the Center for Disease Control, more than 28,000 people around the country died from prescription medication and heroin overdoses in 2014. At least 2,500 Pennsylvanians were among that number that year, Mr. Wolf said, with numbers from 2015

expected to be higher.

"It's a chronic disease. It's not something you can take a pill and be cured," Mr. Wolf said. "It's something that's going to take some long-term care and long-term attention."

The roundtable talk at the Commonwealth Medical College was the 25th of its kind the governor has conducted to hear from local officials about the challenges they face in combating the epidemic, spokesman Jeff Sheridan said.

Many of the people gathered Friday told a similar story — that of a family member, friend or acquaintance who was prescribed painkillers after an injury or surgery, ended up addicted and oftentimes turned to hero-

in, a cheaper alternative, to feed it.

Encouraging doctors to be more conservative with painkiller prescriptions — and tracking prescriptions that are written across the state to cut down on addicts getting pills from multiple health care providers— were mentioned at Friday's meeting.

"If you look at a graph and you say, 'How much has opioids been prescribed in an increasing number,' it's at exactly the same slope at how much heroin usage and deaths there have been," said Richard Silbert, M.D., senior medical director at Community Care Behavioral Health. "One follows the other."

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Life from death

County officials, parents of daughter who died from heroin overdose organize Addiction Awareness Rally

July 10, 2016

BY PATRICE WILDING
STAFF WRITER

South Scranton resident Samantha Henehan lived as two different personalities.

There was Sammi, the girl who loved horses, dogs, the Philadelphia Eagles, Dave Matthews Band, driving motorcycles and being Irish. Even without a formal education, she showed a talent for the banking industry she was building a career in, earning a \$10,000 bonus one year for her special efforts at work.

And then there was the second version of Sammi. This one dozed off at the kitchen table in front of her parents as she swayed under the influence of heroin. She lied, took off without warning, and spent time in rehabs and jail as she fought for her life against addiction.

At times, she seemed close to reaching true sobriety, a goal she had attained at great lengths before, sometimes for months or even years.

But Samantha Henehan ultimately lost her battle on April 10 at the age of 23, when she was found lifeless from an overdose by her parents and police in a low-rise Moosic hotel room.

The world forever changed for Marty Sr. and Stacy Schmidt-Henehan when they lost their only daughter. But, they remain determined to use their painful experience to save other lives and influence change in Northeast Pennsylvania.

On Sunday, July 17, from 3 to 7 p.m., the Henehans will co-host an Addiction Awareness Rally on Lackawanna County Courthouse Square in Scranton, with special assistance from co-organizers Judge Michael J. Barrasse, Lackawanna County District Attorney Shane Scanlon and Lackawanna County Commissioners Jerry Notarianni, Patrick M. O'Malley and Laureen A. Cummings.

The family-friendly event will have all the trappings of a typical festival: face painting, bounce houses and activities for children, food vendors and refreshments, raffles, a dunk tank and live entertainment by a DJ and blues artist Clarence Spady.

But this rally features something different, too.

Several regional addiction treatment centers, as well as representatives from support groups, local law enforcement and the courts system, former drug and alcohol

abusers and family members will be on hand to talk to guests about sobriety, recovery and everything that comes before it.

The rally falls one day after what would have been Sammi's 24th birthday. And while her family's grief is still unfolding, her parents said there was no time to waste in trying to help others.

It's a mission that started when they plainly stated her cause of death in her obituary. And one that continues as the Henehans work to remove the stigma from speaking out about the realities of addiction.

Their daughter easily made friends wherever she went, and often comforted others struggling with substance abuse, they recalled. She especially looked out for other young women she encountered who needed encouragement and a friendly ear.

The rally will serve as the launching point for the Forever Sammi Foundation, which seeks to assist people in recovery with transitions.

The fund will bridge the gap between treatment centers and sober houses, among other crucial services.

"I think that she would just want to

Rally continued on next page

Rally continued

continue to help people," Mr. Henehan said on a recent afternoon at his in-law's West Scranton home.

"Try to help families to avoid this, kids come out of that hole they're in," he continued. "If we can help one person, one family, it's a homerun."

Bright future

As a toddler, Sammi Henehan was a beauty pageant queen, earning titles from Scranton to Pittsburgh, her mother said. She babied her little brother, Marty Jr., and adored her grandfather, Joseph Schmidt Sr., who helped raise her.

She was a petite free spirit with hazel eyes, whose bubbly personality and ease with public speaking made her a natural as a personal banker, her parents explained.

"She was an extrovert, without a doubt," Mr. Henehan said. "She was the type of person who would walk into a room and there could be 100 people there, and she would say hello to every single person.

"But as she said hello to you, you would feel as though there was nobody else in the room," he added.

The first glimpse of her inner demons came when she was about 14 years old as she started drinking. She began acting out, and by 15, her mother discovered Vicodin pills in her bedroom.

"She didn't really try to hide it. I think that was her personality," her father said. "She was really honest, in a dishonest way, if that makes any sense. She walked to the edge all the time."

Sammi celebrated her 16th birthday at a rehab facility. She remained sober for a couple months, but was back in treatment by 17. This time, it seemed to stick, and she marked three years sober when she was 20.

At 21, upon entry into the bar scene, Sammi relapsed, and seemed crushed by the loss of her hard-won sobriety.

"She felt like she was missing out," Mrs. Henehan said. "It just escalated from there."

Sammi met a boyfriend in recovery who was a heroin addict. When the couple got an apartment together, she began to use, too. The change was dramatic and her friends and family knew she was in trouble right away.

"Her attitude was horrible. It was hard to watch and see," Mrs. Henehan described. "She had (needle) marks. Her face would break out because she would scratch."

"Her infectious, positive personality would

overpower a room when she was sober. However, when she used, it was like talking about Dr. Jekyll and Mr. Hyde," Mr. Henehan said.

"I would go in to a room and she would just be laying there, crying, (saying) 'Nobody likes me.' She believed that lie," he said. "That's how addiction would grab hold of her."

Mr. and Mrs. Henehan themselves battle with addictions to alcohol, opioid pain pills and substances, but are both in recovery now. The topic was never off-limits in their house, as they tried to remain open and honest with their daughter while she worked on being sober.

They understood the dark side of addiction, and wanted Sammi to know she wasn't alone.

"It lies to us. It puts us in the darkest place that separates us from the positive spirit," Mr. Henehan said. "It was the most powerful force on the planet she was battling, and she felt she had to battle it herself. We forget there's a solution. We forget that there's a way to fix this."

"I'm so heartbroken to know that I didn't know she was in that much pain," her mother said. "I should be planning her wedding, not this (rally)."

Mr. Henehan likened addiction to driving an 18-wheeler down a winding hill and losing the power steering, brakes and all control over the vehicle.

"I can see the wall coming, but I can't stop," he said. "Sometimes willpower is not enough to stop it."

Fatal dose

In the final few months of Sammi's life, she struggled with staying clean. She spent time in a mental hospital, landed in jail for a week and left two treatment centers against medical advice.

Via a network of tips from acquaintances, the Hehehans received word that Sammi was in danger when she took her fatal dose in April. Both parents admitted they had had a bad feeling that day.

For Mr. Henehan, the strength to continue likewise came from a sign he felt came from Sammi. Ashe begged for a sign that God was real and asked his daughter for a clue about what he should do, the message came through clear.

"I needed to know she's perfectly healthy, no fears, no insecurities, no feelings of loneliness," he said. "The things we feel when we're in the middle of our active addiction."

During his own struggle with sobriety,

Sammi had sent him a card that told him to help somebody else in order to make his time count.

"I got some relief," Mr. Henehan said. "I got that same message as I was sitting there."

"I think the message that she told me was the best thing, and the only thing, that I could continue to do for her, and in her name, and to hold her legacy," he said. "Help somebody while I'm here."

Mr. Henehan estimated he logs about 100 hours per week promoting the rally on top of the 40 hours he works construction. It's a labor of love to change the way the public thinks of heroin, and to spread the hopeful message that recovery is possible.

"The problem starts in our living room," Mr. Henehan said. "But unfortunately, this problem mushroomed outside of my living room. It's in my neighborhood, it's in my community."

"We need to stop whispering about it and address it for what it is," he continued. "If you ask some people what's our No. 1 resource, they might say gold. I believe it's something else that still has four letters, but it's called life. It's stealing the life out of our community."

In hindsight, Sammi's parents admit they have many regrets. Mrs. Henehan wishes she had been a stricter disciplinarian. Mr. Henehan wishes he didn't overcompensate for his own failures by giving Sammi too much.

"Don't love your children to death," he advised. "Love them to live ... Remove the resources of their funding ... because they may be walking out and die with the money you put in their pocket."

In the end, Sammi's addiction brought her to a hotel room she never walked back out of. Yet the memories of her goodness remain not only with her family and friends, but also with the strangers she helped along the way.

One such anonymous person reached out to Mrs. Henehan right after Sammi died to say this:

"I just wanted to thank you for sharing her with the world. Her light and message was pure love. She was the first person who helped me pave my pathway to sobriety. My heart is broken that she couldn't find hers."

"But now, because of her, I'm helping others. You don't know me, but I love you for that ... Sammi is for sure going to be an enormous guardian angel."

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NEPA heroin fatality numbers paint a grim picture

July 10, 2016

BY PATRICE WILDING
STAFF WRITER

Fatalities attributed to heroin increased dramatically over the past couple decades thanks in part to some basic economics.

The growing heroin problem has been on Lackawanna County District Attorney Shane Scanlon's radar since he started in the DUI unit in 2003. By 2006, he began prosecuting felony drug cases until he was sworn in as the DA in January.

"We used to buy bags of heroin for \$25," he explained. "Now, it's \$10 per bag, even as low as \$3 per bag."

Availability contributed to the influx, too, as Scranton became an epicenter for major source cities like Paterson, New Jersey, or places in New York. Most major connecting highways flow through Lackawanna County, Mr. Scanlon pointed out.

The growing trend of opioid addiction to medications like Percocet, Vicodin and OxyContin can be linked to increased heroin use, too. Heroin also is classified as an opioid.

"Unfortunately, another huge aspect is we have people who are legitimately injured (who are) prescribed pain pills or opioids, and are either cut off by medical professionals or can't afford it anymore," Mr. Scanlon said. "Heroin is a cheaper alternative."

The county introduced medication drop-boxes in 2014, where residents can safely dispose of expired or unused prescriptions. In the first quarter of 2016, more than 169 pounds were collected.

The Pennsylvania State Coroners Association's Report on Overdose Death Statistics from 2014 (the most recent available on the group's website) says that every day, seven people die from drug-related causes in Pennsylvania.

It also hints at the notion that this information is incomplete, since several counties did not submit information, and also because Narcan users are not required to report on their use of the lifesaving opioid antidote.

"Not known are the number of persons who overdose, but survive," the report explains.

The report offers a clinical look at the facts, though a picture begins to develop from the information. The typical decedent, statewide, is white, male, single and between the ages of 41 to 50.

In Lackawanna County, the composite becomes a little clearer. Thirty people perished in 2014, with deaths spiking in January and April, but dropping in December. Most deaths occurred on Tuesdays.

The stats show grim news in neighboring counties for 2014, too. In ascending order, Susquehanna lost 12 people; Wayne, 14; Wyoming, 17; Monroe, 39; and 67 in Luzerne County, the biggest fatality number in NEPA.

And still, those double-digit amounts pale in comparison to Philadelphia County, which saw 611 people die in 2014 from drug-related causes.

Mr. Scanlon offered more recent local numbers, saying that 69 people died of fatal overdoses in 2015.

"Every five days, we lose someone to overdose in Lackawanna County," Mr. Scanlon said.

It's a scary enough number, and also does not include the number of people who nearly died but were saved by Narcan, which local police started carrying in March 2015.

The recently launched website www.heroinhitshome.com exists as a resource for help and information for county residents. Treatment is key to combatting drugs, Mr.

Scanlon stressed.

"If we don't get to the underlying issues, it's a revolving door," he said. "We can't arrest our way out of this problem. "If you pay attention to national statistics, we're losing more people to overdoses than car crashes probably ever," Mr. Scanlon said. "What we're trying to do is show how widespread this is — how deadly it is — and point out how much health care is out there, and avenues not only for the person suffering from addiction, but their families."

The state coroners' report shared a similar sentiment back in 2014.

"More needs to be done," the report stresses. "Drug deaths represent approximately 10 percent of the drug abuse issue."

In Lackawanna County, the treatment court program aims to stop the cycle. According to the district attorney's office, the average recidivism rate for crime is about 40 percent, but drops to 11 percent when people engage in the program.

Additionally, the county is researching and implementing a pre-trial services program, which brings an arrested person into a processing center, where they are assessed for mental health or addiction.

Treatment can be ordered at arraignment as a condition of bail, and participants are supervised for compliance. At this point, the recidivism rates drop down to six percent, Mr. Scanlon said, because it addresses the true needs of the individual.

"They teach you how to live all over again, but this time, without the crutch you've been using," Mr. Scanlon explained. "It's huge and very successful, and probably one of the best tools at our disposal."

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OUR OPINION

Overdose toll affirms crisis

New federal data erase any lingering doubt about Pennsylvania's worsening drug epidemic.

Overdose deaths in the state totaled 3,383 in 2015, the Drug Enforcement Agency's Philadelphia division reported Tuesday. It was a 23 percent increase over the prior year. Regional 2015 trends are even more unsettling: Lackawanna County's overdose toll more than doubled to 79 victims, from 34 in 2014. Luzerne County's 2015 loss included 95 deaths, a 42 percent increase.

About seven people in Pennsylvania die daily from overdoses.

"We are in the midst of the worst ever overdose death epidemic and the worst public health crisis of the last 100 years,"

state Secretary of Drug and Alcohol Programs Gary Tennis declared in April. Overdose deaths in the state in 2014 were 14 times greater than the 1979 total, according to a Pittsburgh Graduate School of Public Health study.

Decades-long explosion in the prescription of opioid medications, such as OxyContin and Vicodin, contributes to the crisis and street prices for heroin have dropped by more than half over the last 10 years. Heroin use among young adults has doubled in the last decade, according to the Centers for Disease Control and Prevention.

The state has taken steps to address the crisis. Naloxone, an opioid overdose antidote, is broadly available, even with-

out a prescription. Later this summer, the state expects to unveil an expanded drug prescription monitoring database to help contain the opioid abuse epidemic.

A shortage of available treatment, though, continues to hinder overdose-prevention efforts. State funding for drug and alcohol programs increased by just 9 percent from fiscal 2010-11 to the current year. Meanwhile, the state budget grew by 11 percent and corrections spending advanced by 20 percent during the same period.

If the state intends to arrest and reverse the overdose crisis, more funding and resources must be devoted to community-based drug treatment and rehabilitation programs.

'IT'S OK TO ASK FOR HELP'

Addiction rally remembers young woman, aims to prevent the next overdose.

July 18, 2016

BY PETER CAMERON
STAFF WRITER

Marty Henehan Sr. stood at the podium before hundreds of people and fought back tears.

"She was 5-foot-1, weighed 110 pounds, but would not hesitate to tell you her thoughts and her beliefs and stand firm by them," he said, remembering his daughter Sammi Henehan, who died from an overdose earlier this year. "She was a firecracker."

On Sunday, Mr. Henehan and his wife, Stacy Schmidt-Henehan, of Scranton publicly launched the Forever Sammi Foundation at an addiction awareness rally at Lackawanna County Courthouse Square.

When their 23-year-old daughter lost her promising life in April after a long battle with heroin, the couple wanted to channel that anguish into something positive. The foun-

dation aims to help bring the raging opioid epidemic out of the shadows and into public discourse, and to raise money for those struggling to stitch their lives back together after destructive bouts with addiction.

Mr. Henehan, who told the crowd he was an addict in recovery, started the foundation with his wife and a friend, Sean Bingham, a former heroin addict who has been sober six years after a long battle with the drug that resulted in 17—yes, 17—overdoses.

"I asked for help," Mr. Henehan told the crowd, many wearing fluorescent T-shirts reading "Forever Sammi." "It's OK to ask for help."

Mr. Bingham, 47, of Scranton, estimated the rally raised \$10,000 for the foundation.

Lackawanna County President Judge Michael Barrasse, who oversees the county's addiction treatment courts, saluted the courage of the Henehan family to publicly engage such a devastating issue.

"It kills people," the judge said of addic-

tion. "It kills family members. It doesn't kill the people under the bridges. It doesn't kill the people we don't know. It kills the people in our own families."

He called on the crowd to urge more funding for treatment programs from elected officials.

"We need to make sure there is more money in the criminal justice system to treat the problem, not just incarcerate," he said. "We have to make that change."

Other speakers on Sunday included District Attorney Shane Scanlon, Commissioner Lauren Cummings and Detective John Munley, himself a recovering alcoholic who touted the power of treatment programs. All three are members of the county's drug task force, which aims to educate the public about the dangers of abusing drugs like heroin and other opioids like prescription painkillers.

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The Titusville Herald



Tuesday, August 9, 2016

Established June 14, 1865. The first daily newspaper in the Pennsylvania Oil Region.

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Rocket Football officially began Monday with their first practice of the season.
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Oil Creek Township, Venango County announced the start date for the sewer expansion project.
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Police in meadville are currently searching for a man who used a knife to commit robbery.
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Presidential candidate Donald Trump to make stop in Erie, Friday.
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LOCAL LEGEND

Bruce Baumgartner, Edinboro University wrestling coach and four-time olympic medalist, was named USA Wrestling president.
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Titusville Area School District taking innovative approach with new teaching model. Page 15

PENNCREST School District to fill another vacant board seat, Thursday. Page 14

A problem that can't be ignored

Drug-related deaths jumped 30 percent from 2014 to 2015 and are likely to keep increasing, according to recent reports

By Stella Ruggiero
Herald Managing Editor

Ten Pennsylvanians die every day from drugs, according to a state coroners' report released Monday. From 2014 to 2015, drug-related deaths increased 30 percent, according to the Pennsylvania State Coroners Association's 2015 Report on Overdose Deaths in the Commonwealth. In a bleak assessment of initial data for 2016, the number of deaths will continue to increase, the report said.

The use of heroin, cocaine, and marijuana continues to rise, according to the report. And there's also been an increase in the co-occurring use of fentanyl and synthetic fentanyl.

Synthetic cannabinoids are also being seen in toxicology. These are unregulated, mind-altering substances that have become newly available on the market. They're designed to copy the effects of illegal drugs. They're typically sold in colorful foil wrappers. K2 and Spice are common brands.

From January through December of 2015, the Coroners and Medical Examiners of the Commonwealth reported 3,505 deaths from drug poisoning. (The report noted that this number may not reflect all drug-related deaths for that time period, since there is lag time in getting toxicology reports and autopsy reports completed, and not all drug-related deaths may have been reported to a coroner or medical examiner.)

While the report determined that 10 people die every day in the state from drug-related causes, the number of people who overdose but survive is not known.

The report also noted that the number of drug-related deaths may be conservative since many hospitals toss admission blood after three days, leaving nothing to be analyzed in the case of death.

The age of the dead in the state ranges from under 2 months to 94 years old. Most deaths are found in the age group of 30 to 39.

Men represent two-thirds of the victims.

The dead are split along racial lines in accordance with the percentages represented in the state.

The typical decedent is single, either never been married, divorced or widowed, according to the report.

There are several ways in which these drug-related deaths may be characterized, according to the report, and each requires a solution that considers the unique variables:

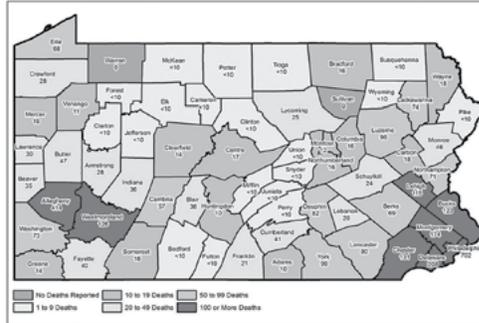
■ There is the group of children either born with NAS or toddlers exposed to drugs and those drugs used for treatment who in error access them with fatal results.

■ There is the group of teens and younger adults who are experimenting with drugs, perhaps as a matter of peer pressure.

■ There is the vast majority of adults who perhaps believe that the "American Dream" has passed them by, have become addicted and see no clear path to recovery or have been unable to readily access the means of recovery.

■ There are the elder citizens who are generally not experimenting with illegal drugs but are overdosing on prescribed medications.

■ And, lastly, there are the veterans who have volunteered to serve our country and who come home with medical issues and mental health issues for which they have been receiving inadequate treatment in the form of a cocktail of drugs - a sleeping pill, anti-anxiety medication, an anti-depressant, and an



The graphic shows the average number of drug-related deaths per county each year, with Crawford County at 28 and Venango County at 11.

According to the report, 18 percent of drug-related deaths in the state also had alcohol detected in the toxicology.

anti-psychotic and sometimes, even a stimulant. Across the state, most deaths are the result of multiple prescription drugs, either alone or with the addition of heroin or cocaine, to a lesser degree.

In addition, there has been a significant increase in the number of heroin deaths that were accompanied by the addition of fentanyl or acetyl fentanyl.

Also, the use of cocaine, to which levamisole has been added, continues to increase.

Lastly, there is an increase in the presence of THC found in marijuana and synthetic cannabinoids. The latter drug is also seen increasingly in statistics reported by the Pennsylvania State Police on impaired driving.

Found in 14 percent of the toxicology reports of the drug-related deaths are the opioids generally prescribed to treat addiction or overdose events, methadone, buprenorphine (found either as suboxone or subutex), naloxone, naltrexone.

Methadone is prescribed in clinics under the regulation of the Substance Abuse and Mental Health Services Administration and the Pennsylvania Drug and Alcohol Programs.

To prescribe buprenorphine, the prescriber only needs to secure a DEA authorization.

Lack of care
The report noted that there is a scarcity of pain management practices or

See DRUGS, page 2

Overdose deaths in NW Pa.

>> Here are the number of reported drug deaths by county in 2015.

- Butler — 47
- Clarion — 10
- Crawford — 28
- Erie — 68
- Forest — 10
- Lawrence — 30
- Mercer — 19
- Venango — 11
- Warren — 0

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The Titusville Herald
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Pa. Lottery

- Pick 2: 0-8 (M) & 3-2 (N)
- Pick 3: 8-7-2 (M) & 7-3-4 (N)
- Pick 4: 9-7-8-9 (M) & 3-2-3-8 (N)
- Pick 5: 2-5-0-8-8 (M) & 2-7-5-6-3 (N)
- Cash 5: 3-4-18-21-33
- Treasure Hunt: 12-13-15-16-23

Deaths

- Benjamin Leo Lake, 36
- Wilda A. Yakish, 90

Weather



TODAY: Isolated showers and thunderstorms after 2 p.m. Increasing clouds, with a high near 63.

TONIGHT: Scattered showers and thunderstorms. Mostly cloudy, with a low around 68.

For a complete forecast, turn to page 3.

Local doctor gets court supervision in fentanyl case

June 29, 2016

By Stella Ruggiero

sruggiero@titusvilleherald.com

MEADVILLE — A judge on Tuesday ordered a Titusville doctor to complete 12 months in a special court program for his offense of writing prescriptions for the potentially dangerous painkiller fentanyl for a man who wasn't his patient.

Sixty-one-year-old Dr. William Sonnenberg, a family medicine doctor with a private practice at 119 E. Mechanic St., Titusville, and is affiliated with Titusville Area Hospital, went before Honorable Judge Mark Stevens in the Crawford County Court House on Tuesday morning for an accelerated rehabilitative disposition (ARD) program hearing.

The small gallery of Courtroom No. 3 was nearly full, with people awaiting their own ARD program hearings, along with their lawyers and supporters.

Before the judge entered the courtroom, Sonnenberg, his attorney, and the prosecuting attorneys took a seat before the bench. It came as news to the judge that Sonnenberg's ARD hearing was happening that morning. The judge said the doctor's case wasn't on a list of ARD hearings scheduled for Tuesday court.

The judge then sent a court staffer to "track down" Sonnenberg's file.

For the benefit of everyone gathered in the courtroom, Stevens explained how the ARD program works. He said it's for people who perhaps made a "mistake" that doesn't appear to be part of a pattern. It's a "pretrial diversion program," which is another way of saying it's an alternative to prosecution.

After the judge explained how ARD works, and Sonnenberg's file had been retrieved, the doctor stood, along with his attorney, before the judge for a hearing that lasted just a few minutes.

Roger Bauer, a prosecutor for the Pennsylvania Office of the Attorney General, told the judge that Sonnenberg admitted to writing two prescriptions for fentanyl for a man named James Vogan.

Bauer noted that Sonnenberg had no prior record, and said he was an "otherwise upstanding member of the medical community."

Sonnenberg's attorney, Leonard G. Am-

brose III, of Erie, told the court that Vogan accompanied "a friend who was a patient" of Sonnenberg's to her Titusville appointments. Ambrose told the court that Vogan had stomach cancer that was at "Stage 4," and said he is now deceased.

EDIT: Vogan called The Herald on Wednesday. He is not deceased.

A narcotics agent with the Attorney General's Office, Craig Senz, received a report in April 2014 about Vogan, who had "complained that he had been given a prescription for fentanyl" from Sonnenberg. That prescription had been written on Jan. 30, 2014.

The agent then learned about a prescription that had been written about three weeks earlier, on Jan. 8, 2014, for Vogan, also for fentanyl. That prescription had been picked up, the grand jury document states, although it does not say by who.

Vogan "indicated that he never received either prescription for fentanyl," the grand jury document states.

Senz said Vogan visited Sonnenberg's office with Vogan's then girlfriend, who was a patient of Sonnenberg's. While the girlfriend's name is published on case documents filed at the Titusville office of Magisterial District Judge Amy Nicols, the newspaper is not publishing it because she has not been charged in this case.

She appears to be a local woman who had her nursing license suspended for up to five years after pleading no contest to taking syringes of meperidine, also known as Demerol, out of a machine at Clarion Hospital, squirting the painkiller into a pop can and refilling the syringes with salt water about a dozen times in late 2006.

When Senz interviewed Sonnenberg on April 4, 2014, the doctor said he gave Vogan the prescription on Jan. 8, 2014, but gave the Jan. 30, 2014, prescription to Vogan's girlfriend.

Senz said the girlfriend confirmed this information.

Sonnenberg told the investigator that Vogan was not a patient of his, and that he did not maintain any computer records for Vogan.

Sonnenberg told the investigator he made a "mistake" in writing the two prescriptions, and said he had viewed Vogan as a patient, court documents state.

During the Tuesday hearing, Ambrose told the judge that his client had expected Vogan to become a patient.

However, the investigating grand jury found "there was no doctor-patient relationship of any kind."

After listing Sonnenberg's professional achievements, Ambrose said the case is a "terrible embarrassment for an accomplished person."

The judge said it was "notable that it (the prescription) was fentanyl," given that the drug is "tightly regulated."

While the judge said he wouldn't comment on Sonnenberg's decision to write a fentanyl prescription for someone with cancer, he did weigh in on writing a prescription for someone without keeping any record of it.

The judge brought up a "rash of fentanyl abuse" fed by illegal prescriptions.

"We're battling here, every day, trying to get local doctors to work together," he said.

Stevens said there was no way Sonnenberg could have kept track of who he had written prescriptions for without proper records.

The judge then ordered 12 months of court supervision in the ARD program.

Agent Senz testified before the grand jury that he had received a letter from a Dr. Russell Carter, who the state considered to be a medical expert. In the letter, Carter stated that Sonnenberg "engaged in activities that fall significantly below the standards of acceptable treatment" for a Pennsylvania doctor.

The grand jury document stated that "treatment without examination and/or without appropriate documentation is not an accepted principle."

If Sonnenberg keeps up his end of the bargain with the program, and cooperates with the Pennsylvania Board of Medicine, the court may consider early release from ARD after six months, Stevens said.

Many who fulfill the requirements of ARD are eligible to have the offense expunged from their record. The district attorney's office does, however, keep a record of ARD program participants, in case another offense is committed.

As of Tuesday afternoon, there was no record of any disciplinary action taken by the

Doctor continued on next page

Doctor continued

state medical board against Sonnenberg, according to Wanda Murren, press secretary for the Department of State. Murren said she's not permitted to comment on whether a medical license is under investigation. She did say that when the state department becomes aware of a charge filed against a doctor an investigation is opened.

On Tuesday, Sonnenberg only spoke to indicate he understood the judge.

After his hearing, Sonnenberg left the courtroom, and immediately headed, as the judge had directed, downstairs to the clerk of courts office.

When previously contacted by the newspaper about the case, Meadville Medical Center (MMC), which owns Titusville Area Hospital (TAH), said Sonnenberg is a private family physician not employed by TAH. "Respectfully, TAH does not comment on matters of private individuals," MMC wrote in an email.

Although Sonnenberg has had a private practice in Titusville since 1983, he is affiliated with TAH, Penny Nash, an executive assistant with the Titusville hospital, previously told the newspaper. He's listed on TAH's website.

From 2013 to 2014, Sonnenberg served as the president of the Pennsylvania Academy

of Family Physicians (PAFP), the professional association for more than 5,000 family doctors, family medicine residents and students across the state. He was vice president of the PAFP in 2011-12.

Sonnenberg has lectured and written about what he says is a root cause of physicians over-prescribing antibiotics and painkillers — doctors who are afraid to say "no" to patients because they do not want to receive bad marks on patient surveys, and end up being punished by the government or health care administrators.

About fentanyl

The prescribed drug in the Sonnenberg case, fentanyl, is a powerful pain reliever that is generally only prescribed for people with chronic pain who are already taking high doses of prescription opioids for at least a week.

Last March, the DEA issued a nationwide alert about the dangers of fentanyl.

Fentanyl-related problems go hand-in-hand with the rise of heroin abuse in the nation, since fentanyl is commonly laced in heroin, according to drug experts.

Although legally manufactured pharmaceutical fentanyl can be diverted for abuse, most cases of fentanyl-related deaths

reported to the DEA since 2014 have been linked to illegally manufactured fentanyl.

The DEA counted Pennsylvania among states that have experienced a fentanyl surge since 2013. In a 15-month period, about 200 fentanyl-related deaths were reported in this state, according to the DEA.

In some parts of the country, fentanyl deaths are outpacing heroin deaths.

The New York Times published a piece about the drug on March 25. That article pointed to New Hampshire, where fentanyl alone killed 158 people last year, and heroin killed 32. Fentanyl was a factor in an additional 120 deaths, with heroin contributing to an additional 56, according to the article.

The drug has been used since the 1960s to treat severe pain. Because fentanyl is so powerful and fast-acting, it can often lead to overdose and death.

Many state crime labs and coroner's offices do not keep track of fentanyl-related fatalities, making statistics difficult to find.

Most of the recent fentanyl-related deaths have happened in the Northeast, Mid-Atlantic and Appalachia regions, but it has started making its way into the Midwest, the New York Times wrote.

Last year, doctors wrote 6.64 million legal fentanyl prescriptions in the United States.

'Dead man' at center of city doc's fentanyl case comes forward

Says he never requested drug or doctor-patient relationship

July 1, 2016

By Stella Ruggiero

sruggiero@titusvilleherald.com

Jim Vogan called with a correction to put in the paper: he's not dead.

And there was something else he wanted to say: he never in his life asked 61-year-old Dr. William Sonnenberg to write him a prescription for fentanyl, a pain reliever about 100 times stronger than morphine.

Vogan was calling in response to a newspaper account of what happened in the Crawford County Courthouse, in Meadville, on Tuesday morning, when Sonnenberg, a longtime Titusville family medicine doctor, and his attorney went before Judge Mark Stevens for a hearing to determine if Sonnenberg would be allowed to enter a special court program, effectively avoiding

jail or fines, if ever convicted, for his offense of writing two prescriptions for fentanyl in Vogan's name.

During the hearing, Sonnenberg's attorney, Leonard G. Ambrose III, of Erie, told the judge Vogan had Stage 4 stomach cancer, and Ambrose believed he was now dead.

The stomach cancer part is true, Vogan told The Herald, but the 50-year-old Oil City man assured the paper it didn't have a ghost on the other end of the line.

In defense of his decision to write two fentanyl prescriptions for Vogan in January 2014, Sonnenberg told Craig Senz, a narcotics agent with the Pennsylvania Attorney General's Office, that he viewed Vogan as a patient, but kept no records pertaining to Vogan in his office.

During Tuesday's hearing, Ambrose told

the judge that Sonnenberg had expected Vogan to become a patient.

This is completely false, according to Vogan.

And it wasn't what the 37th Statewide Investigating Grand Jury found, either. The grand jury determined "there was no doctor-patient relationship" between Sonnenberg and Vogan "of any kind."

Vogan told The Herald that he accompanied a woman he dated for approximately three years to no more than two appointments with Sonnenberg, at the woman's request. He said he never asked Sonnenberg to treat him, and he never asked the doctor to write him a prescription for anything.

Vogan said he received a call one day from an Oil City pharmacy, telling him his prescription was ready.

"Dead man" continued on next page

'Dead man' continued

Vogan told the drug store that he wasn't waiting for any prescriptions.

The pharmacy informed him that the prescription was for fentanyl, and it had been dropped off at the pharmacy by his then-girlfriend.

Vogan then turned the whole matter over to Pennsylvania State Police.

We are not publishing the ex-girlfriend's name because she has not been charged with any crime in this case.

However, the newspaper discovered through court documents filed in Clarion County that this same woman had her nursing license suspended for up to five years after pleading no contest to taking syringes of meperidine, also known as Demerol, out of a machine at Clarion Hospital, squirting the painkiller into a pop can and refilling the syringes with salt water about a dozen times in late 2006.

A profile page that appears to belong to the woman on Linked in, a website for professional networking, says she worked as a nurse for Titusville Area Hospital (TAH) for about a decade, until 2008.

Vogan said that his former girlfriend did, to his knowledge, work for TAH.

The Herald emailed Jacqueline Leshner, who fields press inquiries for Meadville Medical Center, which now owns TAH, on April 4, to find out if the girlfriend had ever been a TAH nurse. A response was never received.

The case eventually ended up with the Attorney General's Office.

Vogan said he spoke with Agent Senz, and was pleased with the thoroughness of the agent's investigation.

At some point, the case wound up in North Huntingdon, in the hands of Katherine Wymard, a prosecutor with the Attorney General's Office, according to Roger Bauer, an Erie-based prosecutor with the Attorney General's Office, who ultimately ended up prosecuting the case.

A retirement in Erie led to some state cases being shuffled to other offices, Bauer explained.

While the case was being handled in North Huntingdon, the decision was made to give Sonnenberg the option of going through what is called the accelerated rehabilitative disposition program, or ARD, Bauer said.

That decision pre-dated the case ending up in Bauer's lap when he was hired for the Erie post.

A message left for Wymard on Thursday afternoon was not returned before Herald press time.

Bauer told The Herald he wasn't sure why Ambrose made the comment to the judge about believing Vogan was deceased.

The Herald had additional questions that haven't been answered by court documents reviewed by the newspaper about the investigation into the case, however, Bauer said he only had a "barebones" file.

Thus far, attempts to reach the investigating agent have been unsuccessful.

As explained on Tuesday by the county judge, ARD is meant for people who perhaps made a "mistake," and did something out of character. It's what's called a "pretrial diversion program." In other words, it's an alternative to prosecution.

Those who complete the program successfully avoid jail time and fines for their crimes. ARD cases are commonly relatively minor offenses committed by someone with no prior record. Many who fulfill the program have the offense expunged from their record.

Sonnenberg's charged was a misdemeanor for not keeping a record of Vogan as a patient.

The judge gave Sonnenberg 12 months of ARD. If he makes strides in ARD, and complies with any Pennsylvania Board of Medicine requirements, should any arise, the court may consider early release from the program after six months, the judge said.

A message seeking comment from Stevens was left with the judge's chambers on Thursday afternoon, but was not returned.

For the record, Vogan told the paper that the only pain he's had from his stomach cancer has been scar tissue pain from incisions.

He said he's had the same primary care physician for some time, and never expressed any interest whatsoever in becoming Sonnenberg's patient.

A message seeking comment was left with someone in Ambrose's law office on Thursday afternoon.

A woman who picked up the phone at Sonnenberg's Titusville office said the doctor was with a patient, and took a message. The Herald did not receive a call back on Thursday.

In an emailed response to Herald questions about the case, Titusville Area Hospital's new CEO, Lee Clinton, wrote: "Dr. Sonnenberg is an independent practitioner who operates a private practice/business. TAH has no access to, nor knowledge of, any encounters or practices that happen within his private practice, or outside the walls of Titusville Area Hospital.

As a member of the TAH medical staff, an independent self-governed body, the care provided and documented inside the walls of TAH is subject to monitoring and peer review by fellow physicians. Currently, Dr. Sonnenberg is credentialed and privileged in good standing with the medical staff, and, to my knowledge, has always been in good standing."

From 2013 to 2014, Sonnenberg served as the president of the Pennsylvania Academy of Family Physicians (PAFP), the professional association for more than 5,000 family doctors, family medicine residents and students across the state. He was vice president of the PAFP in 2011-12.

Sonnenberg has lectured and written about what he says is a root cause of physicians over-prescribing antibiotics and painkillers — doctors who are afraid to say "no" to patients because they do not want to receive bad marks on patient surveys, and end up being punished by the government or health care administrators.

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In some parts of the country, fentanyl deaths are outpacing heroin deaths.

LOCAL

TRIBUNE-REVIEW
MONDAY, JANUARY 18, 2016
SECTION B

W.Pa. schools on board with heroin antidote

Districts stock drug in nurse's offices

BY KARI ANDREON

A law enabling emergency responders to carry drug overdose reversal medications has inspired another group of first responders to arm themselves with the life-saving remedy: school nurses.

School districts around the region have begun debating and adopting policies that put naloxone, commonly known by the brand name Narcan, in nurses' offices. Many are training nurses, school administrators and security guards in the administration of the antidote.

"If you have the ability to be proactive and preventative, why not do that?" said Janet Sardon, superintendent of Young School District.

The district was the first in the state to seek the use of naloxone and prompted Gov. Tom Wolf's adminis-

tration to write to all 500 districts statewide to inform them they could legally stock the drug and encourage them to do so.

"By allowing the trained medical professionals at our schools to be equipped with this critical tool, we will effectively give overdosing individuals a second chance at life, a chance that was not previously made available to them in all cases," said Secretary of Education Pedro Rivera.

A deadly issue

Sardon said the drug could be critical for saving someone in her widespread, rural district while emergency responders are en route.

"When you look at the statistics in Westmoreland County and the overdoses and issues surrounding drugs



Young Senior High School nurse Barbara Kujawa displays naloxone, which is used to reverse the effects of a drug overdose should one happen at the school.

and alcohol, we have issues, not necessarily just within the schools, but in the community as well," Sardon said.

The Westmoreland County coroner's office anticipates final records will show 125 overdose deaths last

overdose deaths in 2014.

"I think it's a matter of not putting your head in the sand and ignoring the fact that it's out there," said Mt. Pleasant Area School District Superintendent Timothy Gabauer.

"It doesn't show in our minds that there's an issue here in our schools ... but it's a reality in society and a reality in the community."

Mr. Pleasant Area is in the process of approving a naloxone policy, which Gabauer said would likely be voted on in February or March.

Tim Phillips, director of Community Prevention Services of Westmoreland, said he's been ramping up efforts to get naloxone into the hands of as many people as possible.

"School districts ... realize they may have some students at risk, so I think they're willing to be more proactive," Phillips said. "I think every school should be on board and



Tom This repairs a watch at his New Stanton shop. This, whose fascination with timepieces began as a teenager, fixes watches and clocks.

Time and time again

New Stanton clockmaker rehabs treasured timepieces

BY GIDEON BRADSHAW

Tom This peered through magnifying glasses into the guts of a clock looking for what made it stop ticking.

"Bent teeth on this sucker," This said.

With that diagnosis in hand, he turned to a second clock and started tinkering intently with its inner workings. Before long, both the grand one made by clockmaker Francis Kroeber in the 19th century and a smaller one from the dashboard of a 1959 Cadillac were working.

The owner of both clocks, Roy Rigby, 78, of Greensburg stood quietly by as he waited to hear what the bill was for the service at This' shop in New Stanton.



A collection of watches is used for spare parts by This.

"Whatever makes you happy," This said. Rigby handed him \$10. That's the way This, 58, has run his watch and clock repair business for more than 30 years from his North Main Street home that doubles as a shop.

He relies on a skill set he's

WESTMORELAND NOTABLES

Everyone has a story, in a weekly series, the *Tribune-Review* finds and tells the often-hidden-but always extraordinary stories of our lives.

watchmaker in Madison as a teen before he went off to college in Salem, W.Va. He returned to set up shop on his own shortly after his graduation in 1980.

In one of the side rooms of the shop, he has dozens of drawers of filled with antique wrist and pocket watches. There also are drawers filled with parts. Some are so small they're kept in tiny glass vials; some are from makers that have been out of business for years.

He went on to work for a

cultivated since first working with the clocks in his bedroom as a child. He said he started doing it because he was bored.

"I just got fascinated with it. We didn't have Gameboy. We didn't have gadgets," he said. "It was all outdoor activities."

He went on to work for a

Plum Borough set to switch water-supply companies

Systemwide pressure spike could increase line breaks

BY KELSEY SHEA

The Plum Borough Municipal Authority will switch its water supplier in March in an effort to maintain more predictable budgets.

It is dropping the Wilkinsburg-Penn. Joint Water Authority in favor of the Municipal Authority of Westmoreland County.

Howard This, Plum water authority manager, said the borough tried to renegotiate a renewal of its current Wilkinsburg-Penn. contract, which expires in March, but officials could not reach an agreement.

Plum officials instead signed a 40-year agreement with MAWC.

"This secures the supply for another 40 years," This said.

He said water rates will not go up this year and Plum residents will see very few changes.

That despite the Municipal Authority of Westmoreland County announcing a 25 percent increase in rates for most of the system, followed by 7 percent increases in 2017 and 2018.

More waterline breaks feared

According to a letter sent to residents, there will be a slight, systemwide pressure increase, which may cause more waterline breaks for the

first few months of service using MAWC water.

The water will be treated with chloramine as opposed to chlorine, which is currently used.

Plum residents will receive MAWC water drawn from the 1,200-acre Beaver Run reservoir, which stretches across Washington, Bell and Salem townships in northern Westmoreland County.

Water will travel through MAWC lines to a new interconnect on McClure Road, which will connect to a new line that Plum completed last fall.

Tom Ceraso, MAWC assistant manager, said MAWC will offer Plum a rate of \$1.10 per 1,000 gallons, with a 5-cent increase once every five years.

He said being able to plan the cost each year will help the two authorities budget more effectively.

Monroeville is expected to follow suit in April by switching to the MAWC for its water supply.

Kelsey Shea is staff writer for the *Tribune-Review*. She can be reached at 412-320-7605 or kshea@tribweb.com.

Mall owners could be ready to sink with ship

Four massive ocean liners can't turn around quickly, particularly after striking an iceberg.

Century III Mall, for decades one of Western Pennsylvania's largest commercial vessels, was listing toward the side of failure even before it recently and forcefully collided with the ice. Its few remaining retailers might want to man the lifeboats, because this once titanic shopping mecca appears in imminent danger of sinking to the ocean floor.

The gaping hole in the hull opened when Macy's, the mall's largest anchor, recently announced that 36 of its stores, including its Century



ERIC HEVL

III location, will close. That's bad news for Las Vegas-based Moonbeam Capital Investments, which wagered it could reverse the mall's fortunes when the company purchased it almost three years ago. That now appears as wise a move as a gambler at a casino blackjack table hitting on 19.

HEVL - 83

Title I school honored again

Hutchinson among best at educating poor in federal program

BY JACOB TIERNEY

Amos K. Hutchinson Elementary School in Greensburg is again one of the best in the state at educating its underprivileged students, according to the Pennsylvania Department of Education.

It was recognized with 95 other institutions as a "2016 Distinguished Title I School," the second consecutive year that it has received this distinction.

"I don't know of anyone who's received it two years

in a row," Hutchinson principal Kevin Brinze said. "I think it's a tremendous honor. It's a testament to the hard work and dedication of our entire staff."

Title I is a federal program that provides funding to schools that have a large population of students whose families are at or near the poverty line. All three elementary in the Greensburg-Salem school district qualify for Title I funding.

Poor students often struggle in class and with homework, so Title I schools are recognized by the state when students are given an environment that enables them to keep up with their peers.

HUTCHINSON - 82



Hutchinson Elementary second-grader Jordan Westcott is helped by Title I reading specialist Sarah Gantz during a reading assessment at the school Thursday in Southwest Greensburg.

Latrobe pharmacy will offer overdose antidote

April 16, 2015

BY RENATTA SIGNORINI

A Latrobe pharmacy is the first in Westmoreland County to offer a drug that can counter the lethal effects of an overdose of heroin, painkillers or other opioids to anyone who walks in the door.

Being able to get naloxone without a personal prescription could easily mean the difference between life and death, said Sue Schropp, who owns The Latrobe Medicine Shoppe.

"You don't want any family or anyone to go through losing someone to overdose when there's something out there to prevent them from dying," the pharmacist said Thursday.

In response to skyrocketing drug overdoses in the state, Pennsylvania joined a handful of other states in September by permitting physicians to prescribe naloxone, commonly known by the brand name Narcan, to anyone who asks for it. An area doctor provided a two-year standing order to Schropp's pharmacy through which anyone can obtain a dose.

"It's a life-saving medication and the members of the community really need to be educated on the importance of this medication," said Colleen Hughes, co-chairwoman of the county's drug overdose task force and director of the Westmoreland Drug and Alcohol Commission.

Westmoreland County saw a record-setting number of fatal overdoses in 2014 with 87. Thirty-six of those were heroin-related. The figures have been on a steady rise since 2008.

So far in 2015, 16 overdose deaths have been reported. Six of those were heroin-related, according to the county coroner's records.

Between Tuesday morning and Wednes-

day afternoon in the Pittsburgh area, a dozen overdoses were reported, two of which were fatal, according to police.

Ten people survived when paramedics administered naloxone, officials said.

It's a nationwide problem that only a few states are attacking by making naloxone available to the public, said Daniel Raymond, policy director for Harm Reduction Coalition, an advocacy group for those dealing with drug addiction.

California, Rhode Island, Massachusetts and Washington all have programs similar to Pennsylvania's, Raymond said, and New Mexico is working on something comparable.

"I know a lot of Pennsylvania's been hit really hard," Raymond said. "We're seeing it pretty much everywhere."

Drug-related deaths nationwide increased by 6 percent between 2012 and 2013. In the same time frame, heroin-related deaths increased by 39 percent, according to Centers from Disease Control data.

A lot of communities around the country will be looking to Pennsylvania to see the results of recent updates to the law that now permits police officers to administer naloxone, Raymond said.

Additionally, Gov. Tom Wolf has directed state troopers to begin carrying the antidote and for the state's physician general to write a standing order that serves as a prescription for every citizen.

"(Pennsylvania has) leaped into the forefront of taking a proactive response," Raymond said.

Questions have been raised about whether making naloxone readily accessible encourages drug abuse.

But there's no evidence that having naloxone available will affect the habits of drug users, experts said.

"They're going to use (drugs) whether there's naloxone available or not," said Dr. Neil Capretto of Gateway Rehabilitation Center.

"This is a helpful thing," said Capretto, who has provided a Beaver County pharmacy with a standing order for naloxone. "It doesn't enable drug use any more."

"It's very safe, literally a miracle, if you can give it to a person in time," he said. "There's a big up side, but there's essentially no down side."

Westmoreland task force co-chairman Dirk Matson said the naloxone available at the Latrobe pharmacy will save lives.

"Sue and The Medicine Shoppe are taking a great leadership role in this," said Matson, who is the director of the county's human services department.

Matson and Hughes both said they are unaware of any other pharmacy in the county offering the standing order from a doctor.

In two months of having the antidote available, Schropp said four kits have been sold.

"We've gotten more calls in the last couple weeks," said Schropp who is also a member of the county's drug overdose task force.

A person wishing to get the antidote from The Latrobe Medicine Shoppe must complete brief training by phone, online or in person at the store. People who are prescribed opiates for medical conditions may want to consider having naloxone available as well, Hughes and Schropp said.

"We're finding that a lot of insurers are covering it," Schropp said. "We're trying our best to get that out to people that want or need it. It's just something that we think is important."

Avonmore police chief 1st in Westmoreland Co. to save life with Narcan drug

August 8, 2015

BY RICH CHOLODOFSKY

Avonmore police Chief Jim Shaffer knew there was little left for him to do when he went to a mobile home Thursday night on receiving a call about an unconscious man in a bathtub.

Shaffer was first on the scene and saw that the man, a known drug addict, was unresponsive as his girlfriend splashed water in his face to revive him.

Shaffer quickly found out the man was dying of a drug overdose. He reached into his belt for a dose of Narcan, administered the overdose-reversal drug through the man's nose and watched as he regained consciousness.

Officials said Shaffer is the first police officer in Westmoreland County to save a life by using Narcan.

"You have mixed emotions for this because if he does it today, what prevents him from doing it again two days from now?" Shaffer said. "Hopefully, you save their life and they'll realize this stuff is no good."

Shaffer works during the day as a Westmoreland County Park Police officer. The park police, along with deputies in the sheriff's office and officers in a few police departments across the county are carrying

Narcan, also known as naloxone, which can counteract the deadly effects of heroin and other opioids if administered early enough.

The drug typically is administered by emergency personnel when a person is struggling to breathe and appears to have overdosed on an opiate-based drug.

In Avonmore, the local ambulance service gave Shaffer one dose that police officers could use in the borough.

For Shaffer, saving a life is part of the job. But doing so when an addict is involved caused him to pause and ponder the spiritual impact of saving the life of a person who was careless with his own.

Still, Shaffer said, he would do it again.

"You do it to save somebody's life, and hopefully they will turn their life around," he said.

The man he saved was taken to a Pittsburgh hospital and is expected to recover, Shaffer said.

Dirk Matson, the county's director of human services, is a co-chairman of Westmoreland's drug prevention task force. He confirmed that Shaffer was the first police officer in the county who administered Narcan to save a life.

"It's a huge deal. It's never happened before," Matson said. "Other police depart-

ments can see the impact this can have to give somebody another shot. It gives overdose victims a crack at a better life. Death is the other option."

Drug overdoses have become an epidemic in Westmoreland County, according to experts. Last year, the county set a record with 87 overdose deaths linked to heroin and other drugs, mostly painkillers. The county is on pace to set a new record this year.

Through Friday, 51 overdose deaths have been confirmed this year, and another 28 cases are pending, according to the coroner's office.

The drug task force has advocated that all first responders, including police officers, carry Narcan to help save overdose victims.

District Attorney John Peck said local police departments can apply for a grant from his state association to purchase Narcan. So far, just five departments — Murrysville, Mt. Pleasant, Greensburg, Allegheny Township and West Newton — have requested a grant.

"Any time there is an opportunity for a police officer to save someone's life, or everyday citizens have an opportunity to save someone's life, you want to take advantage of that," Peck said. "We're encouraging departments to participate in this program."

Prison becomes detox center for growing-number of inmates with addictions

August 29, 2016

BY RENATTA SIGNORINI

A Westmoreland County Prison inmate experiencing heroin withdrawal last month had to be put in a medically induced coma to stop seizures, according to county officials.

For the next month, deputies rotated shifts around-the-clock at the prisoner's bedside in UPMC Presbyterian, Sheriff Jon Held said.

The number of incoming inmates who need detoxification treatment for drug or alcohol addiction has risen dramatically — 56 percent in two years, said Warden John Walton. Last month, 68 percent of new in-

mates needed help to be weaned off drugs and/or alcohol, compared with 42 percent in April 2014.

In 2013, an average of 94 inmates addicted to drugs or alcohol were committed to the county prison every month. The monthly average rose to 117 in 2014 and jumped to 147 this year.

In just three months this year — May, June and July — 529 inmates needed detoxification treatment, according to jail records.

"It's just another example of what this drug epidemic is costing the taxpayers of Westmoreland County," Held said. "Unfortunately, it's going to be worse before it gets better."

According to the Centers for Disease Control and Prevention, heroin use by young adults has more than doubled in the past decade as the drug became cheaper, more potent and readily available. In turn, prisons and county jails have had an influx of inmates with addictions, experts and local officials said.

"It's an ongoing challenge for corrections systems because they're not equipped to do that," said criminal justice expert Andrew Harris, a professor at the University of Massachusetts Lowell. "It's awful to be in jail in the first place, and it's not a conducive system for (detoxification)."

Prison continued on next page

Prison continued

Inmates are screened by the prison's medical staff when they arrive, Walton said. Depending on the level of the inmate's addiction and the stage of withdrawal, treatment can range from medication while the prisoner stays in the general population to hospitalization under the watch of sheriff's deputies, he said. Some inmates stay in a medical unit in the jail to be monitored.

"We have not gone a full week this year without an inmate in the hospital," Held said.

PRICE OF ADDICTION

The impact on medical costs is difficult to measure.

Regis Garris, deputy county controller, said the county does not receive a breakdown of costs from Wexford Health Sources, its prison health services contractor. Westmoreland's five-year contract requires that it pay Wexford a base rate of nearly \$9.5 million through 2017, but the actual amount can be adjusted based on the total number of inmates.

The county pays a predetermined amount for health services, but the influx of addicted inmates could impact the cost of new health care contracts, Walton said.

Wexford did not return a call seeking comment Friday.

In 2014, deputies spent 3,320 hours supervising hospitalized prisoners for a number of medical reasons at a cost of \$82,379, including overtime. Through Aug. 4, Held said, supervision of inmate hospital

patients had exceeded that: 3,359 hours at a cost of \$83,446.

"A lot of the issues that they go to the hospital for are results from detox," Held said.

In Washington County, Sheriff Samuel Romano said his deputies are spending more time dealing with inmates addicted to heroin, whether it's driving them to a methadone clinic or taking them to a hospital.

"We have a hard time doing the rest of our work," Romano said. "It's not just a Western Pennsylvania thing."

Warden John Tamas of the Washington County jail could not provide figures, but he said the number of prisoners in need of detox treatment has risen in the past few years.

Figures from the Allegheny County Jail were not available.

Heroin withdrawal is akin to "the flu times 50," with addicts experiencing nausea, cramps and cold sweats, said Tim Phillips, director of Community Prevention Services of Westmoreland County.

"Going through opiate withdrawal is most uncomfortable," he said.

Becoming what drug users call "dope sick" often is "what often compels people to keep using," said Dr. Neil Capretto, medical director at Gateway Rehabilitation Center.

With alcohol, withdrawal can be life-threatening if not treated properly, he said.

Couple those symptoms with being incarcerated, and that can make for tough days

for the prison staff, Walton said.

"It just makes it more difficult to deal with those types of inmates," he said.

Most addicts in the Westmoreland lockup are addicted to heroin, prison records show. In July, 67 inmates who needed detox said they were addicted to heroin. Thirteen had prescriptions for Suboxone, which is used to treat opiate addiction.

NO END IN SIGHT

Substance abuse and crime go hand-in-hand, experts said.

"Most of these people aren't career criminals, but they have to support" their addiction, Capretto said. "There's just more and more of them."

According to the federal Bureau of Justice Statistics, about 70 percent of inmates in local prisons have committed a drug-related offense or regularly used drugs.

A recent drug bust that netted 100,000 stamp bags of heroin on the Pennsylvania Turnpike believed to be destined for Western Pennsylvania did not affect supply and demand, said county police Detective Tony Marcocci.

"It's actually scary that that does not impact the local trade," he said.

With no end to the epidemic in sight, taxpayers will continue to foot the bill.

The Westmoreland sheriff's department was granted \$156,000 more in July by county commissioners to pay for its added workload. The sheriff hopes that will be enough to make it through 2015.

Westmoreland nears beginning of its drug court

September 7, 2015

BY RICH CHOLODOFSKY

After a year of research, fundraising and planning, Westmoreland County is poised to begin its drug court program later this month as a means to help curb the addiction problem in the region.

Fifty participants will eventually be enrolled in the program, which will allow some who are charged with felonies to have their cases downgraded to misdemeanors, and others accused of less serious counts to have their cases dismissed.

Others convicted of drug offenses could have their sentences reduced after successful completion of an 18-month treatment and monitoring program.

"We're excited about the fact we are start-

ing drug court. This is a joint effort by the county commissioners and the judges to address the concerns of the drug epidemic," said court administrator Amy DeMatt.

Criminal court judges Meagan Bilik-DeFazio and Chris Feliciani each will oversee 25 participants. The judges will begin accepting referrals on Sept. 28, and the first individuals are expected to be enrolled by Oct. 7.

The program will consist of two groups: individuals charged with drug offenses and inmates serving jail sentences.

Bilik-DeFazio said the first group of participants will be referred by the district attorney's office and will have the opportunity to have their charges reduced or dismissed upon successful completion.

In the second group, inmates could be paroled to an intensive supervision program

and asked to do community service.

"These are the really tough cases, people who would be in state prison or dead. We will be saving lives, no doubt," said Bilik-DeFazio.

The drug court program will require participants to appear before a judge every two weeks. Routine drug tests will be administered. Bilik-DeFazio said the program anticipates that participants will record several positive drug test results during the course of their recovery.

Sanctions will be imposed for those positive tests, but it won't cause participants to be dismissed from the program.

"The biggest part of drug court is showing up for treatment. There will be stiffer penal-

Drugcourt continued on next page

Drugcourt continued

ties for blowing off treatment than for testing positive for drugs," Bilik-DeFazio said.

The drug court program has been in the works for the last year.

Court staff, along with the judges, visited drug courts in Illinois and in Blair County, and crafted Westmoreland's program based on those observations.

The program is funded through a \$100,000 private donation, another \$100,000 from court costs collected as part of other criminal court cases and \$100,000 from the county's general fund.

DeMatt said the annual cost to operate

the drug court has yet to be determined.

In addition to the two judges and their staffs, the drug court will have one administrator and two probation officers.

Tom Plaitano, a member of the county's drug overdose awareness task force that has advocated for a drug court, said the program will be difficult to complete.

"Those who are not committed to changing their lives and becoming drug-free will never last in this intensive, hard-pressed process. To successfully complete the program, a person has to help themselves and truly change their behavior. It is in no way a free pass or slap on the wrist," Plaitano said.

Officials view drug court as another option in curbing the drug abuse epidemic in Westmoreland County.

According to the most recent statistics from the coroner's office, as of Sept. 4 there have been 68 deaths attributed to overdoses, including 23 linked to heroin. The office has 21 potential fatal overdose cases under investigation.

The coroner's office last year reported 87 fatal overdoses, a record number for the county.

"This is definitely needed, and it's going to hold people accountable," said Tim Phillips, director of prevention services for Westmoreland Community Action.

Western Pa. school districts stock naloxone

January 17, 2016

BY KARI ANDREN

A law enabling emergency responders to carry drug overdose reversal medications has inspired another group of first responders to arm themselves with the life-saving remedy: school nurses.

School districts around the region have begun debating and adopting policies that put naloxone, commonly known by the brand name Narcan, in nurses' offices. Many are training nurses, school administrators and security guards in the administration of the antidote.

"If you have the ability to be proactive and preventative, why not do that?" said Janet Sardon, superintendent of Yough School District.

The district was the first in the state to seek the use of naloxone and prompted Gov. Tom Wolf's administration to write to all 500 districts statewide to inform them they could legally stock the drug and encourage them to do so.

"By allowing the trained medical professionals at our schools to be equipped with this critical tool, we will effectively give overdosing individuals a second chance at life, a chance that was not previously made available to them in all cases," said Secretary of Education Pedro Rivera.

A DEADLY ISSUE

Sardon said the drug could be critical for saving someone in her widespread, rural district while emergency responders are en route.

"When you look at the statistics in Westmoreland County and the overdoses and issues surrounding drugs and alcohol,

we have issues, not necessarily just within the schools, but in the community as well," Sardon said.

The Westmoreland County coroner's office anticipates final records will show 125 overdose deaths last year, a 44 percent spike over the previous record of 87 in 2014.

Allegheny County had 304 fatal overdoses through Dec. 1, according to the medical examiner's office. Officials have not finalized the tally for 2015, but it is expected to top the 307 overdose deaths in 2014.

"I think it's a matter of not putting your head in the sand and ignoring the fact that it's out there," said Mt. Pleasant Area School District Superintendent Timothy Gabauer. "It doesn't show in our minds that there's an issue here in our schools ... but it's a reality in society and a reality in the community."

Mt. Pleasant Area is in the process of approving a naloxone policy, which Gabauer said would likely be voted on in February or March.

Tim Phillips, director of Community Prevention Services of Westmoreland, said he's been ramping up efforts to get naloxone into the hands of as many people as possible.

"School districts ... realize they may have some students at risk, so I think they're willing to be more proactive," Phillips said. "I think every school should be on board and equipped with this. It's an issue of public safety at this point."

Phillips presented information to Norwin School District officials last week. The district is expected to vote on a policy detailing naloxone administration at its school board meeting next week.

Officials at Burrell and Allegheny Valley school districts said the idea is under con-

sideration.

But not all districts are making the move to stock naloxone.

MINIMAL TRAINING REQUIRED

Ebony Pugh, spokeswoman for Pittsburgh Public Schools, said the district that covers 24,650 students, will not stock the drug in its 53 schools. She said the district's health team plans to

continue discussions on the idea, but officials have concerns about ensuring that those authorized to administer the antidote are adequately trained.

Phillips countered: "I could give you the training in 40 minutes, if that."

Naloxone can be given as a nasal mist or an injection. Some injectors are automated and talk the user through the process, he said.

Officials stress that the inclusion of naloxone is a preventative measure and not motivated by instances of student overdoses.

"We thought of it very much like an AED (Automated External Defibrillator) —it's in the building in case anybody in the building has a heart attack," said Ringgold School District Superintendent Karen Polkabila.

Ringgold stocks naloxone in the nurses' offices of all buildings and has trained its dedicated school district police force in how to administer it, Polkabila said.

School officials said the overdose antidotes aren't necessarily just for students. School buildings are used for sporting events, concerts and other events that draw members of the community.

"Believe me, I hope we never use it," Polkabila said. "I hope we never use the AED either, but it's there in case it would be needed."

Excelsa Health Westmoreland Hospital program helps addicts get into treatment

March 18, 2016

BY RENATTA SIGNORINI

An addict who ends up in Excelsa Health Westmoreland Hospital in Greensburg now has a better chance of landing in a treatment program to get on the road to recovery.

In the program being piloted by the Westmoreland County Drug and Alcohol Commission, the hospital does patient assessments and connects them with a case manager from Southwestern Pennsylvania Human Services when an addiction is uncovered. In the past, the hospital would direct the patient to community treatment options but left it up to the individual to decide to follow through.

"It's been a real cultural shift," said George Mizikar, director of behavioral health services at Excelsa Health.

In 19 months since the program started, about 36 percent of the patients identified as addicts have completed drug or alcohol treatment recommended after the hospital assessment, officials said.

"We needed to be able to be where the clients present" themselves, said Colleen Hughes, director of the Westmoreland County Drug and Alcohol Commission.

Officials hope to replicate the program in Excelsa Health's hospitals in Latrobe and Mt. Pleasant, Mizikar said.

Drug and alcohol commissions were required by the state to implement a plan by the end of February to help survivors of drug overdoses treated in hospital emergency rooms.

Plans had to include how an overdose survivor will be offered a referral from the emergency department directly to addiction treatment, time lines, and mechanisms for tracking referrals and refusals.

"Those who survive an overdose may

overdose again, so it's critical that we do all we can to get overdose survivors into treatment," said Jason Snyder, policy and communications director of the state Department of Drug and Alcohol Programs. "Our goal is to save lives, get people the treatment they need and help them into lives of recovery from the disease."

The department's requirement to get addicts from the hospital to treatment —called a "warm handoff" —is in response to a drug epidemic that's led to increasing numbers of overdoses and deaths, Snyder said.

In Westmoreland County, overdose deaths spiked 44 percent from 2014 to 2015, when 125 people died. In 2016, 12 people have died from drug overdoses and 17 more cases are being investigated, according to the coroner.

"We're in the midst of the worst overdose death epidemic this state and nation have ever experienced and the worst public health crisis of our lifetime," Snyder said.

Westmoreland's drug and alcohol commission, as well as the Armstrong-Indiana-Clarion Drug and Alcohol Commission, are going beyond the state requirement to help overdose victims by reaching out to all patients —not just overdose victims—who come to the hospital with addiction problems. But to succeed, the agencies need cooperation from medical staff to notice the signs of addiction and make a referral.

"It's really increased the availability of services, and we are educating medical staff about addiction," said Nicole Salvo, case management supervisor at the Armstrong-Indiana-Clarion agency. "It bridges the gap for patients with physical health concerns aggravated by their addiction."

Agency officials have seen 64 patient referrals from Indiana Regional Medical Center and ACMH Hospital near Kittanning. The program began at the Indiana hospital

in September and ACMH Hospital followed in January, Salvo said.

Of those referrals, 73 percent of the people met with a case manager at the hospital and 59 percent followed up with some kind of treatment, she said. The agency is planning to implement the same program at Clarion Hospital this summer.

In 2013, about 22 million Americans needed help to beat an addiction problem, and only about 2.5 million people went through with treatment, according to the National Survey on Drug Use and Health by the U.S. Department of Health and Human Services.

"In drug and alcohol, it's always the client's choice," Hughes said.

At Westmoreland Hospital, 145 people were recommended for some level of addiction treatment out of 151 people who were evaluated since the pilot program was started in June 2014. The human services agency received 228 referrals between June 2014 and February 2016. The majority of the 55 people who went to treatment began within one day of being discharged from the hospital, officials said, and 52 completed treatment.

"When you're going to a hospital, you're going to get stabilized," said Sue Soroko, director of intervention services at Southwest Pennsylvania Human Services. "They're not going in with the intention of going to a treatment facility."

It can be difficult to convince a patient that they need help, said Kelli Nabuda, a drug and alcohol case management supervisor at the agency who can respond to the hospital when a referral is made.

"It's a rewarding experience to know that you helped somebody make a change in a positive direction in their life," she said.

Westmoreland County drug abuse help line ready to open

April 19, 2016

BY RICH CHOLODOFSKY

Westmoreland County's drug abuse help line will begin operation Wednesday night and officials said they have enough money to keep the program running for the next three years.

The help line will provide counseling and information about drug addiction and alcohol abuse.

The help line's startup was funded with \$130,000 of a \$435,000 grant from the Allegheny Foundation to fight the drug addiction and overdose epidemic that has plagued the county.

Officials delayed launch of the help line until enough money was in place to guarantee its operation for at least three years. Tay Waltenbaugh, chief executive officer of Westmoreland Community Action, which is overseeing the help line, said Tuesday an additional two years of

funding has been secured. The program will receive \$130,000 in state funding that is

being funneled through the Westmoreland County Drug and Alcohol Commission, he said.

The agency trained staff during the last two weeks in preparation to begin the program. Phones will be answered seven hours a day, from 7 p.m. to 2 a.m., seven days a week.

"If we need to expand the time we take calls, we will do it down the road. We will re-evaluate it every month," Waltenbaugh said. Call takers will be ready to field questions about drug and alcohol abuse and how family members and friends can find assistance for their loved ones suffering from addiction. At least one nurse will be on call to provide information and callers will be told how to contact treatment programs.

Waltenbaugh said most of the people answering calls have been through addiction issues and treatment themselves.

"We'll provide more counseling and information and we will follow up on a lot of calls to make sure people receive the services they need," Waltenbaugh said.

Colleen Hughes, director of commission, said the help line is a needed tool to deal with the county's addiction problem.

"It's support for the community. It will be a very good resource for the county," said Hughes, who also serves as a co-chair of the county's drug overdose task force.

The county saw a record number of fatal overdoses last year. According to Coroner Ken Bacha, 126 people died from drug overdoses, topping a record of 87 set in 2014. Through Tuesday, there have been 22 overdoses confirmed in Westmoreland County this year, with another 16 deaths suspected to be overdoses but awaiting a final ruling pending toxicology reports.

Tim Phillips, who was hired last month to serve as executive director of the overdose task force, a position paid for with the Allegheny Foundation grant, said the help line will provide a needed service.

"It's going to be a nice resource for people to get some answers and get some help. It's a step in the right direction," Phillips said.

Westmoreland district courts 1st in Pa. to offer drug treatment

May 3, 2016

BY RENATTA SIGNORINI

Drug treatment is taking the place of potential jail time as district judges try a new approach to address the growing problem of substance abuse that leads to crime in Westmoreland County.

The Alternative Adjudication Program in the county's district courts is leading the way in the state to help defendants whose minor crimes are rooted in drug use by pushing them toward rehabilitation, rather than doling out punishment.

"We're seeing such a rise in the drug use, maybe if we start getting some of these individuals when they're still at the summary offense level ... then we could help get them back on track," said Harrison City District Judge Helen Kistler.

Hundreds of defendants charged every year at the magistrate level could qualify for

the program that was put in place about six months ago in a few district courts. It allows those in the early stages of addiction to complete drug treatment at a rehabilitation center in exchange for reduced or dismissed charges.

If the rehab effort fails, the participant's case returns to court and proceeds as normal.

Westmoreland is the only county in the state that has such a program operating at the magistrate level, other than ones specifically designed to help defendants who are veterans, according to Art Heinz, state courts spokesman.

Crimes eligible for the program include:

- Summary offenses, except those related to underage drinking. Summaries carry a maximum penalty of 30 days' imprisonment and a \$300 fine.
- Third-degree misdemeanors of simple possession of drugs, possession of drug

paraphernalia, retail theft and defiant trespass. A person convicted of one of those offenses faces up to a year in jail and a maximum fine of \$2,000.

Key to the program's success is the defendants' knowledge that a judge is keeping close tabs on their progress, which Kistler said could be just what someone needs to get clean.

"I want him to know that he's accountable, that he has to come in front of me every so often," Kistler said.

Kistler is one of three district judges who have started using the program. Although no timeline has been set, all 17 district judges in the county are expected to eventually take part.

Two people overseen by Washington Township District Judge Jason Buczak have successfully completed the program. Eight defendants are working through treatment

Courts continued on next page

Courts continued

with Norvelt District Judge Roger Eckels; a ninth person is being monitored by Kistler.

"This gives us an avenue to get this person in treatment," Eckels said. "We're really trying to catch this at the early stages."

Participation in the program requires the agreement of prosecutors, police and defense attorneys.

The county's district judges, whose offices are in the communities they serve, can tailor the requirements for defendants in the program on a case-by-case basis.

Buczak said it is hard to tell how many people may participate in his court annually, but he stressed that each defendant will

have to be fully committed to the process for them and the program to succeed.

"There's the hope that this person's going to change their life," he said.

Participants will complete at least six months of treatment while periodically reporting progress to the judge. During that time, their court case will be on hold. Deputy court administrator Don Heagy said officials plan to formulate a way to track those who have participated and gather statistics regarding their success.

"We want to see if we're being successful and reducing recidivism," he said.

The program's goal is similar to criminal drug courts in Westmoreland and other

counties across the state that operate at the Court of Common Pleas level, closely monitoring offenders over a period of time and cutting sentences if they successfully complete the program.

It's too early to determine whether the drug court, which started in the fall, is making an impact, said President Judge Richard McCormick Jr. But he lauded the goal of such alternative sentencing programs that can give participants a chance for accountability in their lives through an authority figure in the community.

"I think this has a great potential ... for getting people at an early stage in their involvement with drugs," McCormick said.

Startling jump in drug deaths continues in Westmoreland County

May 3, 2016

BY PAUL PEIRCE

Drug-related deaths in Westmoreland County —most involving heroin —are on a record pace for the eighth consecutive year, according to Coroner Ken Bacha's office.

In 2015, the coroner recorded a 45 percent spike in overdose deaths with an all-time record 126 deaths over the 87 that occurred in 2014.

Through the first four months of this year, Bacha's office has confirmed 26 overdose deaths, and 22 are possible overdoses awaiting toxicology confirmation. Through April 2015, 20 deaths were confirmed as overdoses and 18 awaited laboratory confirmation.

"It's very disturbing and very frustrating," Bacha said of the growing death toll.

The statistics show the epidemic spares no age group and impacts both genders. This year, four victims were between 21 and 30; seven, including one woman, were 31 to 40; seven, including one woman, were 41 to 50. Five victims between 51 and 60 died, including one woman, and three men between 60 and 70 died.

Twenty of the 26 deaths this year involved heroin, Bacha said.

The startling jump in drug-related deaths prompted county officials to form a drug overdose task force in 2013. Its goal is to reduce the number of deaths by 25 percent by 2019.

The group has implemented extensive, county-wide public education drug prevention campaigns, held numerous training sessions to offer the public free doses of the overdose reversal drug naloxone, and established a help line for people with substance abuse questions.

Still, the number of deaths has risen.

The recently appointed full-time director of the task force, Tim Phillips, who spent Tuesday afternoon at an awareness program for Greensburg Salem High School students, said the statistics didn't surprise him.

He believes the situation will get worse before it gets better.

Phillips pointed to the state plan to implement a prescription drug registry program this summer that aims to end "doctor shopping" for people who abuse pain medications.

"In every other state where the registry program has been implemented, there has been an increase in the number of people who may no longer be able to get prescription pills to run and go to street drugs, which means heroin," he said.

"So, no, I do not see it changing very soon, and I believe it will get worse," Phillips said.

Yet, Phillips said he was impressed that students at Greensburg Salem were not skittish or hesitant to ask questions.

"Those children had a lot of questions, particularly about our hot line, which is a good thing," he said. "This has got to be a collaborative effort with more communities and more people and organizations involved, because it is too much of a job just for one organization."

Bacha said the introduction of fentanyl into heroin has been the biggest change in the past few years. Fentanyl is a powerful pain reliever that is manufactured legally and illegally, and sometimes is mixed with heroin.

"Sometimes, we're seeing cases where they are using straight fentanyl ... and it's very potent straight," he said.

Bacha noted the county's first 16-bed inpatient detox facility will open this year at Excelsa Frick Hospital in Mt. Pleasant, run by Gateway Rehabilitation of Beaver County. The facility, along with preventive programs, the help line, the availability of naloxone and Phillips directing the task force, give him hope the numbers will start to drop.

"I'm hoping all of this has an impact. But it is frustrating it has not yet," Bacha said.

Mt. Pleasant dealer gets up to 16 years in heroin death

June 2, 2016

BY RENATTA SIGNORINI

Michael U. Peterson said he hopes to one day advocate against drug abuse.

But first, the 42-year-old Mt. Pleasant man will have to serve eight to 16 years in prison for selling heroin to his cousin, who overdosed and died in February 2014.

Peterson on Thursday became the first person sentenced in Westmoreland County on a drug delivery resulting in death charge.

The law was updated in 2011 to allow for the prosecution of drug dealers whose clients die as a result of using the substances provided to them. The charge carries a maximum penalty of 20 to 40 years of imprisonment.

"I think this is giving you leniency," Judge Meagan Bilik-DeFazio told Peterson, who was convicted during a jury trial in January.

Peterson sold at least three packets of heroin to Samuel Christner, 45, who died in the bathroom of his Unity home.

During the five-day trial, witnesses testified that Peterson and another man, Garrin Ulrich-Stiffler, 28, of Youngwood, set up a

drug deal at the Sheetz in Youngwood to sell Christner the heroin for \$50. A drug delivery resulting in death charge against Ulrich-Stiffler was dismissed as part of a plea agreement in February. He served a year in jail on drug possession and conspiracy charges in the case, according to court records. Ulrich-Stiffler testified against Peterson.

Three members of Peterson's family testified during his sentencing hearing. They described him as a kind family man who deserved leniency because of a tough life and his drug addiction, which started with painkillers he was prescribed after he was injured at work and progressed to heroin, according to testimony.

"I want him to have a chance at life again," said his mother-in-law, Debbie Cramer.

Gretchen Peterson told the judge her son was 4 years old when he witnessed his father's murder and later was tormented by his brother's suicide. He turned his life around in 2010 when he married, she testified. But he descended into addiction after he was prescribed painkillers for a work-related injury, then moved on to heroin.

"Please, don't let these unfortunate events that brought us here today solely de-

fine Michael as a person," Gretchen Peterson told Bilik-DeFazio.

District Attorney John Peck said a severe sentence was warranted because of Peterson's "incredible criminal history" that included jail stints for voluntary manslaughter and drug delivery.

"He apparently hasn't learned anything," Peck said.

Investigators county-wide are responding every three or four days to fatal drug overdoses, Peck said. Between 2013 and 2015, 299 people have died as a result of a drug overdose in Westmoreland County. In 2016, 40 people have died so far, and 19 deaths are being investigated as drug-related.

"I think it needs to be known that people who are drug dealers ... may end up having dire consequences imposed upon them," Peck said after the hearing.

Peterson cried as he asked the judge for a chance to help others who are struggling with substance abuse.

"I let my addiction and weakness cloud my judgment," he said. "I don't want to be remembered for the bad decisions I've made."

Westmoreland County jail program aimed to help inmates stay sober, off drugs

July 1, 2016

BY RICH CHOLODOFSKY

A program to educate inmates in Westmoreland County Prison will begin in July with the goal of keeping them sober and helping them stay off drugs once they are released.

A state grant is funding the six-week program to aid recovery and provide education about drug addiction.

"Inmates are a high-risk group for overdose," said Elizabeth Comer of the Westmoreland Drug and Alcohol Commission, which will operate the program. "Once they come back to their life, obviously we don't want them doing what they were doing before. When you go back to the same places and people, you are at risk for the same behavior."

Warden John Walton said 72 percent of new inmates at the jail are addicted to drugs or alcohol and need detoxification, according to figures released in May.

"We want to bridge the gap so many of

these people don't go back to the environment that caused them to become addicted to drugs," Comer said.

Up to 15 inmates can take part in the program, which will be taught by a certified recovery specialist. The instructor will lead discussions about how relationships with others relate to sobriety, as well as provide information about how inmates can deal with relapses. Inmates will learn how to administer Narcan, a drug that can be used to reverse an overdose.

"We want them to face their responsibility and help them set up appointments with specialists after their release," Comer said.

Inmates will meet in a group setting for one-hour weekly sessions. They will be given journals to fill with their experiences and weekly homework assignments.

Walton said the program will augment services such as Alcoholics Anonymous and Narcotics Anonymous meetings. Unlike a

similar regimen called Intensive Outpatient Program, in which participation is ordered by the courts, the new program will be strictly voluntary.

"We want it to be so there is no one sitting there just taking up space," Walton said. "Our goal for this is that this is for people who want help. I believe there will be a lot of people interested in this."

The program is expected to start the week of July 11.

Inmates who complete the program will receive vouchers for a free dose of Narcan when they are released from jail. For the first time, inmates upon their release will be given information about treatment centers, drug hotlines and other available avenues for help in dealing with drug and alcohol problems.

"Our goal is to give this to everyone who leaves, because a lot of times, when they are in trouble, they don't know who to call," Walton said.

SENTINEL LOCAL NEWS

SINCE 1884

SERVING NORTHERN DAUPHIN, LOWER NORTHUMBERLAND AND WESTERN SCHUYLKILL COUNTIES

top news

- Memorial Day events are planned.
- Railroad club open second Saturdays of the month.
- Bike rodeo to be held in Lykens.
- Trout rodeos slated at Gutshall Lake.

sports news

- Four track and field athletes qualify for states.
- UDA and WV girls' take league titles.
- Twin County Softball League announces upcoming matches.

Town hall meeting addressing opioid addiction held for concerned citizens

By Duane Good
 editor

No parent wants to outlive a child - or wishes death on them. But at least one police officer has had parents tell him that a fatal overdose may be "the only way out" for a son or daughter caught in the grip of addiction to heroin or prescription painkillers.



Bob Stout of the Halifax Borough Police Department speaks as part of a panel discussion. (Submitted photo)

Finding other ways out was the topic of a May 17 town hall meeting for *Sentinel*-area residents concerned about the escalating issue of opioid addiction north of Peters Mountain.

Sponsored by Dauphin County, the meeting was held at Trinity United Methodist Church, Elizabethtown, and featured a panel of speakers including county officials, police officers and teachers.

A similar meeting was

held in the Harrisburg area last week. Typically, "upper end" residents might see heroin/painkiller addiction as an issue limited to more urban areas. Not so, last week's speakers said.

"It's here, and it's here in a big way," a police officer noted.

"If you think it's not here and kids in school aren't doing it, you're crazy," said another panelist.

Deaths by opioid overdose in upper Dauphin County are not just a small fraction of the ones occurring throughout the county in recent years, according to Coroner Graham Hetrick, one of the panelists.

Oftentimes, a heroin addict begins with a legitimate need for painkillers, develops a dependency, then turns to heroin either when painkillers are not available, or when they can only afford to buy heroin, which is less expensive overall. (Both heroin and painkillers, such as Oxycontin, are derived from the same source - opium.)

Panelists said they have seen a notable shift in the past decade or more among young people abusing alcohol and turning to opioids, crystal meth or other drugs.

The majority of DUI (Driving Under the Influence) arrests in the region no longer are for alcohol, but are for

FAST 5

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- A6 OBITS
- B6 PUBLIC SALES
- B12 CLASSIFIEDS
- B8 COMMUNITY CALENDAR

TRI-COUNTY BRIEF

Accident claims life of area man

LOWER MAHANOY TWP. - State police at Stonington said a head-on collision resulted in the death of Christopher A. Franki, 50, of Elizabethtown, May 19 on Route 225 in Lower Mahanoy Twp.

Police said Franki was northbound on the highway in the area of Raupstal Road, south of Line Mountain High School.

For unknown reasons, his 2002 Mercedes-Benz E320 entered the opposite lane on a right curve in the road. The car entered the path of a 2014 Mitsubishi Fuso FE160 and struck the truck head-on, police said.

The truck's driver and passenger were identified as Richard L. Berry, 60, of Northumberland; and Colby L. Ernest, 25, of Sunbury. Police

SEE BRIEF • PAGE A2

Renovation plans moving forward for the Union House Apartment project in Lykens

Story and Photos by Duane Good

LYKENS - Journey's 1981 hit "Don't Stop Believin'" wouldn't have sounded out of place at a May 19 ceremony marking the formal start of the Union House Apartments project.

Officials with the Lykens Community Development Corp., Lykens Borough, Dauphin County and many other entities did not stop believing that a plan first conceived more than five years ago would eventually see the light of day.

That plan - to renovate the former Lykens Hotel and Patriotic Order Sons of America building into affordable apartments - is moving forward. Renovation of both buildings will continue through 2016 with a target completion date of about a year from now.

Last week's ceremony was, for many in attendance, a celebration - both for the preservation of the two buildings and of what they could mean to the Lykens downtown area.

It is hoped that the buildings, once re-booted, will serve as a catalyst for the addition of new businesses and services in the community. (Retail and office spaces are planned for both facilities.)

The ceremony also marked an official end to any frustration - both for the preservation of the two buildings and of what they could mean to the Lykens downtown area.

SEE HOTEL • PAGE A4



Kevin Jury, president of the Lykens Community Development Corporation, speaks at the May 19 ceremony.

AMAZING ANIMALS ON PAGE A-5

HONORING OUR NATION'S HEROES MEMORIAL DAY

5.30.16

Local events highlight caring, Lupus Foundation



Halifax Communities That Care sponsored CTC Day May 21 at Halifax Area High School. ABOVE: Avery Weber of Halifax, age 7, goes airborne while testing her skill at completing the inflatable obstacle course. (Sentinel photo by Tom Degnitz)



A pig roast to benefit the Lupus Foundation of Pennsylvania was held May 21 at the Short Mountain Conservation Club in Loyaltown. The event featured food, a Chinese auction and musical entertainment throughout the day. ABOVE: Ashton Carl of Tower City, age 3, eyes up one of the many items at the Chinese auction. (Sentinel photo by Ron Schmick)

PUBLIC NOTICES IN THIS WEEK'S SENTINEL:

- Halifax Twp. - Roadwork bids sought. 2015 Combined Statement of Revenues.
- Upper Dauphin Area School District - Invites proposals for Video Surveillance System Replacement Project.

Town hall meeting addressing opioid addiction held for concerned citizens

May 24, 2016

By Duane Good
EDITOR

No parent wants to outlive a child – or wishes death on them.

But at least one police officer has had parents tell him that a fatal overdose may be “the only way out” for a son or daughter caught in the grip of addiction to heroin or prescription painkillers.

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is less expensive overall. (Both heroin and painkillers, such as Oxycontin, are derived from the same source – opium.)

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The majority of DUI (Driving Under the Influence) arrests in the region no longer are for alcohol, but are for controlled substances, police said.

Another officer commented on how a recent string of burglaries was traced to individuals selling stolen items to support their addictions.

In just Dauphin County alone, an estimated 1,200 pounds of painkillers and other prescription drugs were turned into police stations as part of an ongoing disposal program.

The prevalence of opioid addiction is something the public needs to take seriously, panelists said. Overdose deaths have quadrupled since 1999, as have sales of Oxycontin and other painkillers.

In Pennsylvania alone, more than 2,700 people died in 2014 as the result of an overdose.

“If that many people died in a terrorist attack, we’d go crazy,” said county Chief Detective John Goshert.

“We have to ask the right questions,” Hetrick noted. “Out of all the countries in the world, why do Americans consume the most opioids? And why are we allowing it to happen?”

While many concerns were expressed at the meeting, speakers also said steps already are being taken to push back.

All police departments in the county

– both upper and lower ends – are now equipped with Narcan, a drug designed to counter the effects of an opioid overdose. As reported in the Sentinel last month, Halifax Borough police used Narcan to save the life of an overdose victim.

The county’s Department of Drug and Alcohol Services continues to offer avenues of treatment for people ready to be freed of their addictions. It’s never too late for an addict to seek treatment while they are alive, panelists said.

“We can’t help you if you’re dead,” as one put it. More information on the county’s services is available by calling 717-635-2254.

During a lengthy discussion following the panelists’ presentation, audience members stressed the need for better access to treatment services for “upper end” residents, as well as more availability of support groups locally for individuals affected by addiction and their families.

Also stressed was the need to avoid judging or stigmatizing people struggling with addiction, as well as their families. It was pointed out that addiction crosses all social and economic lines and that anyone can fall into its snare. (Some military combat veterans fighting Post-Traumatic Stress Disorder have been known to end up abusing opioids.)

Panelists for the local meeting included Goshert; Hetrick; Chris Still and Bob Stout, Halifax Borough Police; Edward Lloyd and Kyle Tobin, Pennsylvania State Police; and Joann Sites, Upper Dauphin Area High School wellness instructor.

Additional speakers were George Hartwick III, county commissioner; and Cheryl Dondero, director of the county’s Drug and Alcohol Services.

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DOB PHILLIPS/Sun-Gazette
Lycoming County Judge Marc Lovecchio addresses the crowd at a meeting Saturday dealing with the city's heroin epidemic.

Local heroin task force holds public meeting

By SAMANTHA WALLACE
swallace@sungazette.com

"A storm is raging," said Lycoming County Judge Marc Lovecchio, "and it continues to rage on."

That was the message at large from the Lycoming County Heroin Task Force community subcommittee when it held a public information and education meeting about heroin and prescription drug abuse Saturday evening.

About 80 people gathered at St. Joseph the Worker's Fleming Center to hear from a wide range of

HEROIN

A DEADLY PLAGUE

speakers that included Mayor Gabriel J. Campana, former addicts and family members affected by addiction.

"This is not just a Williamsport

(See COUNTY, Page A-6)



ROBERT PHILLIPS/Sun-Gazette
Peter R. Lynn, chairman of the Lycoming College Board of Trustees, right, bestows the medallion of the offices of Lycoming College on Dr. Kent Trachte, the 15th president in its 200-year history.

Trachte inaugurated as 15th president of Lycoming College

By KRISTEN WRIGHT
kwright@sungazette.com

The Lycoming College campus was filled with "Lyc pride" Saturday afternoon during the inauguration of its new president, Dr. Kent Trachte.

Faculty, staff, alumni, students, dignitaries and many more attended the ceremony in the campus recreation center.

The selection of Trachte was made by a 16-member search committee comprised of trustees, faculty, staff, students and alumni from a nationwide pool of more than 80 applicants.

Four candidates were selected by the committee and recommended to the board of trustees. Trachte's selection was

(See TRACHTe, Page A-3)

Heroin spreads misery across US



(EDITOR'S NOTE: The death of actor Philip Seymour Hoffman underscored a troubling development: Heroin, long a scourge of the back alleys of American life, has spread across the country. Northcentral Pennsylvania has not been immune from what has been declared to be a national epidemic. This is the first installment in a multiple-day series.)

By AMY FORLITI
DAN SEWELL
NIGEL DUARA
Associated Press

On a beautiful Sunday last October, Detective Dan Douglas stood in a suburban Minnesota home and looked down at a lifeless 20-year-old — a needle mark in his arm, a syringe in his pocket. It didn't take long for Douglas to realize that the man, fresh out of treatment, was his second heroin overdose that day.

"You just drive away and go. Well, here we go again," says the veteran cop.

In Butler County, Ohio, heroin overdose calls are so common that the longtime EMS coordinator likens the situation to "coming in and eating breakfast — you just kind of expect it to occur." A local rehab facility has a six-month wait. One school recently referred an 11-year-old boy

(See HEROIN, Page A-7)



ASSOCIATED PRESS

In the May 6, 2013, file photo at top, a drug addict prepares a needle to inject himself with heroin in front of a church in the Skid Row area of Los Angeles. The death of actor Philip Seymour Hoffman in February 2014 spotlighted the reality that heroin is no longer limited to the back alleys of American life. Once mainly a city phenomenon, the drug has spread to the country and suburbs. In the Feb. 11, 2014, photo below, Dr. Marcus Romanello, medical director for the Fort Hamilton Hospital emergency room, checks equipment in the emergency room of the hospital in Hamilton, Ohio. The hospital saw 200 heroin overdose cases last year, and countless related problems: abscesses from using unsterile needles, heart-damaging endocarditis and potentially fatal sepsis infections.



'Geek the Library' campaign promotes community interests

Athletes geek their sport, artists geek their medium. The James V. Brown Library geeks the community and wants everyone to share what they geek with others.

E Lifestyle



Good morning, Charles Haynes.
Thank you for subscribing to the Sun-Gazette!

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Task force's 1st meeting

September 7, 2013

By JOSEPH STENDER

jstender@sungazette.com

Seeing far too many individuals continuing to return to courtrooms and, in some instances, losing their lives because of the "ever-increasing problem" of heroin in the county, more than 60 people met Friday with the newly created heroin task force to try to find a solution to the drug issue.

"It's sad. It's in our courtrooms every day," said Clinton County President Judge Craig Miller.

Those in attendance — including those representing the medical field, the faith-based community, school districts and local, county and state government — spoke about how the drug "destroys families," and how to prevent further use.

"My concern is that if we don't take action, if we don't do something, if we just talk about it, we will continue to lose more and more lives," said Judge Marc F. Lovecchio. But as President Judge Nancy L. Butts, who lead the group in discussion, noted with statistics, the problem isn't only plaguing the county, but the entire country.

Butts and others spoke about how users are not a certain group of people, but the drug can affect those of all races, ages and economic levels.

Butts reported that according to statis-

tics, those ages 12 to 49 who illegally use prescription drugs are 19 times more likely to use heroin.

The number of heroin users in the United States has grown from 161,000 in 2007 to 281,000 in 2011.

Lovecchio knows firsthand how the drug can affect a family.

"I speak to you as someone who has lost a younger brother to a heroin addiction," he told the group.

He added that he had many assumptions on who used heroin, but he has learned that many of those assumptions turned out to be wrong.

"I assumed that it wasn't a disease, that it was a choice," he said. "Certainly, you choose to use but you don't choose to be an addict."

"We, as a community, need to understand that our assumptions over the years... have been wrong," he said.

Medical physicians in attendance explained that illegal use of prescription drugs can be a gateway to heroin use because it affects the brain in the same way. And although the high is the same from both prescriptions and heroin, the cost of each draws more users to heroin.

City Police Capt. Timothy Miller reported that heroin can cost as low as \$8 a bag in the county. He said he is troubled by how easy it is to find the drug.

"These kids can literally drive anywhere to get it. That's a huge problem," he said.

Lovecchio said that when asked why they use heroin, most in his courtroom

respond that, "it's easy, it's cheap and it feels good."

Charles E. Kiessling, county coroner, reported that there have been nine drug-related deaths in the county so far this year. Emergency departments deal with a significant number of visits because of substance abuse, as well.

"It's a significant problem and hopefully we can come up with a plan to reduce these numbers and reduce these deaths," he said.

Many at the meeting said that in curbing the issue, there needs to be educational opportunity for the community to learn the true effects of the drug in order to prevent further use. The county also needs a way of getting help for current users, others noted.

Butts noted that more meetings will be scheduled to allow all individuals to contribute and move forward with a plan of action to implement programs.

Lovecchio compared the problem to houses after a storm — although it looks fine from the outside, the problems are more evident from the inside.

"It destroyed my family," he said. "It's like the perfect storm."

Heroin task force

Discussion sparks ideas for outreach

September 28, 2013

By Joseph Stender

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Continuing the discussion on the increasing heroin problem within the county, the heroin task force again called upon a diverse group of members of the community to meet Friday to find ways to best combat the problem.

President Judge Nancy L. Butts, who leads the task force, broke the large group of community members into smaller groups based on their specialty — law enforcement, education, social services, medical, faith-based and community — in order to discuss the "next best step" moving forward with action.

She also introduced the group's mission statement draft in order to give it direction. She announced that the mission of the group is to "reduce the incidence of substance abuse through community education and recovery options directed towards the citizens and youth of Lycoming County."

"We need to start doing things because if we don't, people will continue to die," said Judge Marc F. Lovecchio on the importance of the group.

Groups were asked to discuss what they see as the problem and how best to solve it.

Each group also elected one representative to be a part of the task force's steering committee.

After reconvening as a group, each shared

their thoughts on the situation. Many groups spoke about how education was the key to preventing further use.

Dr. Portia Brandt, Muncy School District superintendent, explained the group needs to find popular venues to share their message of the dangers of heroin use.

Others agreed saying that getting in front of the problem is important. And they stressed that all members of the community need to receive the education.

Jim Maiolo, a community member, suggested that families of those addicted to heroin or recovered addicts speaking would be a powerful program to offer to the community.

Discussion continued on next page

Discussion continued

County District Attorney Eric R. Linhardt also mentioned resurrecting DARE programs to inform the youth of the dangers of drug use.

Rev. Andy France, Lycoming County Prison chaplain, suggested a panel of faith representatives in middle schools to discuss the problem, as well. He also said that those strong in faith could talk about their struggles with substance abuse during services. He suggested a "substance-abuse Sunday" where various churches could reach out to the community.

Carole Gilberti, regional director of Community Care Behavioral Health, said their field should be more in the community, not only diagnosing but starting discussions with residents.

With the medical field, Bethany Engel, a

physician assistant, added that their group spoke on building a multi-faceted approach to further addressing the handling of addiction.

Linhardt added that "more aggressive patrols" also were needed to keep an eye out for the drug problem. But like all things, he said, it would take additional funds to do many of the proposals. Lovecchio also added that he would like to increase testing but, again, it would be expensive.

Lovecchio noted that when he asks addicts how often they should be tested they reply, "All the time."

A mother of an addict, who declined to give her name, also spoke about the importance of giving families an avenue to find help for their family member without putting them "in the system."

She said many times, families are not sure

who to call for help with a problem they don't completely understand themselves.

Some members of the task force suggested that it should encourage business members to be a part of the group, as they also are affected by the problem. Butts said that all members of the community are welcome and encouraged to join the task force.

Others suggested creating a logo to make the group more visible to the public.

Lovecchio concluded the meeting by saying that it was "on the right track."

When asked, Butts explained that having such a diverse group was important when building the task force because it is a community problem.

"Our community is not just one type of group," she said.

Officials: Public education key to curbing abuse

September 28, 2013

By JOSEPH STENDER

jstender@sungazette.com

As the heroin task force continues to look for avenues to curb the use of heroin among all county residents, many members of the group suggested that educating the entire public was key to them being successful.

"Education is a key player in the prevention aspect," said Dr. Portia Brandt, Muncy School District superintendent, during a small-group period at Friday's task force meeting.

For those working in education, many said the threat of eventual heroin addiction is sitting in almost every home — prescription drugs.

Many educators stated that it's youth, to go into the medicine cabinet of any home and take a small amount of pills without anyone noticing.

Geoffrey Arthur, executive director of

Valley Prevention Services, explained that this is even easier to do if the medication was prescribed years earlier and the patient no longer uses it. And with prescription drug abuse serving as a gateway to heroin. Christina Herman, director of student services and career development at Loyalsock Township School District, said it's important more than ever to get ahead of the problem. Robert Grantier, Loyalsock Township School District, added that the cheap cost of heroin compared to illegally purchasing prescription drugs also makes it attractive.

But education of the dangers of heroin use must reach further than just the youth, community members said. It must be received by every resident, regardless of background.

"It's not a casual thing we are talking about," said Jim Maiolo, a community member. "It's every ethnic group. It's every age group."

During a large group discussion, Brandt added that it's important to make sure everyone knows it can happen anywhere

and to anyone.

"'It won't happen to me' is an attitude we need to (stop) right away," she said.

In order to get the message out into the public, many suggested alternative venues, such as high school athletic events and movie theaters. As Brandt explained, more people will attend a high school football game than an open house.

They suggested public announcements talking about the dangers of heroin during such events.

Another suggestion was to allow families of heroin addicts and former addicts to tell their story.

"Those type of events are where you really put a face on (the problem)," commented Charley Hall, district administrator for state Rep. Garth Everett's office.

The group said it will look at all avenues to get the message out into the public.

"I think we have to hit hard with the message (of the dangers). Kids don't know. Parents don't know," Herman said.

Methadone Examined

September 28, 2013

By Elizabeth Regan

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At Friday morning's second heroin task force meeting, a group of medical experts discussed ways the medical community could address the burgeoning local heroin crisis.

The discussion branched to methadone clinics, which helps wean heroin and other opioid addicts and eventually transition them into a life without drug abuse. A methadone clinic recently opened on Lycoming Creek Road, and its fate still is being discussed by Old Lycoming Township Supervisors, but "It's most likely staying and operating," supervisor Chairman John Eck said. While he said he sees a need for it, he questions the location.

Heroin highs are unlike any other, reaching extreme levels of euphoria, but methadone blocks that high, said Dr. Ayaz Khan, director of his Pain Management

practice in Williamsport, and medical director at Habit OPCO, a methadone treatment-center in Watstown.

"(Heroin) is like a chemical heaven for patients using it," he said, but that heaven quickly turns into a ravaging hell. "Every time you seek that high, you need to keep increasing it — two bags, four bags, more." Death hovers with each increase, as overdose is often the end conclusion.

True treatment requires a multifaceted approach, Khan said. Methadone treatment only addresses 30 percent of the problem — counseling is the main component that empowers and transforms the patients' lives, he said.

"We have to talk with our patients — we can't just write prescriptions," Khan said. Treatment addresses not just the patients, but their environment and the whole family so triggers can become more neutralized.

"The mind should control the body. ... That's why counseling is paramount. ... Until we know what is right and wrong, we won't be able to get over it," he said.

However, there is the risk of addicts stealing methadone to sell it. After three or four months of treatment, patients can earn a take-home privilege, Khan said.

One anonymous city resident in another focus group said he's seen the negative side of such clinics.

"My experience is, you can cop anything you want," he said. Problems arise when "you put a bunch of addicts together" at these clinics.

Khan said there are risks, but that's why counseling is paramount to the program, and each clinic should be strictly run, and patients should have at least one year of drug abuse prior to enrollment. Urine testing is mandatory at these clinics, he said, and each drop of methadone is accounted for. Khan said his program is successful and gets good results.

"I think methadone clinics, if run properly, do a tremendous job in keeping people away from drugs. It goes a long way in preventing crimes, but again, it has to be run properly. The doctor has to have a sense of community service. It takes a lot of time, a lot of courage," Khan said.

Vivacrol is another option, as it cancels out the high and actually gives a bad feeling, retraining the brain in how it associates pleasure with opioids. But it is very costly at about \$1,000 per shot once every three months, and not many providers are licensed to do so, Khan said.

The benefit of Vivacrol is it isn't taken home, but is administered by a physician in shot form so it can't be sold.

Beyond methadone clinics, a more comprehensive approach in the medical community is needed, Khan said. Before doctors prescribe any narcotics, urine testing should be done, he said. In order to prevent patients from "doctor shopping" where they go doctor to doctor to get prescription narcotics, the patients' histories need to be more accessible for each doctor to cross-reference along with an emergency room database, he said.

"If we all start doing the same thing, it will stop (doctor shopping)," he said.

Imprisonment also works to keep people off drugs, but Khan argued it doesn't change the patients' environments once they get out.

Heroin Task Force rolls out strategy

February 1, 2014

By MORGAN MYERS

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Some called drug addiction a plague; others, a disease — but no matter what they called it, members of the newly-established Heroin Task Force came armed with strategies to fight the lethal problem Friday in the Lycoming County Courthouse.

"Heroin is a dead end. We want to know when and how use starts. What's the root cause in this area? Why do people do this?" Dr. Portia Brandt, chairwoman of the task force's education subcommittee and superintendent of Muncy School District, said.

Drug overdoses killed 18 people last year in Lycoming County alone, according to

Coroner Charles Kiessling. Eight of those deaths were due to heroin, Kiessling said.

"These people are our neighbors, friends and human beings. We need to give them hope and light," Dr. Rene R. Rigal, chairman of the task force's medical subcommittee and physician at Susquehanna Health said.

Led by President Judge Nancy Butts, experts in faith, business, medicine, education and human services buzzed with ideas for solving the local heroin problem. Public education and outreach was the primary focus.

"All of us are working with clients in addiction or recovery. Who are the missing populations and how can we reach them?" Mae-Ling Kranz, chairwoman of the human service subcommittee and co-director of Wise Options said.

Using drug forfeiture money, the district attorney's office in consultation with Impact advertising develop the task force's marketing strategy. In addition to a logo and mission statement, the task force has created brightly colored help cards that read, "Want to get clean and sober? Here's help: 1-888-941-2721."

"All calls are confidential," Butts said.

The task force plans to promote its mission and helpline number in a myriad of ways: payroll stuffers, informational inserts in church bulletins and even public service announcements at movie theaters and football games.

"We have quick blurbs that can be announced," Brandt said.

Task Force continued on next page

Task Force continued

The task force also identified strategies for fighting drug-related crime by focusing on rental properties. In collaboration with the city's Nuisance Property Task Force, the law enforcement subcommittee brainstormed ways to discourage drug activity by applying the Civil Use Abatement Statute more broadly.

"Stoops on front steps on houses along Second Street invite loitering. We talked about removing those stoops," Law Enforcement Subcommittee Chair and District Attorney Eric R. Linhardt said.

Linhardt also hopes to educate landlords about how to attract quality tenants by drafting better lease agreements. In addition to heroin, prescription drugs also is a major concern of the task force. For the first time ever, prescription drug overdose is the number one cause of death among 18 to 32 year olds, according Rigal.

"People should not have a pharmacy in their medicine cabinets and trash cans are not the answer. We need to make prescription take-back boxes more available to consumers," Commissioner Jeff Wheeland said.

State Sen. Gene Yaw, R-Loyalsock

Township, who attended Friday's meeting, said his website features a comprehensive list of prescription takeback box locations. Citing the likelihood of future financial need, members also discussed possible funding sources to keep the task force going.

"We plan to register as a nonprofit at Raise the Region on March 12. Any money raised there will be put toward the Heroin Task Force," Shea Madden, executive director of the West Branch Drug and Alcohol Abuse Commission said.

The Heroin Task Force will hold its next closed meeting in March.

Heroin spreads misery across US

(EDITOR'S NOTE: The death of actor Philip Seymour Hoffman underscored a troubling development: Heroin, long a scourge of the back alleys of American life, has spread across the country. Northcentral Pennsylvania has not been immune from what has been declared to be a national epidemic. This is the first installment in a multiple-day series.)

April 6, 2014

By **AMY FORLITI, DAN SEWELL, NIGEL DUARA**

Associated Press

On a beautiful Sunday last October, Detective Dan Douglas stood in a suburban Minnesota home and looked down at a lifeless 20-year-old — a needle mark in his arm, a syringe in his pocket. It didn't take long for Douglas to realize that the man, fresh out of treatment, was his second heroin overdose that day.

"You just drive away and go, 'Well, here we go again,'" says the veteran cop. In Butler County, Ohio, heroin overdose calls are so common that the longtime EMS coordinator likens the situation to "coming in and eating breakfast — you just kind of expect it to occur." A local rehab facility has a six-month wait. One school recently referred an 11-year-old boy who was shooting up intravenously.

Sheriff Richard Jones has seen crack, methamphetamine and pills plague his southwestern Ohio community but calls heroin a bigger scourge. Children have been forced into foster care because of addicted parents; shoplifting rings have formed to raise money to buy fixes.

"There are so many residual effects," he

says. "And we're all paying for it."

Heroin is spreading its misery across America. And communities everywhere are indeed paying. The death of actor Philip Seymour Hoffman spotlighted the reality that heroin is no longer limited to the back alleys of American life. Once mainly a city phenomenon, the drug has spread — gripping postcard villages in Vermont, middle-class enclaves outside Chicago, the sleek urban core of Portland, Ore., and places in between and beyond.

Cocaine, painkillers and tranquilizers are all used more than heroin, and the latest federal overdose statistics show that in 2010 the vast majority of drug overdose deaths involved pharmaceuticals, with heroin accounting for less than 10 percent. But heroin's escalation is troubling. Last month, U.S. Attorney General Eric Holder called the 45 percent increase in heroin overdose deaths between 2006 and 2010 an "urgent and growing public health crisis."

In 2007, there were an estimated 373,000 heroin users in the U.S. By 2012, the number was 669,000, with the greatest increases among those 18 to 25. First-time users nearly doubled in a six-year period ending in 2012, from 90,000 to 156,000.

Experts note that many users turned to heroin after a crackdown on prescription drug "pill mills" made painkillers such as OxyContin harder to find and more costly. It's killing because it can be extremely pure or laced with other powerful narcotics. That, coupled with a low tolerance once people start using again after treatment, is catching addicts off guard.

In hard-hit places, police, doctors, parents and former users are struggling to find

solutions and have lives. "I thought my suburban, middle-class family was immune to drugs such as this," says Valerie Pap, who lost her son, Tanner, to heroin in 2012 in Anoka County, Minn., and speaks out to try and help others. "I've come to realize that we are not immune....Heroin will welcome anyone into its grasp."

MINNESOTA: TAKING THE MESSAGE TO THE MASSES

The night before Valentine's Day, some 250 people filed into a church in Spring Lake Park, Minn. There were moms and dads of addicts, as well as children whose parents brought them in hopes of scaring them away from smack.

From the stage, Dan Douglas gripped a microphone as a photograph appeared overhead on a screen: A woman in the fetal position on a bathroom floor. Then another: A woman "on the nod" —passed out with drug paraphernalia and a shoe near her face.

"You just don't win with heroin," Douglas told the crowd. "You die or you go to jail."

It was the third such forum held over two weeks in Anoka County, home to 335,000 people north of Minneapolis. Since 1999, 55 Anoka County residents have died from heroin-related causes. Only one other Minnesota county reported more heroin-related deaths — 58 — and it has a population three-and-a-half times greater than Anoka's.

Five years ago, county officials were focused on stamping out meth labs. Then investigators noticed a climb in pharmacy robberies, and started finding Percocet and OxyContin during routine marijuana busts.

As prescription drug abuse rose, so, too,

Heroin continued on next page

Heroin continued

did crackdowns aimed at shutting down pill mills and increasing tracking of prescriptions and pharmacy-hopping pill seekers. Users turned to heroin. "It hit us in the face in the form of dead bodies," says Douglas.

Authorities are working to educate doctors about the dangers of overprescribing painkillers and are fighting to get heroin off the streets. The idea for the forums came not from police but rather from Pap, a third-grade teacher whose youngest son died of a heroin overdose.

Tanner graduated from high school with honors. In the fall of 2012, he was pursuing a psychology degree at the University of Minnesota, and dreamed of becoming a drug counselor. He had not, to his mother's knowledge, ever used drugs, and certainly not heroin.

Then one day Tanner's roommates found the 21-year-old unconscious in his bedroom.

Amid her grief, Pap realized something needed to be done to educate others. She met with county officials, and soon after the community forums were developed. At each, Pap shared her family's story.

"Our lives have been forever changed," she told the crowd in Spring Lake Park. "Heroin took it all away,"

OHIO: OD ANTIDOTE HELPS SAVE SOME

Brakes screech. The hospital door flies open. A panicked voice shouts: "Help my friend!" An unconscious young man, in the throes of a heroin overdose, is lifted onto a gurney.

It's known as a "drive-up, drop-off," and it's happened repeatedly at Ohio's Fort Hamilton Hospital. The staff's quick response and a dose of naloxone, an opiate reversing drug, bring most patients back. Some are put on ventilators. A few never revive.

"We've certainly had our share of deaths," says Dr. Marcus Romanello, head of the ER. "At least five died that I am acutely aware of ... because I personally cared for them."

Romanello joined the hospital about two years ago, just as the rise of heroin was becoming noticeable in Hamilton, a blue-collar city of 60,000 people. Now it seems to be reaching into nearly every part of daily life.

"If you stood next to somebody and just started a conversation about heroin, you'd hear: 'Oh yeah, my nephew's on heroin. My next-door neighbor's on heroin,'" says Candy Murray Abbott, who helped her own 27-year-old son through withdrawal.

Heroin-related deaths have more than tripled in Butler County, where Hamilton is the county seat. There were 55 deaths last year, and within one two-week period, the city's emergency paramedic units responded to 18 heroin overdoses.

Users run the gamut, says EMS veteran Jennifer Mason — from streetwalkers to business executives. They die in cars, public parks, restaurant bathrooms.

Romanello's hospital saw 200 heroin overdose cases last year. Overdose patients usually bounce back quickly after given naloxone, or Narcan. It works by blocking the pain receptors that opiates latch onto and helping the body "remember" to take in air.

At least 17 states and the District of Columbia allow Narcan to be distributed to the public, and bills are pending in some states to increase access to it. In Ohio, a new law allows a user's friends or relatives to administer Narcan, on condition that they call 911.

Romanello says his patients are usually relieved and grateful by the time they leave his hospital. "They say, 'Thank you for saving my life,' and walk out the door. But then, the withdrawal symptoms start to kick in."

"You would think that stopping breathing is hitting rock bottom," adds Mason. "They

don't remember that. ... You've blocked the heroin, and they have to have it. They go back out to get more."

OREGON: A FORMER ADDICT FIGHTS BACK

They smile down from photos: recovering addicts holding plates of food at a group picnic last year. From inside Central City Concern in downtown Portland, Ore., David Fitzgerald looks over the faces.

Are they all still sober? Are they all still alive?

"Most of them," says Fitzgerald, a former addict who leads the mentor program at the rehab clinic. "Not all."

Heroin cut a gash through the Pacific Northwest in the 1990s. Then prescription pills took over until prices rose. Now the percentage of those in treatment for heroin in Oregon is back up to levels not seen since the '90s — nearly 8,000 people last year—and the addicts are getting younger. Central City's clients reflect that. In 2008, 25 percent of them were younger than 35. Last year the number went to 40 percent.

The crop of younger addicts presents a new problem — finding appropriately aged mentors to match them with. But Fitzgerald has hope in 26-year-old Felecia Padgett. Before sobriety, Padgett found herself selling heroin to people younger than herself, suburban kids rolling up in their parents' cars. Using heroin, she says, was like "getting to touch heaven."

Fitzgerald doesn't yet have money to pay her, and Padgett herself is still in recovery. But she, and others like her, may play a crucial role in confronting the problem as the face of Portland's heroin addiction gets younger.

"A lot of them aren't ready at a younger age," Fitzgerald says. "The drug scene, it's fast ... it's different. It's harder than it was."

'Dope is a lie'

April 8, 2014

By ELIZABETH REGAN
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The truth someone lives in becomes their reality, and eventually, their destiny. Nick Perillo believed a lie, a lie that wrapped its warm arms around his soul, entwining him in its sweet kisses, flooding his being with euphoria, a euphoria that simply made him feel OK.

And that was enough. From day one, he was hooked on the lie of heroin. Perillo grew up in a small, brick row-house development in Wilmington, Del., and played army with half a dozen neighborhood kids who went through school together. They started hanging out at one of their homes because alcohol was readily available there, and they'd smoke and drink.

One of the friends ran into someone from Philadelphia who introduced the friend to

heroin, who in turn brought it to the group back home. Perillo resisted for a time but succumbed one day with his friend in the restroom of a gas station. His friend took half a bag of heroin — a nickel bag back then — cooked it up and injected it into Perillo's arm.

"I felt this warmth, this warm feeling rushing through my body," Perillo said. "It just kept coming and coming and coming."

Nausea hit him, and he vomited. But the

Lie continued on next page

Lie continued

euphoria kept flowing. "It was such a euphoric feeling of not worrying about nothing ... And because it felt so good, I wanted the other half of the bag," he said.

He was 13.

Now 60 and a recent Williamsport resident, he's been clean from heroin for about 15 years, but it was a long, rough road getting to this point, battling relapse after relapse.

From the moment he took his first hit, heroin seemed to fill the void. "As soon as I did it, I just knew that it was my everything," he said. "I found something I never had before: (heroin was) my mother, my wife, my lover, my everything. When I had children, they came second."

Perillo lived afraid, not of the heroin, but rather of the fear that drew him so irresistibly to it. Even though people told him he was smart and handsome, he couldn't believe it, and suffered social anxiety.

His father's alcoholism watered that fear, and it grew mingled with hatred and resentment as Perillo watched his father yell and throw things at his mother. "The only time I saw my dad was when I'd wake up to him arguing with my mom, watching him from the banister throw a TV at her," he said. His father had a great persona in public and people always told Perillo what a great man his father was.

When he got older, he realized his mother played a role by staying, and he started to resent her, too. "I was full of hate, anger and resentment," Perillo said. "The dope took it all away. I didn't care."

Perillo first was locked up at 18. There he met even more connections for the drug and learned a new trade: forgery. He bounced in and out of prison and spent about 15 years in prison for burglaries, forgeries and thefts. "The forgeries helped because I had grown such a dependence on heroin, I needed \$200 a day," he said.

He also earned his GED in prison and became president of the toast-masters (public speaking) club, boosting his confidence.

After years of being caught in the web of heroin's caress and clutches, he recognized it for what it was. The lie revealed was this: it made him feel OK while destroying him.

It was a cold day in Philadelphia and he had a train ticket in his pocket. He had moved to the city when he was 16. At 45, he wanted to get away and got on a train headed to Virginia. He fell asleep, woke up in the Caro-

linas and decided to head out to Florida.

"I ran out of my heroin I had left on the train and started over. I had \$200 in my pocket" and no idea how to begin anew, Perillo said.

It was a rough start, as crack came into play in Miami, and he still was drinking. After "going all out" on crack, he got sick of that same cycle, too.

He's been clean since and moved to Jersey Shore with his wife, Amanda, in October, to be near family, then moved to Williamsport.

But his happy ending is tainted with the reality he built all those years. Though he's free from heroin, it's left cruel traces.

Cirrhosis of the liver.

Hepatitis C.

Cancer of the liver.

And doctors recently found a tumor in his throat. Tests are pending. "All in the name of the lie that you're OK, and you're not," he said.

He felt healthy for years, but got the cancer and hepatitis diagnoses about five months ago.

His father died at age 51 of lung cancer and it aunts Perillo now with his turn of events, as he waits on a liver transplant list.

But within all this, something remarkable happened. "This is one of the times in my life when a big issue has confronted me — 'You got cancer' — and I didn't think of a drink or a drug," Perillo said with an incredulous smile, his blue eyes wide.

Instead, he took a different stance. "It can either be 'poor me,' or say, 'f— you, cancer,' and I choose 'f— you, cancer. You're not getting me, you're just not going to do it.' It's gotta be God, it's gotta be something better than me, because if I took control over me, I'd f— it all up, that's what I do. I do it well," Perillo said, his resonant voice rasping.

He took a breath and silence settled in to fill the space his words created. "I sit back and say, 'Holy s—, I didn't even think of getting drunk.' And that is so normal, but I am 60 years old, experiencing something normal, and feeling good about it," he said.

Now, he has a renewed purpose. "I'm on a mission to take a negative and turn it into a positive," Perillo said. "I just figure it's time to give back."

He wants to show that recovery is possible.

"If I can go away knowing I did everything I can to help one person see a different way, and it is possible to get off of heroin, then

I'm cool with (that)," he said.

To further his efforts, he is a member of the Community Committee on the Lycoming County Heroin Task Force.

Today's heroin epidemic echoes from a time past. "It's a different era, but it's the same feeling, the same actions," he said. "The general public reaction is different today than it was then, but the bottom line is the misery is the same."

He knows a "dope fiend" when he sees it: "The face drops, the muscles loosen in the face, the eyes are glassy," he said. "I've yet to see a heroin addict smiling; their muscles relax from the opioid. There's just the look," and the itching and resulting sores.

He knows young people look at him and think that could never happen to them, that they feel invincible. "It can and will happen to you" once heroin has its claws in them, he said. "This is where you're going to start. I can't say when, but I can tell you by what you're doing, this is what you're going to get."

Heroin leads to one path. "It is you, I am you and you are me, and damn it, it is going to happen to you," Perillo said. "What you destroy along the way, if you live long enough, you'll regret it...."

"Your loved ones are the first victims because they're the people who are there for you and love you and are the easiest targets — until they give you tough love or you take them down the toilet because they love you. ... Nobody sits down and says, 'Let me destroy my mom's life, my sister's life.' You're the apple of your gram's eye, and there you are, locked up. Your name's in the paper with your upstanding local family where everybody knows everybody, and that's what it is here in these little towns, these small communities...."

"That's the way it is, and anybody who thinks it won't happen is wrong."

But anyone who can recognize the truth about heroin has hope. "Heroin is a lie, and it took me a long time to realize (it) because of the false sense of security, of reality, of everything because you think everything's OK in that addictive phase of it. It's a lie — you do it and you think it's good. There's nothing good about it — it's poison, it's a lie, it's a devil, it's waiting to take you down," Perillo said.

"I'm not a thief, liar or con artist, but addicted, I'm all that," he said. When he's clean, "I'm a good person. I'm a recovering alcoholic and drug addict who has to stay

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away from a drink or a drug one day at a time sometimes one minute at a time.”

Those moments consist of choices to not isolate himself, to keep being honest with himself, to not make excuses, to ask for help, to reach for the phone instead of a drink. Otherwise, relapse hovers. “You start the process of using before you use,”

with the above choices, he said.

It’s a scary feeling to remember how tenuous recovery can be. “It takes a lifetime to build it up, and not long at all to lose it,” he said.

A key part is forgiveness. “If I start holding resentments, if I start looking at the negatives, what good does that do? The person it affects the most is me because I

can feed off that. I could find any excuse to get loaded,” Perillo said.

No matter what happens in the end, he knows one thing. “I’m a miracle. There is a God,” he said.

And finally, after years of unrest and unsettled fears that heroin could never resolve, he has found peace. “I feel good about myself today,” he said.

New community group launched

April 8, 2014

By SAMANTHA WALLACE

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The West Branch Drug and Alcohol Abuse Commission and the Recovery Community Initiative, a newly-formed support group in the Williamsport area, held a special screening of the documentary film “The Anonymous People” Monday evening, to raise awareness not only about drug and alcohol abuse, but about the lifelong process of recovery.

More than 23 million Americans live in long-term recovery, but many choose to remain anonymous because of the negative social stigma of addiction. The film explores the reasons behind that stigma, as well as the history of addiction treatment in the United States.

The event, however, had a noticeably positive feel.

“If ever there was proof of wide-spread support for recovery, it’s this,” said initiative co-founder who only referred to himself as Bruce, as he welcomed the crowd.

The initiative had its official launch at the screening, which was intended to be “a jumping off point,” Alexa Hibbler, another co-founder, said.

“We want to get our name out there and let people know that we’re here, and that we’ll be holding future events,” she said.

The initiative aims to be a resource for those in recovery by offering a supportive network made up of both individuals — many of whom are in recovery themselves — and community resources, such as the West Branch Drug and Alcohol Abuse Commission.

The idea of providing a strong community for those in recovery is essential in helping someone maintain their sobriety, demonstrated over and over again during the film in the thousands of local, grass roots groups — such as the initiative — springing up all over the country.

Some of the programs meet in community centers or church basements. Some take place in prisons, others in high schools and even on college campuses, but their goal is the same.

“(We) want to be an entity that helps people utilize other sources,” Hibbler said. “We want people in recovery to know that they’re not alone and that they have options, they have support.”

Roughly 350 people gathered to watch the film, many of whom were there in support

of family members in recovery.

“My daughter has been in recovery for a year and a half,” said one woman, who asked not to be identified. “She heard about it and told me and I came to support her.” One young woman said that her Narcotics Anonymous sponsor recommended she see the film. Another young man had a similar experience with his sponsor.

With its launch, the initiative has plans in the works for the coming year, not the least of which is attaining nonprofit status. That, Hibbler said, is the “No. 1 goal right now.”

Like most things, however, it costs money. An application for nonprofit status can range from \$400 to \$850, depending on the group’s expected yearly gross receipts.

“Getting that nonprofit organization status is really important,” Hibbler said.

She said donations collected Monday will go toward the cost of the application and the next event the group will hold.

She added that the group also has events planned for the coming months, when warmer weather settles in, although she didn’t give any specifics just yet.

For more information visit www.facebook.com/RecoveryCommunity1 initiative.

Heroin is hardly a stranger to Lycoming County

April 9, 2014

By MIKE REUTHER

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(EDITOR’S NOTE: The death of actor Philip Seymour Hoffman underscored a troubling development: Heroin, long a scourge of the back alleys of American life, has spread across the country. Northcentral Pennsylvania has not been immune from what has been declared to be a national epidemic.

This is the fourth installment in a multiple-day series.)

Kiessling Jr. has seen firsthand how heroin has ripped a path of devastation through the community, impacting victims and their families.

Last year, he investigated eight deaths as the result of heroin overdoses.

“Which is the highest we’ve had in several years,” he said.

But that hardly tells the whole story.

He said there were an additional 19 deaths caused by a drug or a combination of drugs that could have included heroin or prescription medications during 2013.

“Why would you put something in your body that is bad for you?” he asked.

One reason for what appears to be a rise in heroin use is the cheap street sales price for the drug, he said.

Deaths from heroin and other opioids

Lycoming continued on next page

Lycoming continued

don't account for the number of people who are merely users.

And, of course, many people who end up in the emergency room due to a drug overdose live to see another day.

The Williamsport Regional Medical Center ER is no stranger to heroin cases.

Last year, 44 patients were treated for overdoses of the drug, according to figures provided by Susquehanna Health.

That number was down slightly from 2012 when 47 people ended up in the ER for overdoses.

However, with 12 patients having already been treated for overdoses in the first three months of this year, the hospital is on a pace to exceed that number.

Kiessling estimated that so far this year he's investigated at least a half dozen deaths caused by heroin overdose or some combination of drugs.

What's disturbing about heroin, he said, is

that many users never are able to kick the habit.

And even those who do are in for a tough journey.

Dr. Margaret Jarvis, a psychiatrist and medical director at Marworth Treatment Center in Waverly noted the disturbing rise in the use and addiction to different opioids in recent years.

Heroin, for one, has become much purer, and it no longer is necessary to inject to get the high from the drug that many crave.

"We've been treating people for all kinds of opiates," she said. "There does seem to be a bit of a trend, that someone who uses heroin started with pain pills. Their supply runs out, they turn to heroin."

Opioids produce a sense of euphoria by affecting regions of the brain that mediate pleasure. At one time, young people who experimented with drugs were more inclined to smoke marijuana or alcohol, she said. Now, increasing numbers of them are turning to pharmaceutical opioids such as

OxyContin or Percocet.

Jarvis said many young people are getting their pharmaceuticals from their own families and friends.

Feeding into the whole problem, Jarvis believes, is the number of physicians who are quite readily prescribing opiate pharmaceuticals to treat pain.

"I find it extraordinarily sad and frustrating," she said. "Particularly as we see this younger demographic using. They seem to be extremely resistant to living without chemicals"

But the drug use cuts across all demographics, she added. "Drug dealers aren't stupid," she said. "They know what their clientele wants, and they make it readily available."

But many people don't have to go out on the street to find their drugs of choice.

People with health insurance are common victims of addiction, according to Jarvis.

"That speaks to kids who are still on family insurance plans," she said.

Task force hears new guidelines for prescriptions

July 19, 2014

By SAMANTHA WALLACE

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The Lycoming County Heroin Task Force heard from several of its subcommittees Friday, including the medical subcommittee, which had news regarding prescription drugs.

Dr. Rene Rigal, city Board of Health officer and a pain management specialist with Susquehanna Health, presented new prescription guidelines that recently were adopted by the Pennsylvania Medical Society.

There are two sets of guidelines, he explained, one for emergency room care and one for other medical providers.

"Prescription drugs are the portal of entry for heroin use, but we have to ask ourselves why they're being abused if they are legally prescribed," he said. "That can only mean one thing: that the doctor is not prescribing them accurately, or is overprescribing."

Some of the emergency room guidelines call for a limit of seven days on prescriptions for opioids and for the attending doctor to first consider non-opioid medications.

They also say that ER providers should not prescribe long-acting drugs like OxyContin, extended-release morphine, or methadone.

Rigal called the tendency of doctors to prescribe opioids without considering other options or doing a more thorough history of the patient a "happy pens" approach.

He said that it's especially troubling for a health care system like Susquehanna Health, which is the largest provider of care in Williamsport and writes

between 60 and 70 percent of opioid prescriptions in the area.

"If we can control that, it would be enormously helpful," he said.

Rigal also said that Susquehanna Health is considering implementing the guidelines, which he called "a very important first step," as a companywide policy.

The group also heard from the youth subcommittee, which, despite summer vacation, has been busy.

"We're trying to get our message out further, not just with T-shirts, but with more engagement," said Natalie Lamoreaux, a 2014 graduate of Muncy High School.

The committee gave several updates on some of their ongoing projects, the largest of which is a float planned for the Little League Grand Slam Parade on Aug. 13.

Several meetings have been held by the committee, Lamoreaux said, and a design has been decided upon.

The black-and-red float will feature members of Students Against Destructive Decisions from the eight local school districts and St. John Neumann engaging in "anti-drug" activities.

"For example, I play a lot of softball, so I'll be holding softball equipment," Lamoreaux said. "Drums, music, dance, whatever activities that our members are involved with, we'll represent it on the float."

She said that the parade provides a perfect opportunity to spread the message of spending time on positive activities in order to avoid getting involved with alcohol and drugs.

"It's on a world stage, basically," she said. "What better way to get our message out there?"

Bill gives immunity to aiding drug overdoses

September 19, 2014

By NICO SALVATORI

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Legislation that would grant immunity to certain drug overdose responders and provide emergency personnel with a drug to counter the effects of heroin and drugs like it passed the state House of Representatives Wednesday after a vote of 194-0.

The bill, sponsored by state Sen. Dominic Pileggi, R-Chester, was returned to the Senate for consideration of House amendments.

Referred to by some as the "Good Samaritan" bill, the legislation seeks to allay the fear of prosecution for certain drug crimes for those who are with an individual suffering from a drug overdose, including parole and probation violators.

"We've all read stories where people were dropped off or rolled out of a car at the emergency room because people were afraid to inform the authorities," said state Sen. Gene Yaw, R-Loyalsock Township, who co-sponsored the bill.

If the bill becomes law, certain conditions must be met for an individual to be granted immunity. "It's not blanket immunity by

any means," said state Rep. Mike Hanna Sr., D-Lock Haven. "However, we can save countless lives by seeing that treatment takes priority in emergency situations."

According to the bill, the individual who reports the overdose must provide full cooperation with the authorities and must stay with the victim until emergency personnel arrives.

"This measure is intended to encourage those who are with someone experiencing a potential drug overdose to contact the appropriate authorities to help prevent serious injury or death," said state Rep. Garth Everett, R-Muncy. "There are documented cases where such actions were not taken due to fear of arrest."

Those documented cases were heard at several heroin-related hearings held across the state by the Center for Rural Pennsylvania in recent months, according to state Rep. Rick Mirabito, D-Williamsport.

"It has caused way too many tragic deaths," Mirabito said of heroin. "We must do all we can to prevent people from dying from an overdose, and Senate Bill 1164 provides ways to hopefully do that."

When the bill passed the Senate in Dec. after a 50-0 vote, it did not include any provi-

sions that would arm emergency personnel with the drug naloxone, which quickly counters the effects of an overdose induced by an opioid, such as heroin. Those provisions later were added in the House to authorize the use of the drug only after emergency personnel has undergone the proper training.

"Allowing law enforcement officers and firefighters, who are often the first responders at the scene, to obtain and administer naloxone....will undoubtedly save lives," Mirabito said.

On Tuesday, the Center for Rural Pennsylvania will hold a press conference in Harrisburg to release its report on the state's heroin crisis.

According to Yaw, who is chairman of the Center, the report is the result of the 15 hours of testimony that took place during the Center's four hearings.

It identifies legislative action needed to combat the heroin epidemic as well as 20 issues that need further "evaluation, research and action."

"Heroin and opioid abuse has no geographical boundaries," Yaw said. "This is an epidemic affecting individuals of every age, gender, race, and background across the state."

Center proposes measures to combat heroin

September 24, 2014

By Nico Salvatori

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HARRISBURG — In the rare occurrence that heavy heroin abuse doesn't take an addict's life, it will erode his or her self-esteem and morals nonetheless.

"And eventually, it removes your soul," said state Sen. John Wozniak, D-Johnstown, in the state capitol building during a Tuesday press conference where the Center for Rural Pennsylvania released its report on the four statewide hearings it held over the summer that featured personal and expert testimony about Pennsylvania's growing heroin epidemic.

Those hearings revealed that abuse of heroin and other opioid drugs has no geographic or socioeconomic boundaries, according to state Sen. Gene Yaw, R-Loyalsock Township, chairman of the bipartisan agency.

"When I was a young person, you identi-

fied heroin with a specific group that was someplace else," said state Rep. Garth Everett, R-Muncy, treasurer of the organization.

Yaw told the media that 80 percent of heroin users began their addiction by abusing prescription drugs, and the number of deaths as a result of drug overdoses now exceeds traffic fatalities.

That is true nationwide and in Pennsylvania, according to the report, which outlines measures to prevent and appropriately treat drug abuse.

Those measures include action at the law enforcement and legislative levels, as well as in schools and local communities.

"Everyone has to be involved," Yaw said.

According to the report, the agency suggests increased state funding for intermediate punishment treatment programs, which provide strict supervision of those convicted of a crime.

Yaw said first-time offenders who turn to

theft to feed their drug habits often aren't eligible for intermediate punishment, a sentence that could prevent further abuse.

"It costs a heck of a lot more to keep a person in prison ... than it is to do the programs that are necessary," Wozniak said. "We have them. We just have to find the revenues."

Another measure to prevent and reduce heroin abuse includes eliminating "doctor shopping," a practice by which patients who are addicted to controlled substances obtain them from multiple providers without the providers' knowledge.

Yaw said legislation sponsored by state Sen. Patricia Vance, R-Mechanicsburg, would establish a prescription drug monitoring program to better identify prescription fraud.

State Rep. Matt Baker, R-Wellsboro, is the sponsor of similar legislation in the House.

"We have to change the cultural per-

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spective that for every pain in life, there is a prescription drug," said state Rep. Rick Mirabito, D-Williamsport, a board member.

Mirabito said a decision made more than a decade ago by the Food and Drug Administration to allow direct-to-consumer advertising of prescription drugs on television set "up a cultural norm of how we address the problems we have in our lives."

"For the past 15 years," he continued, "our young kids actually have been bombarded with billions and billions of dollars of advertising."

Yaw praised other bipartisan legislation that would grant immunity from prosecution for certain drug crimes to those in the presence of a drug overdose who respond to it appropriately.

The "Good Samaritan" bill also would pro-

vide emergency personnel with naloxone, a drug that counteracts the dangerous effects of heroin during an overdose.

Yaw said police officers should be equipped with the drug as they often are the first to respond to an incident.

The bill recently was returned to the Senate for consideration of House amendments.

Heroin Task Force transitions into Project Bald Eagle

May 9, 2015

By TORY IRWIN

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As the community continues to deal with narcotic abuse, the Heroin Task Force is transforming into a new nonprofit dubbed Project Bald Eagle, with the goal of soaring to new heights in drug prevention.

That was the message delivered during an editorial board Friday with Lycoming County President Judge Nancy Butts, who will continue with the new entity as board vice chairwoman; Dr. Davie Jane Gilmour, president of Pennsylvania College of Technology, who will serve as board chairwoman; and Dr. Beth McMahon, professor in the department of health science at Lock Haven University, who has been named executive director and will work with Project Bald Eagle through December of this year on loan from the university.

Project Bald Eagle will focus on community education and the goal of stepping in during the early stages of drug abuse, acting as a hub to link those in need with the right services to aid them. A goal of the organization is to monitor and collect surveillance data to analyze and address substance abuse in the county.

Even in the transition, the group will retain the subcommittees of the Heroin Task Force, and all members have been invited to stay on and continue their work with Project

Bald Eagle.

"We needed a vehicle to take it to the next level," Gilmour said of the Heroin Task Force.

The organization will be launched with \$100,000 in funding, with donations of \$25,000 each from Pennsylvania College of Technology, Lycoming College, Susquehanna Health and Lycoming County. The money will help the nonprofit with start-up costs, and the group will look for ways to sustain itself through grant funding.

Changing models will facilitate raising funds, something that Butts could not do as the head of the Heroin Task Force due to her position as county president judge.

The model for Project Bald Eagle is based on a similar program in North Carolina called Project Lazarus, which emphasizes community participation.

"The why's easy ... but it's how to get on the ground and make an impact that's challenging," McMahon said. "The community will determine the what."

Needs expressed by those in the recovery community, law enforcement and medical professionals will help to dictate the direction Project Bald Eagles takes as it looks to meet needs in the community.

But the group's not looking to double up in areas that are already being addressed.

"We want to complement what's already being done," McMahon said.

Part of working with the resources already available is to make the public aware of what programs exist.

"I hear it every time at community meetings: 'I didn't know who to call,' " Butts said. "With the education component ... we're sharing who the resources are for everybody."

The organization is not looking to take the place of law enforcement or the criminal justice system, Butts said, and Project Bald Eagle will not affect the issue of holding people accountable.

Rather, as McMahon explained, it simply opens doors for people in the community to be part of the solution as Project Bald Eagle continues to tackle the complex issue of substance abuse and addiction.

In the next few months, Gilmour said, the group is looking to put its name out there.

"Everywhere you go you'll find a sign ... or find something to tell you what Project Bald Eagle is and where to go," she said.

As the group continues to develop, it wouldn't mind being a model for other organizations in the state, but for now are just focusing on Lycoming County, Gilmour said.

Above all, it's just looking to make a difference.

"Project Bald Eagle is giving our community the power to be free," Gilmour said.

Professor: Addiction is a disease

July 7, 2015

By NICO SALVATORI

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The abuse of prescription drugs and other opioids like heroin continues to claim lives in Lycoming County and around the nation. Since 2010, 53 people in the county have died from overdosing on an opioid, and local emergency rooms have accepted more than 150 drug overdose victims on the verge of death, according to figures from the county coroner's office and local hospitals.

The total number of people who abuse drugs is much higher, and yet, only one out of eight individuals who need treatment in the area actually receive it. Project Bald

Eagle, a nonprofit that evolved recently from the Lycoming County Heroin Task Force, is looking to change that.

Dr. Beth McMahon, executive director of the organization and a health science professor at Lock Haven University, said part of the problem is that drug addicts lack the resources that are readily available to sufferers of other diseases.

"Addiction is a disease, not a flaw," McMahon told members of the Williamsport Rotary Club on Monday at a Genetti Hotel luncheon, referencing the perception, not based in any science, that drug addiction is a moral failing. She said changing the way

drug users are perceived by society and processed at hospitals could help more people recover from drug abuse.

"If I went in there because of an attempted suicide, where would they put me?" she said. "I would have a room immediately. If I went to the hospital attack, I'd have a cardiologist and a physical therapist. If I end up in the emergency room because of a heroin overdose ... I get put back out into the community in which I overdosed. Who would take an alcoholic who just came in for a DUI and put him back in the bar?"

Currently there is no system in place at local hospitals to comfortably move overdose victims into detox and then into a rehabilitation program, according to McMahon. Lacking also is funding for such programs, the best of which require a significant time commitment. Compounding that problem is the fact that it is difficult for addicts in programs to continue treatment.

"Other than the criminal justice system, we don't really have a way to coerce people to stay in counseling," said Lycoming County President Judge Nancy Butts, vice chairwoman on Project Bald Eagle's board of directors.

McMahon added that the organization is trying to raise funds for a "warm handoff" program, whereby recovery specialists would be available to drug abuse victims

immediately after an overdose.

Preventing drug abuse in the first place also is a goal of Project Bald Eagle. The organization is trying to change the way people approach their problems. McMahon and Butts said that medication isn't always the answer, even if it is prescribed by a doctor. A study conducted last year by the Center for Rural Pennsylvania, a legislative agency of the Pennsylvania General Assembly, revealed that 80 percent of heroin users in the state became addicted by abusing prescription drugs.

"We live in a nation of prescription drugs," McMahon said, adding that interviews with school nurses showed that more young people than ever are using prescription drugs.

It is far too common for doctors to prescribe painkillers just to keep patients happy and maintain high satisfaction ratings, Butts said.

Doctors often are pressured to show quantifiable results, one Rotarian added.

One way to curtail abuse is by getting old prescriptions out of the home and away from children, McMahon said. Project Bald Eagle has teamed up with local pharmacies to inform customers about where they can properly dispose of old and expired drugs.

"There needs to be a collective front," she said.

Hearings examine toll heroin takes

August 25, 2015

By NICO SALVATORI

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An agency of the Pennsylvania Legislature headed by state Sen. Gene Yaw, R-Loyalsock Township, continues to raise awareness about and seek solutions to the abuse of heroin and other opioids in the state.

The Center for Rural Pennsylvania just wrapped up a second round of public hearings seeking personal stories as well as testimony from experts and law enforcement about the heroin epidemic.

"The Center for Rural Pennsylvania is leading the way to educate policymakers, inform the public, and enhance current policies in Pennsylvania related to heroin and opioid addiction treatment," Yaw said. "To date, the Center has received over 30 hours of verbal

testimony and 350 pages of written testimony from 90 presenters. The Center has certainly taken a leadership role in this fight."

The initial set of hearings concluded in a lengthy report released in September of last year that detailed the heroin problem and proposed legislative solutions to it. A second report is expected to be released in the fall, according to Yaw.

The first report noted that approximately 80 percent of heroin addicts in the state began their addiction by abusing prescription drugs and painkillers.

The problem, though, isn't unique to Pennsylvania.

"Other states in the country are reporting an increase in heroin use as addicts are shifting from more costly prescription opioids to cheaper alternatives," Yaw said.

Pennsylvania has made some progress in addressing the problem of prescription drug abuse.

The agency's first report advocated for legislation that would prevent abusers from seeking prescriptions from multiple doctors without their knowledge in a practice referred to as "doctor shopping." The bill became law last year, establishing a statewide database for doctors to monitor the history of a patient's use of prescription drugs.

"This second round of public hearings reaffirmed that the rise in heroin and opioid abuse has no geographic boundaries, and crosses all socioeconomic groups, all ages and all races," Yaw added. "Those affected could be someone's brother, sister, child, parent or grandparent. No one is immune from this disease."

Group sets 1st symposium on local heroin fight

March 22, 2016

By ANNE REINER

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Project Bald Eagle will host its inaugural Open Nest Symposium, "Understanding the Heroin Epidemic" at the Community Arts Center to discuss the fight against Lycoming County's heroin epidemic.

The free event will be at 7 p.m. Wednesday and is open to the public.

Speaking at the symposium will be Dr. Bradley Miller, program director for family medicine residency, and Dr. Cheryl Stayton, director of behavioral health services, Susquehanna Health, who will present "Understanding the Opioid Disorder." Also speaking will be Dr. Amanda Wilson, president and CEO of Clean Slate Centers, who will talk about "An Evidence-Based Approach to Treatment."

This will be the first of four educational events that will run quarterly throughout the year. Future symposiums will host different

speakers and will be held at town halls throughout the county, Steve Shope, executive director of Project Bald Eagle, said. While future events will be smaller, Shope said he expects more than 1,000 attendees at Wednesday's symposium.

"Education is key," Shope told the Sun-Gazette. "Most people don't feel that they are vulnerable to the heroin epidemic. They think that they are somehow impervious to this."

Shope strongly encouraged families and students to attend the symposium, calling heroin the "single greatest threat to community health in Pennsylvania."

The goal of the symposium is to educate community leaders and average community members about the dangers the illicit drug presents, while also removing society's stigma from heroin users.

"These people are being ostracized," Shope said, referring to those addicted. "This is an illness, and we've got to treat it like an illness."

Heroin addiction does not discriminate between age and social status, according to Project Bald Eagle. Four out of 5 heroin users began their addiction with a prescription opioid medication they got from their doctor, friend or family member to treat pain.

Opioids affect opioid receptors in the body. Once these receptors become damaged, they do not heal. When someone becomes addicted and can no longer get prescription opioids, he or she often will turn to heroin because it is a cheap, readily available opioid, the organization said.

Forty or more people in Lycoming County overdose on opioids each month.

For more about Project Bald Eagle, a nonprofit organization that is leading coalition efforts to stem the tide of the heroin epidemic through education, prevention, treatment, enforcement and data monitoring, visit www.ProjectBaldEagle.com or email ProjectBaldEagle@comcast.net.

Project Bald Eagle kicks off educational outreach for drugs

May 9, 2016

By MIKE REUTHER

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Project Bald Eagle has stepped up its drug treatment and awareness efforts with educational outreach toward helping drug addicts.

On Thursday, several people attended the first of several classes to learn about administering naloxone to heroin overdose victims.

"Thank you for coming," Project Bald Eagle Executive Director Steve Shope said to those attending the initial session.

Shope said for many people, heroin addiction is a very real part of their lives.

"My son is a heroin addict," said Tammy Selleck, who was among a half dozen people attending the Thursday evening class. "He overdosed at one point."

Selleck said she learned about the classes after attending one of the Project Bald Eagle

outreach sessions in the community.

Shope said up to 65 people will be trained over the next few weeks, made possible through a Pennsylvania Commission on Crime and Delinquency grant.

Shope noted that the class attendees were the first in Lycoming County to be trained in the use of the heroin overdose drug, naloxone. "You are making history," he said.

Albert Morrison, a Susquehanna Health advanced cardiac life support/CPR instructor, went over the steps involved in responding to overdose victims. Class attendees learned the signs of opiate overdose, which can be manifested in a victim by pale facial features, limp body, gurgling noises or vomiting, slow breathing, and an inability to speak or be awakened.

Naloxone, administered to reverse the effects of heroin or other opioids to overdose victims, works by blocking opiate receptor sites.

Morrison noted that the drug usually works between two and five minutes, and must be administered a second time if the victim remains unresponsive.

Most overdoses in the U.S. are due to opioid toxicity or poisoning from drugs such as heroin or prescription pain relievers, often in combination with other substances.

Naloxone will not treat overdose of stimulants such as cocaine and amphetamines, benzodiazepines, barbiturates or clonidine.

Attendees later tried out the steps involved in administering the drugs to mannequins.

CPR education also was included in the training.

Last year, 24 people died from drug overdoses in Lycoming County, and officials expect that number to grow in 2016.

Morrison noted that some emergency responders in Lycoming County are equipped with naloxone.

Drug addicts contributing to prison's big numbers

July 1, 2016

By ANNE REINER

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The Lycoming County Prison is swamped with an overcrowding dilemma due in large part to the heroin epidemic running rampant throughout the community, according to county commissioners.

Commissioners Jack McKernan and Rick Mirabito spoke during their Thursday morning meeting about their desire to find alternate treatment options for heroin addicts, outside of the local prison.

"There is a relationship between the heroin/opioid problem and the overcrowding issue at the jail," Mirabito said. He added that their desire is to "find a way to separate some of the folks at the prison who have heroin and opioid problems before.... they

get deep into the criminal process."

The two commissioners met with Gary Tennis, the secretary at the Department of Drug and Alcohol Programs for the state, to discuss possible treatment options for the county. The meeting was encouraging, according to McKernan.

"It was a good conversation and he sounded receptive to either further discussion or possibly coming to Lycoming County to talk about helping us out," McKernan said.

Mirabito said the commissioners are not considering building a new prison right now, and would like to exhaust all other options first. Previous projections for building a new prison put the project at roughly \$40 million.

In other business, the commissioners unanimously approved final disbursement of \$50,000 for the Homes in Need Program with STEP Inc. This is the third payment of

a \$150,000 guarantee in accordance with the Optional Affordable Housing Funds act of 1992, that distinguishes money for this specific purpose, according to Mya Toon, chief procurement officer for the county.

The commissioners also announced that during their next Thursday meeting they will be holding a public hearing to provide an opportunity for community members to discuss Pennsylvania College of Technology's \$60 million bond refinancing effort.

According to the Tax Equity and Fiscal Responsibility Act of 1982, a hearing is required by the IRS so that the public will have an opportunity to comment on tax-exempt funds.

The commissioners present were Mirabito and McKernan. Tony Mussare was absent.

The next commissioners meeting will be at 10 a.m. on Tuesday.

Casey: Bill to help teenage opioid abuse needs funding

July 21, 2016

By ANNE REINER

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A federal bill claims to have the resources to address opioid abuse, but without funding it will have little effect, according to U.S. Sen. Bob Casey.

"You can't make a program work with magic," Casey, D-Scranton, said Wednesday morning at a news conference in the Executive Plaza on Pine Street. "You have to have dollars."

The Comprehensive Addiction and Recovery Act asks for \$600 million in funding, but, while the bill passed, funding for it yet has to be approved. Casey urged people to call their congressmen and ask for passage of the funding portion of the bill.

The bill focuses on a number of opioid abuse problems and seeks to curb addiction among children and teenagers. It has

passed the U.S. House and Senate and next will be sent to President Obama.

There is lots of evidence that more help is needed to fight the opioid addiction problem locally.

Dr. John N. Boll Jr., assistant director of the Williamsport Family Medicine Center, said the hospital has seen a 40 percent increase in teenage overdoses, and often this is the result of prescription medication they receive from a friend or relative.

The overdoses happen when they continue "trying to get a better high and then keep escalating."

Additionally, Boll said a child's mind is in a state of development until between the ages of 21 and 24, thus making them more susceptible to addiction and abuse.

Williamsport Bureau of Police Chief David Young said the county continues to see a rise in drug distribution and he urged family and friends to keep an eye been prescribed

pain medication.

"If something seems wrong, there most likely is something wrong," Young said.

He said "it's an epidemic we can't enforce our way out of" and urged education in opioid abuse among community members.

County commissioners also asked for funding that would support building facilities to house those struggling with addiction, instead of placing them in the already overcrowded county prison.

Casey said the federal bill does not include funding for those type of programs, but he said other options might help.

"We need bills that can stand alone so that there are no politics in it," said Commissioner Tony Mussare. "This isn't something that should be political. We need this money right now."

He stressed his frustration with bills that can be passed but provide no funding, and so are useless.

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IN RECOVERY

York recovery houses stay UNDER THE RADAR



PHOTOS BY CHRIS DUNN/YORK DAILY RECORD
Dave Dunkel, center, owner of Sees-the-Day, takes a break with, from left: Zachary Moser, 21, of Montgomery County; Nathan Embry, 27, of Lancaster; and Roman Fissel, 22, of Manchester Township. They live in a Sees-the-Day recovery house on Linden Avenue. York has about 80 such homes for drug and alcohol addicts trying to stay sober. The houses are not treatment programs and are not regulated.

Amid a heroin crisis, addicts come to York's abundant but unregulated recovery homes. How much are the houses helping?

MARK WALTERS
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Laurie Donovan says the life skills she learned in drug rehab were minimal compared to what she learned by living for a year in a York recovery house.

It doesn't even bother Donovan, who is 50, that she's the oldest person in the house.

"It gives me the role to want to be successful, to set an example for a lot of girls who come in and feel defeated," Donovan said.

But some are wary of the role played by the houses, which are unregulated, mostly for-profit businesses and, at least in York, aren't able to show how effective they are in helping a recovering addict

get and stay sober. "We're producing a community of houses that generate a lot of revenue for the people who own the houses," said Matthew Carey, executive director of the York Rescue Mission. "I'm not saying we don't have a need for these houses, but we need to get some regulations around them."

The York Daily Record found 81 recovery homes in York city that serve nearly 500 people, including several



Naloxone, which can reverse an opioid overdose, is encased near the thermostat of a recovery house operated by Sees-the-Day. Such homes are not required to have it but many do.

used by the county's probation department when paroled drug offenders have no place to live. Generally, someone who lives in one has to get a job, pay rent and obey house rules, such as doing assigned chores.

Amid a heroin crisis, York's recovery home community has grown to the point that it attracts many clients from outside the county and state, and York has become known in addiction-service circles as a place to go for recovering addicts.

Homes are not required to have naloxone, the life-saving antidote for a heroin overdose. Even though most have the antidote, at least two of York city's 20 overdose deaths in 2015 occurred at recovery houses, according to data from the York County Coroner's office.

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York map shows trends in shootings

In December, number jumped to double-digits

TED CZECH
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In December, the number of shootings in York jumped into the double-digits, an anomaly for that year, according to York City Police Department Chief Wes Kahley.

The shootings have slowed to a degree so far this year, but remain significant — there have been 27 incidents between Dec. 1 and April 8, according to York City Police and York Daily Record/Sunday News reports. They've happened in a number of spots around the city — though few downtown — from the East End to the Avenues, even in daylight, on Sundays and on Easter.

A map of the shootings, created by the York Daily Record/Sunday News, shows trends in location, time and circumstance, but that's not the whole story, Kahley said.

The map shows a tight grouping in the city's west end, which might lead an observer to think they are connected in some way. That's not necessarily the case, Kahley said.

"There's nothing there to show us that they're connected," he said.

There's more to know, police say. Violence in the city — including violence connected to the proliferation of heroin — has brought about entities such as the York County Heroin Task Force, and also a Facebook group called York City — Stop the Violence, led by a committee of residents, including Lettice Brown, 32.

Since its inception last fall, the residents have organized candlelight vigils, and they plan to hold a community event at a city park, she said.

Brown said that in her lifetime, she has seen what she feels is a rise in violence in York.

She follows York incidents by monitoring the York County 911 Center's online log and the Southern Pennsylvania Incident Network on Facebook. She's earned a master's criminal justice and hopes to one day carve out a career as a crime analyst, she said.

"I was born and raised here; this is my city," she said. "Maybe 20 years ago, it wasn't this bad. We didn't have the same worries kids do these days."

Daylight shootings

A look at York's shootings this year indicates nearly an even split in the times of day the incidents have occurred — from morning, afternoon, evening and overnight.

"The location, the time of day, doesn't matter anymore," Kahley said. "When they see an individual they're looking for, they're going to take advantage."

Brown said she remembered a time years ago when shootings seem to occur only under the cover of night. Not anymore, she said.

"It just seems they're more bolder," she said. "Broad daylight is very chilling. You just never knew nowadays."

In addition, women have become

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Making money off addicts:

Do York's 81 unregulated recovery homes help?

No one is tracking how many people recovery houses help — or if people sent to one end up worse than when they went in

Mark Walters

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Laurie Donovan says the life skills she learned in drug rehab were minimal compared to what she learned by living for a year in a York recovery house.

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But some are wary of the role played by the houses, which are unregulated, mostly for-profit businesses and, at least in York, aren't able to show how effective they are in helping a recovering addict get and stay sober.

"We're producing a community of houses that generate a lot of revenue for the people who own the houses," said Matthew Carey, executive director of the York Rescue Mission. "I'm not saying we don't have a need for these houses, but we need to get some regulations around them."

The York Daily Record found 81 recovery homes in York city that serve nearly 500 people, including several used by the county's probation department when paroled drug offenders have no place to live. Generally, someone who lives in one has to get a job, pay rent and obey house rules, such as doing assigned chores.

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Homes are not required to have naloxone, the life-saving antidote for a heroin overdose. Even though most have the antidote, at least two of York city's 20 overdose deaths in 2015 occurred at recovery houses, according to data from the York County Coroner's office.

A state group that certifies homes says it holds the houses to high standards. That process is voluntary, and less than

one-quarter of all homes can prove certification, according to the Pennsylvania Alliance of Recovery Residences.

Still, there is no official oversight of the houses and no clear way to tell how many people they help — or if people sent to one end up worse than when they went in.

Who is accountable?

A York state representative and a county judge think recovery houses should have some oversight, whether it's a set of state-wide standards or more accountability. The director of a group that certifies the houses thinks the voluntary process is what is needed to legitimize the housing business.

No local, county or state official is coming in to check on what happens behind the doors of recovery houses, which can turn a profit. To open a recovery home, landlords are legally required to show no more than proof that properties are habitable like any other tenant-occupied rental unit. They do not have to offer licensed counseling or treatment.

Recovery houses aren't required to do drug tests, although companies running 54 of the homes in York will randomly test their residents.

The county's probation department funnels recovering addicts on parole into some of the houses. Probation officers lean on the homes as a viable option for people who would otherwise be homeless or in jail.

Recovery houses were never designed as treatment programs and should not be regulated as such, said Fred Way, executive director of the Pennsylvania Alliance of Recovery Residences, or PARR, which certifies homes.

Three businesses in York County — two of which provide housing in the city and another based in Stewartstown — are certified by PARR, Pennsylvania's branch of the National Alliance of Recovery Residences. Three more in York have applied to begin the certification process since February.

Houses are individually certified, said Adam Kiracofe, executive director at Safe Haven Transitional Living. Three of Safe Haven's houses are certified, he said, with two more pending approval.

Whereas a property owner doesn't need a zoning board's inspection of a property, PARR's process examines the home itself

and its environment.

Way inspects a house's structural condition. He will check a house's smoke detectors, fire extinguishers and stove pilot lights. Is there adequate living and sleeping space? Is there hot and cold water? Any electrical hazards? Are the bathrooms clean? Do the doors and windows lock?

Being certified means the residence has a seal of approval that would direct people to houses that comply with an association and ensure their health and safety, Way said.

Attempts to regulate recovery homes can face hurdles. Businesses running the houses and recovery house advocacy groups will use federal law to show that local regulations discriminate against disabled people, or do not reasonably accommodate them, thus thwarting government attempts to regulate the homes, according to a paper published in The Public Law Journal.

Local governments are afraid of being sued, said state Rep. Tina Davis, D-Bucks County, who is working on legislation that would call for the Pennsylvania Department of Drug and Alcohol Programs to establish standards for recovery homes. The administration and enforcement of the act would be funded through certification fees and fines coming from violations, according to a memorandum for the bill that Rep. Kevin Schreiber, D-York, is co-sponsoring.

The state's drug and alcohol programs regulate treatment providers, and recovery houses do not fit that description, said Jason Snyder, spokesman for the department. While the department realizes there are issues with the homes, he said they hinge on housing more so than on drug and alcohol regulations.

Davis and Schreiber's proposal seeks to provide a framework in which the houses are properly operated through PARR's program and overseen by the state's drug and alcohol programs. The legislation does not aim to prohibit recovery houses.

The certification process, Way believes, will spur attrition of the bad houses as more become certified. As it stands now, though, more than three-quarters of the houses in York lack that distinction.

And houses can pop up in York almost overnight, Carey said.

As someone who works with transient

Homes continued on next page

Homes continued

people who are often coming from rehab or jail, Carey has fielded calls from people who want him to send guys to a recovery house they're opening. Or the caller will want to meet with people at the mission's homeless shelter for men about sober housing opportunities.

Carey declines. And he turns away suggestions to buy some city properties, get a few people to manage them and profit off his own recovery houses.

"What are we producing?" Carey asked. "Am I going to make a ton of money? Damn right I am. But how am I helping this town and these people? All I'm doing is churning them through a machine. Are they turning out any better of a person?"

Recovery houses are intended to help stabilize their residents. They are typically owned and run by people who have walked the path of recovery themselves. Structure is important to an addict trying to put his life back together, owners said.

If you're neglecting your chores or missing your support meetings, you can be fined, said Victoria Weldon, 21, who lived in a Pennsylvania Avenue recovery house owned by Choices Recovery House before transitioning into a sober house, a living arrangement that gives recovering addicts more independence. And if you're caught relapsing, you'll be removed from the house, said Kathy Sorandes, owner of Choices. Sorandes, however, said she won't put someone on the street immediately, often arranging someone to pick someone up or transporting that person herself.

The houses are a vital component of the recovery process, York County Chief Deputy Prosecutor David Sunday said, but are they good or bad? There's a lot he admits he doesn't know.

He does know that a lot of recovery houses are in high-drug areas.

"You're basically taking someone out of an inpatient treatment center and you're plopping them down literally in the midst of heroin dealers," Sunday said. "We who care about this have to be careful because a well-run recovery house is a vital part of treatment, but a recovery house which is poorly run can have the opposite effect."

The court won't recommend anyone to go to a recovery house unless it believes the home is legitimate, said York County Common Pleas Judge John Kennedy.

However, without independent oversight the industry is tasked with policing itself. And without regulations, what is legit?

A house needs rules, structure and drug testing, Kennedy said. In an ideal world, recovery houses would be licensed by the state's drug and alcohol department, which also licenses treatment facilities, he said.

Sometimes a judge will order a defendant to live in a recovery house. Other times, it is offered as an alternative to imprisonment, said Kennedy.

If not for the homes, more people would sit in York County Prison until they could find housing, he said. For regular probation cases, someone won't be paroled until they have a plan in effect that includes appropriate housing.

Comparing York County and other counties

There are 18 houses in Lancaster city, according to an unofficial list provided by the county's drug and alcohol commission. There are 25 houses in Dauphin County, according to a list on the Capital Area Behavioral Health Collaborative's website. That site lists only houses approved by the collaborative, which manages drug and alcohol services under Medicaid in Cumberland, Dauphin, Perry, Lancaster and Lebanon counties, said Scott Suhring, executive director of the collaborative.

The collaborative's website has 14 recovery houses in York County and 17 in Lancaster County.

There are more than 90 houses in Bristol Township, Bucks County, according to a February story published by LevittownNow.com. That township is 17 square miles and has a population about 10,000 more than York, a 5.2 square-mile city.

There are more Alcoholics Anonymous meetings in a given week around Lancaster County than in York County. Berks County hosts about as many Narcotics Anonymous meetings as York, and Lancaster has more.

There are 19 drug and alcohol treatment providers in York County — the same amount as in Dauphin County, according to the state's drug and alcohol department. Lancaster and Berks counties, which have larger cities than York, each have 25.

Where are you going and where have you been?

Rob Biles, a 33-year-old resident at a Surrender Housing residence on Hamilton Avenue, said he lived at a recovery home in York in 2002. He was there for about six months before he left, deciding it wasn't for him. A warrant for a 2007 probation violation in York County brought Biles, a western

Pennsylvania native, back to the city he had told himself he would never return to.

Like Biles, the majority of people in recovery homes who were interviewed for this story are not York County natives. They hail from places such as Maryland, New Jersey, Florida and Pittsburgh.

Some addicts will talk about needing a geographical change to help them stay sober. Regardless of where you are, though, your mind is the problem, Weldon said. "You're still you," she said. "No matter where you go, you're the problem."

Recovery house owners and their residents have called York a hotbed for recovery, although it is difficult to define why.

It's not clear how many recovery houses there are in Lancaster, Harrisburg and Reading. There are 61 certified housing outfits in Pennsylvania, Way said. While he couldn't ballpark a figure, the businesses operate dozens of houses.

There are another 20 or so businesses pending approval in Pennsylvania. Most of the certified homes are in Philadelphia and Bucks County, according to PARR's residence directory.

Even though he's worked portions of his 20 years of recovery in Philadelphia and Lancaster, John Houton believes York is as good a recovery place as there is in the country. Houton is the clinical director at Safe Haven's treatment facility on West Market Street. He came from Philadelphia, and when he worked in inpatient treatment in Lancaster, he preferred to send his patients 25 miles to the west for other services.

Recovery groups all over the country, including anonymous meetings, read from a creed, but they live it in York, Houton said. When a new guy to York's recovery scene was struggling on the Friday night of a heavy January snowstorm, Houton said he and another guy took him for coffee at Round the Clock Diner.

York's recovery community is welcoming, supportive and encouraging, Houton said. People new to recovery need that, and people with long-term sobriety pull newbies into their community.

Making money off the homes

Those running the homes and claiming to be "doing it right" will scoff at others who, they say, are trying to make a quick buck by accepting no less than \$100 per week in a six-bedroom home. Owners of several homes declined to comment on their hous-

Homes continued on next page

Homes continued

es or the way they operate.

Some people buy a house, throw people in there and show up Friday for rent checks, Sorandes said. At Choices, she said, the approach is more motherly. She offers her cellphone number to all her residents.

The first time she got to a Choices house, Allison Foust stayed for about two hours before jumping off the back porch, she remembered. Foust was 24 then and had finally gotten clean for the first time since she was a teenager.

"My mind wasn't right," she said. "All I knew was to get high. I had to go."

Sitting at the dining room table of her Pennsylvania Avenue recovery house in February, Foust, 35, recounted the times she's been in rehab and jail.

"I'm not that 24-year-old kid who jumped off the porch," she said. "My disease has kicked my ass. It's not a joke to me. People are dying. I'm not saying jail is the answer, but I needed that."

Given another chance at Choices that began in January, Foust said she needs to be surrounded by people in recovery. "I can't do this alone," she said. "I'm 35 and I have no idea how to live, but it's safe here."

While the day-to-day operations vary among homes, they typically require their residents to find and keep jobs, attend regular support meetings, do chores and pay rent — approximately \$125 each week, according to people who run houses. Intake costs, including a security deposit, administrative fee and a week or two of rent typically exceed \$300 per person.

If you want to do it right, you have to fully invest in your residents, said Mary Danette Kushla, best known as Dani.

Kushla profits from her 11 homes in York under the company name Madison House West. She insisted she is fully invested in her 80 residents.

During a February interview in her West Market Street office, Kushla called one of her house managers and in a matter of seconds, she knew where a client was, where he works and what shift.

"Accountability is important," Kushla says. "If you don't take these people's lives seriously, you don't belong in this business."

Measuring success

The success rate of any house or group of houses is practically impossible to determine. Because there are no regulations, the state, county and city have no data

on retention or recidivism rates of addicts living in recovery homes, and several of the homes say they don't track such specific data.

Most of the recovery houses in York are not perfect, but April Billet-Barclay, director of York County Adult Probation, said some do an excellent job of helping people who are struggling with addiction. They provide support, structure and accountability, she said.

The probation department has had concerns about house owners using drugs.

"There's only so many times you can hear rumors before you start to question," Billet-Barclay said.

The probation department, according to a list provided by former deputy director Michael Stough, works with about 40 recovery houses across York. Not all of them are certified by PARR.

Stough, who left the department in February for another job, said a recovery house is useful if that's the only place someone can go.

Some places the probation department has used have had people doing drugs in the homes, Stough said. In one case, he said, a person in charge of a house had only a few weeks of sobriety.

"We don't look at it as any type of therapeutic," Stough said. "We would never send someone there in place of treatment."

Carey estimated that 80 percent of people who leave the York Rescue Mission for a recovery home end up returning to the men's homeless shelter. About half of others who leave tend to come back, he said. Those who return are not totally equipped with all the necessary life skills needed for the transition.

While most are employable, they lack the knowledge of how to budget money, prepare meals or continue living in a disciplined manner, Carey said. Some go to prison, others move to new locations and others call Carey or show up back at the mission, saying they need help in more ways than food and shelter, he said.

Sorandes said Choices loses about 10 percent of its residents every year between Thanksgiving and New Year's. The holidays are tough on recovering addicts, she said.

Succeeding in a recovery house requires an addict's willingness, said Joe Grdich, 46, who is a house manager for Safe Haven. A Pittsburgh native, Grdich was in an Altoona rehab facility before he landed in York about six years ago.

The success rate of recovery homes is 100 percent for people who are completely open-minded and willing to do what's suggested, Grdich said. Otherwise, he pegs it around 40 to 50 percent.

Missy Bretz, 47, who operates Surrender Housing with her husband, Bob, sees it differently. She figures 99 percent of people in the homes don't make it. A lot of people don't want to be told what to do, Bretz said. Some are just looking for somewhere to live.

Bob Allen, who owns Life's Beacon on North George Street, said the success rate of recovery homes isn't going to be that good.

"It's impossible to have 30 addicts somewhere and have one that isn't relapsing or will," he said.

Taking a closer look

There is a task force in Pennsylvania to review recovery houses. Pennsylvania's Department of Drug and Alcohol Programs joined addiction advocacy groups and recovery house owners to develop recommendations for the houses. That committee had met three times over a year and has submitted preliminary recommendations to the state's drug and alcohol programs. A full report is expected this summer.

Bedroom square footage, the number of residents, safety standards, business licensing, adherence to occupancy requirements and admission criteria are on the table for the committee's consideration. The possibility of state funding could encourage recovery houses to seek certification if the state's drug and alcohol department would adopt the recommendations.

It would be a step toward voluntary regulation. For now, houses can operate as they please.

"The houses can do what they want as long as they don't burn the place down or do anything illegal," said Sunday, York County's chief deputy prosecutor, said.

Running a recovery home is a tough business, Sunday said. Mistakes happen, and he gets that. If there are houses out there that couldn't care less and just want to make a few dollars, Sunday wants to look into them.

"I want to say, 'Are you harming our community?' And if you are, I want to look into that and see what we can do."

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Does saving people who OD on heroin enable them?

Naloxone has been used by police in York County more than 200 times since April 2015.

August 30, 2016

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Robert Sena, with his 4-year-old son in the backseat of his car, met someone in a West Manchester Township parking lot one January night, bought heroin and took it.

He slumped over in the front seat. Sena's heroin source called 911.

Moments later, the son watched police officers pull his father from the car and try to save his life. It took at least two doses of naloxone to do it.

Responders brought his son to see him in the ambulance, Sena recalled. The boy was crying. He hugged his dad.

Sena is one of 225 people in York County who have been saved since police officers began carrying naloxone in April 2015, according to data from the York County District Attorney's office. The 27-year-old is also among the 109 who have required more than a single dose.

And he's among those who have been revived at least twice. The exact number of people who have been revived multiple times is unknown, but police officers tell stories of reviving the same person on separate occasions.

Since a law was passed allowing police to carry the drug, officers in York County have used it 243 times through Aug. 8. Naloxone, given as a nasal spray or an injection, reverses the effects of a heroin overdose.

Statistics provided by the district attorney's office reveal how many times police departments have used naloxone and other details about the overdose victims. Eighteen people who have received naloxone have died. But the numbers also show that police officers carrying the drug have prevented the county's heroin epidemic from killing many more than it already has. A nearly 200-person death toll could be north of 400.

Getting naloxone doesn't mean an addict will stop using, and some officers wonder if the drug has enabled addicts. They know that they're fighting a war on drugs while also reviving people who might commit

crimes to support their addictions.

Sena, who was charged with endangering the welfare of a child in the January incident, admits he's blessed for being revived. The police officer who revived him said he was practically dead, he recalled. Sena is grateful that his son, now 5, didn't have to watch him die.

Still, an officer who has administered naloxone underscored the conflict for police.

"In the back of my mind, I don't want people thinking that when they overdose there's always going to be someone there in time to save them," said Joshua Crimmel, a York Area Regional Police patrolman.

Quantifying an epidemic

Twenty municipal and regional police departments have administered naloxone in York County across at least 27 municipalities, according to the district attorney's data. Local departments have used it 243 times since April 2015. That number does not include two successful naloxone uses by Pennsylvania State Police, who reported no additional details.

No department has used it more than York City's — 63 times since April 2015. Three departments — York, Northern York County Regional and Hanover — account for more than half of the county's naloxone uses in that time period.

Wes Kahley, city police chief, declined an interview request. Officers with Northern York and Hanover did not return calls seeking interviews.

Other officers painted a vivid picture of what the county's heroin epidemic looks like at the scene of a suspected heroin overdose.

They happen in public restrooms, gas stations, parking lots and homes. Patients are unconscious and are taking shallow breaths. Their heart rate nearly stops and their veins scream for oxygen. Sena, for example, had no detectable breathing and had a bluish tint to his skin, according to charging documents from his incident.

Officers assess the scene and look for evidence of heroin or opioid use like needles, spoons, powder, pill bottles or baggies. Sena had a fresh needle puncture on his right forearm, charging documents state.

Sometimes it's an obvious overdose. Josh Poplin, an officer with Southwestern

Regional Police, found a woman in North Codorus Township slouched over a bathroom counter with a spoon and needle in the sink. That woman's daughter, in the 5- to 10-year-old range, had walked in on her mother after the woman's parents called 911, Poplin recalled.

Police ask questions of everyone who's around to establish where the drug came from and how much the person took, said Robert Lusk, an officer with Spring Garden Township Police.

There isn't much communication between the officer and the patient from revival to the two parting ways, Lusk said. If it's said at all, "thank you" typically doesn't come unless the two meet in court — for example, if the person ends up facing a theft charge or something similar. Sometimes overdose patients are charged with drug possession after they're revived, Lusk said.

Burglaries, robberies and thefts investigated by police often come from people supporting their drug addictions, said James Hess, patrolman with York Area Regional Police.

Reviving someone from an overdose is not the same as saving a baby from a burning car. The baby doesn't really have a choice to squander a second chance at life, Hess said, but adults do. Naloxone, he said, is like a bandage for the heroin epidemic.

Sometimes the save makes a difference.

Lusk and another officer responded to a Spring Garden Township convenience store in February. One man was overdosing on the floor while another was overdosing in a car in the parking lot. Both were revived by the officers, Lusk said, and he got to see them weeks later at a hearing for a drug possession charge. He said he could hardly recognize the one man, who appeared healthier.

"You do get a good feeling bringing someone back around," Lusk said. "But you do wonder if this will enable someone. The two I know who got help — it was worthwhile."

Using naloxone

Officers will check the overdose patient for a pulse, Lusk said. If there isn't one, it's likely too late for naloxone.

Officers can inject someone with naloxone or spray it into a person's nose. The drug

Naloxone continued on next page

Naloxone continued

blocks the receptors that opiates bind to, like a road block, said Ted Hake, vice president of White Rose Ambulance. "No opiates can come in here, so they keep going down the blood stream," he said. "It's almost like an instant withdrawal."

The nasal spray takes longer to work than the injection. Lusk has seen the injector given and, almost instantly, the patient's eyes opened. It could take a minute or two for the nasal spray to work.

One dose doesn't always do the trick.

Cops are probably re-administering naloxone if the patient is not yet awake or awake enough to talk, said Dr. Erik Kochert, program director in York Hospital's emergency room. And that's appropriate, he said, because people cannot overdose on naloxone.

Sena began taking visible breaths of air after his first dose, but he was still unconscious, charging documents state. He was given a second dose before he was put into an ambulance. While charging documents account for two doses, the district attorney's data indicates he received three. Once he was put on a stretcher and into an ambulance, he became alert and able to speak.

When an officer doesn't know if the patient has overdosed on heroin, it's OK to hit them with another dose or two, Kochert said. Even if the patient didn't overdose, naloxone won't cause any harm. It would just make the patient wake up and experience withdrawal, he said, which is better than not breathing.

Doctors and nurses will administer smaller doses of naloxone more frequently, Kochert said. That allows patients to avoid the instant withdrawal that has been known to anger them.

WellSpan's emergency room naloxone usage has likely increased since 2013, Kochert said, because it's become common for people to drop off someone who is overdosing at the hospital. In some cases, an ER patient may have already received naloxone.

Once it wears off, the overdose could set in again. Officers and paramedics typically recommend hospitalization, but patients can refuse.

Crimmel couldn't say whether the person he revived was taken to the hospital, but said the man had no interest in seeking medical help. He said he was fine, Crimmel

recalled. "I said, 'Sir, five minutes ago you were blue and lying on the floor.'"

Fixing a deadly situation

Lusk's department has given naloxone to five patients, all of whom were revived.

Spring Garden Township has had no repeat patients, which isn't the case for all departments. York Area Regional Police responded to the same overdose patient twice in five weeks, Hess said. The person required two doses May 28 and one dose July 2, according to the district attorney's data.

Even though the 2016 death toll from heroin overdoses is on pace to top last year's, York County Coroner Pam Gay said naloxone is making a difference amid the county's biggest drug crisis she's ever seen.

"It saves lives," she said. "Whether you believe it enables or not — it enables people to live another day."

Revived addicts reverting to heroin are no different than heart attack victims who continue eating doughnuts, Gay said.

What she calls "naloxone fatigue" is feedback from jaded police, paramedics and first responders who are frustrated that people who nearly die of an overdose don't immediately quit abusing drugs and seek treatment. That's the definition of addiction, Gay said, and those people are deep into their addictions. "They're not going to change overnight," she said.

Repeat patients probably aren't common, Gay said, and an officer might ask: "Am I really helping these people?" Some don't want help, she said. Some don't know where to turn.

Sena had his wife, Carrie Sena, and their kids. She told Robert that if he was serious about recovery, she would work with him.

Carrie said she's thankful for naloxone. More than that, though, she's thankful someone called the police when Robert became unresponsive.

Robert Sena was charged with endangering the welfare of a child since his son was in the backseat. The caller didn't face any charges because of a law that sometimes gives immunity to people who call 911 when someone has overdosed.

"I don't know the kid; never met him in my life," Carrie Sena said. "Because of the Good Samaritan Law, he had faith in that law. Had he not, Robert would have never lived."

The Senas know people who have suc-

cumbed to overdoses. In one case, Carrie said, their friend died when someone with her didn't call 911 in time.

In the couple's first year of marriage, Carrie has seen Robert relapse and enter rehab twice. She's heard people say things. That they wouldn't stay with someone who overdosed with a kid in the car. She's read online comments to the tune of, "Why waste time saving addicts?"

"If that was your husband, you wouldn't feel that way," Carrie said. "You would be thanking God that every cop in the county carries (naloxone)."

What's being done?

There's work to do. The Good Samaritan bill was a start, but it isn't perfect, said Pam Gay, York County coroner.

The York Adams Drug and Alcohol Commission plans to implement a "warm hand-off" program, which would put overdose patients in touch with someone who could coach them toward recovery options. But beds might not be available for those willing to enter treatment. If someone doesn't have a job or health insurance, it makes getting into some treatment programs even more challenging.

Medics using naloxone

When medics give someone naloxone, they report it to the state. There were about 9,200 naloxone uses by paramedics in Pennsylvania in 2015, according to the Pennsylvania Department of Health. The department would not disclose how many patients survived their overdoses or where in the state patients received the drug.

White Rose Ambulance gives patients naloxone about 160 times a year, said Ted Hake, vice president of White Rose Ambulance company.

What's it cost?

The York County District Attorney's office buys naloxone with money seized in drug busts. A 2 milligram kit costs around \$50. The Pennsylvania District Attorneys Association reimburses the county with money paid from Capital Blue Cross. The health insurance company donates money — \$150,000 thus far — to the district attorney's association. The association reimburses district attorney's offices in Blue Cross' 21-county coverage area.

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Heroin claims daddy's little princess

Ashley Krebs had been saved from an OD once, and when she stumbled again, it took her life.

December 21, 2015

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Ashley Morgan Krebs always was and always will be daddy's little princess.

She was always so full of life, her father, Tim Jacobs, said. Almost from the day she was born, she was mischievous and fearless. She had an attitude – sassy is how her aunt described her. She had a luminous smile that could light up a room, they said.

One Halloween, when she was little, her parents dressed her up as a pumpkin. She hated it. Why a pumpkin? she asked. Pumpkins are ugly. She wanted to be a princess. In a photo from that Halloween, she stood for the camera, wearing the pumpkin costume and an expression that reflected her displeasure – an expression her aunt described as staring a hole clean through you.

She loved spending time with her Pap and Nana. She would fall asleep lying on her Pap's chest, and he wouldn't move until she woke. Her Nana would tell her she was her favorite granddaughter. And she would reply, "Nana, I'm your only granddaughter."

She grew up with brothers, and she could keep up with them too. She loved going fishing with them and her father. But she was also a princess. She loved to shop. She would go shopping with her grandmother, taking her debit card and saying, "Let's go the mall and use it until it declines."

At her birthday parties, she always opened up her gifts before she was supposed to. On Easter, she would scoop up the plastic, candy-filled eggs and stuff the candy in her mouth. Her aunt once told her she can't eat all of the candy. She said, "Dad said I could."

She went with her family once to play laser tag. She couldn't do it. She was afraid of the dark.

When she was in middle school in West York, her father once got a letter informing him that Ashley had been late for school something like 30 times. He asked her about it, and she told him that she simply didn't have enough time to do her hair in the morning and make it to school on time.

She was a smart kid. Grades weren't an issue. Being on time was, as was not paying attention in class. Once, she was painting her nails in class, and when the teacher asked her to stop, she said she couldn't until she was done or it would look weird.

She never could hold her tongue, her father said. She had no filter. It was one of the things, her father said, that made her special. And he thinks maybe it was one of the things, one aspect of her personality, that led to her end.

She got her act together at River Rock Academy, an alternative school in Spring Grove for disruptive and troubled students. Her father recalled she did a 100 percent turn-around. She had studied cosmetology and got a job and held onto it for 10 months.

She married Ian Krebs – her maiden name was Jacobs – and had a child, a son named Kade. Kade was her joy. No matter how bad things were – and they could get pretty awful – spending time with Kade made her happy, her family said. Holding him just lit her up, they said. She was very nurturing toward Kade. If only, her aunt said, she could have been more nurturing of herself.

Those awful times came frequently, an effect of her struggle with addiction, something she fought since she was a teenager. Heroin turned out to be her drug of choice, and it was powerful, more powerful than her strength, more powerful, it seemed, than the love of her family and her son.

She had periods when she would get clean, a few months sometimes, but she always stumbled.

She stumbled back in June, and it looked like she might not be able to get up. She had overdosed and a couple of her so-called friends tried to dump her in a convenience

store parking lot on Richland Avenue. John Armentrout, a recovering addict himself, just happened to be passing by and went to her aid, saving her life. Armentrout hoped that would be it for her, that she would see that her addiction had but one outcome, death, and that she would get well.

Her aunt visited her in the hospital. Ashley was scared, probably the most terrified her aunt had ever seen her. Her aunt said, "I just need to hear from you that this is enough." She began crying, and through her tears, said, "I don't know."

She went to rehab and then to a sober house. She got a job at Roburrito's in West York. She spent time with her son.

She seemed to be getting her life together. It appeared everything was OK. She told her father that she just wanted to start being happy again.

They found her body on Dec. 12. She overdosed while living in the sober house. (Ironically, that same morning, a local group was distributing the life-saving OD antidote Naloxone to operators of recovery and sober houses.)

She was 25.

Her father said he hoped she didn't die in vain. "If anything comes from her death," he said, "if she could help others struggling with addiction, she would smile."

At her funeral, her family, her friends, all professed their love for Ashley. Their love, one of them said, just couldn't save her.

One of the pastors, weeping, said, "She's now free of her demons. She is free."

She sobbed.

"It doesn't seem fair," she said.

As she spoke, a photo of Ashley was projected on the wall next to the altar. She was a little girl. She was smiling. She was dressed as a princess.

Mike Argento's column appears Mondays and Fridays in Living and Sundays in Viewpoints. Reach him at (717) 771-2046 or at mike@ydr.com

Dylan Gross, a young victim of heroin

His parents tried to get the Central senior help, but they were powerless in the face of his addiction

March 24, 2016

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Dylan Thomas Gross was a good kid.

He was a happy child, always had a big smile on his face. He loved music. He loved reality TV, his favorite being "Bad Girls Club," a show that chronicled the lives of a group of, well, bad girls and their misadventures. He talked about the show with his Central High School classmates and friends. They all watched it and talked about it. Dylan's dad, Eric, would tease him about it, but that didn't stop him. He loved that show.

He talked about becoming a reality TV star when he got out of college. His mother, Natalie Rice, said he could do anything he wanted once he graduated from college, but that he was going to college. Dylan wanted to be a star. He always told his dad that he would make it some day and be rich and famous and be able to take care of him.

His parents are divorced, and Dylan lived with his mom and stepfather in their townhouse east of York, in the suburbs, but he was close to his dad. Dylan worried about him. He would call every day, and they'd talk about everything, the kid often giving his old man advice. When he'd meet women his single dad was interested in, he wasn't shy about offering his opinion that perhaps she wasn't quite right for his dad.

That's the kind of kid he was. He was smart, one of those kids who effortlessly got good grades. A senior at Central, he had been accepted at Shippensburg and Kutztown. He chose Kutztown. He hadn't decided on a major, but he was leaning toward psychology.

He had a huge personality. He was very outgoing. He could talk to anybody; he had a gift for it, passed down from his Sicilian grandparents on his mother's side. He had an after-school job at the Corner Stables, a restaurant on South Queen Street. He started out as a bus boy, but it wasn't long before he was waiting tables. It fit him. Customers loved him.

He was a good-looking kid. He kept his hair neatly trimmed. He was particular about his clothes. He wore Abercrombie & Fitch, and Hollister, and PacSun. His parents would mention shopping for clothes

at Walmart or Target or Old Navy, and he'd make a face. No way he was wearing that stuff.

In photos, he's always smiling. One photo that his mother loves is a selfie he took of himself at the controls of an airplane; his Nana had bought him and his cousins flying lessons. He's wearing a headset. He looks happy. He looks like a nice kid, and he was. He had a nice, caring family. He had a decent upbringing. He was loved.

He was also an addict.



The first indication was in August 2014, when he was 16. He'd been in a car crash; he was a passenger. He wasn't hurt badly, just a few cuts and scrapes, but he wound up in the hospital with alcohol poisoning. His parents chalked it up to a kid just experimenting. Dylan could never do anything halfway.

Then, on Thanksgiving that year, his mother noticed something different about him. Something just wasn't right. She asked him whether he was on something. He didn't say, but she could tell. She called his doctor's office, and the person told her that the doctor would probably want to drug test him and that he would call back.

He didn't call back.

She called a friend and asked for advice. She didn't know what to do. The friend advised to take him to Crisis Intervention, which recommended an outpatient rehab. Dylan signed up. His mother said the program was a joke, that it didn't help her son. Part of that might have been that her son didn't want any help.

His mother clamped down. He was pretty much on lockdown, only permitted to leave the house to go to school and to work. She took his cellphone away and monitored his social media interactions. She wanted to keep him safe, to keep him away from the temptation to use again.

On Feb. 13, 2015, Dylan overdosed. His mother found him in his bedroom, unable to move or speak, his eyes rolling in their sockets. He had taken what the kids call "Triple C" — a mixture of gel tabs of Robitussen and Coricidin Cold and Cough. It was Valentine's Day weekend, and it was hard to get help. She made several phone calls, trying to get him into an inpatient rehab. At the hospital, she tried to have him committed to the psych unit for 48 hours so she could try to find him some help. The hospital declined

to commit him, the doctors telling her that her son didn't have a mental health issue, that his problem was addiction.

He went to a juvenile rehab, a 28-day program. His mother wasn't sure whether it would work; she just knew he wouldn't get better. At the very least, he would be away from drugs, and he would be safe.

He came home and signed up for an outpatient program, signing a consent form that allowed the rehab to share information with his parents. When his mother called the rehab to find out how Dylan was doing, she was told he hadn't been showing up. His mother was furious. Dylan signed the consent form. Why hadn't anybody called her to let her know that he wasn't showing up? She never got a good answer.

On the Fourth of July — it always seemed to coincide with holidays — Natalie was going through his things in his room, checking for signs of drug use.

That was when she found it.

Heroin.

She had no idea how he was able to get it, or use it. He was still on lockdown, allowed to leave the house only for work or outpatient rehab. She called Dylan's father and told him what she had discovered.

His jaw dropped.

"Heroin?" he asked.

She called the woman at the rehab to tell her that Dylan wouldn't be back, that she was seeking an inpatient program for her son. And then she asked the woman whether she knew that Dylan was using again. The woman said she was aware of it. Why didn't anyone tell her? his mother asked. She spoke with the woman's supervisor, who said she'd look into it and get back to her. She never did.

He did 21 days at a rehab in Allenwood, Pa. When he returned home, he looked good; he looked healthy.

Then things just spiraled out of control.

His parents had no idea what to do. They had tried everything, it seemed, and nothing had worked. They felt powerless in the face of his disease, his addiction. They can't describe how terrible that feels, to have absolutely no power to keep your child safe.

His parents saw him on March 10, a Thursday. He looked terrible, they said. They felt they needed to get him into rehab again, even if he didn't want to go. They just

Dylan continued on next page

Dylan continued

wanted to get him off the streets in a place where he would be safe.

His father arranged to meet him at a restaurant. Meanwhile, he made calls to rehabs and found one in West Chester that would take Dylan. When he met Dylan, he told him he was taking him to West Chester. He pleaded, "Let me take you there." Dylan wasn't going. "You can drop me off there, but I'll just need to find a ride home," he said.

Eric called Natalie, who said to take him home, that she would call the cops and meet him there. As they approached his father's house, Dylan spotted the police cars and said, "I was set up."

The police talked to him. Natalie asked the cops to "302" him, take him involuntarily to the psych unit for evaluation and treatment, just to get him off the street. The police asked Dylan if he was a danger to himself, and he said no. The police couldn't do anything.

Natalie knew at that moment that it would be the last time she saw her son alive. She just knew it. She hugged Dylan and told him, "I love you so much."

The next day, Eric was on the road, driving from Carlisle to Somerset in his rig when he got the call. Dylan was in Memorial Hospital. He had overdosed.

Eric called Natalie, who rushed to the hospital. Her son was in a treatment room, unconscious.

Eric thought about turning around but

didn't. He began to cry. He remembered looking at the sky through the window of his truck. It looked different. Everything looked different. He knew then that his son wasn't going to make it.

A short time later, Natalie called him.

He answered the phone.

Natalie couldn't speak.

When she could, she told him, "He didn't make it."

He drove home, three and a half hours, crying.

His son had died two days after his 18th birthday.



His parents did everything they could. They tried to keep him safe. They tried to get him help. They tried everything. Nothing worked.

And now their son was gone.

They wish something could be done to help parents in similar straits. They wish that there was something they could have done to keep him safe.

They just aren't sure what that is.

"You just feel powerless," his mother said. "You want to protect your children, but you feel just powerless. In the end, it's the addiction."



Dylan's funeral was March 14. More than 600 people – family, classmates, teachers, friends – attended.

One of his teachers from day care came.

Another woman told his parents that her daughter had attended pre-school with Dylan and had always liked him. Some of his elementary school teachers visited with the family. Students at Hayshire Elementary School, where Dylan helped out now and then, sent cards they had made themselves.

His father said he was proud to see so many people there, that it helped knowing that his son had touched so many lives, that he was loved.

Dylan, he said, was the center of attention.

"It's what he would have wanted," he said.

Dylan was cremated.

His parents had his ashes placed in a number of small urns, sharing his remains with his family. His father said he would keep the ashes by his bed so that Dylan was always close.

His mother said she planned to take his remains to the beach and scatter them, putting Dylan to rest at the place he loved the most.

They want to do something to memorialize their son. They want people to know his story.

They want, most of all, to know that Dylan will not be forgotten.

Mike Argento's column appears Mondays and Fridays in Living and Sundays in Viewpoints. Reach him at (717) 771-2046 or at mike@ydr.com.

Close-knit Delta community takes action against heroin abuse

March 31, 2016

Dylan Segelbaum

dsegelbaum@ydr.com

Larry Smith felt he had to speak up.

It was July 28, 2014, and members of the Delta Borough Council were discussing issues such as sidewalks that needed to be repaired.

Smith was preoccupied. He kept thinking about how he had recently seen a person shoot up heroin in front of his home. How another had died right down the street.

"It's really hard to concentrate on this type of thing," said Smith, who's now council president, "when there's life and death

going on that we don't seem to be aware of in the community."

Since then, the council formed a "safety committee" — and the community has taken action. More than 200 people packed the nearby Peach Bottom Recreation Center for a meeting about the crisis. Volunteers formed the Mason-Dixon Anti-Drug Task Force. A couple started a youth night to give kids something to do.

There's no one answer to why Delta and the surrounding area has come together in this way to fight against heroin, which was linked to 65 deaths across York County in 2015. Some here point to how the community is close — and that people just got fed up.

"It's a small community, it's a small town," said Nikki Graham, whose family owns Delta Discount Grocery & More on Main Street. "They're tired of it, and they want to take it back."

Delta sits in a secluded area about 35 miles southeast of York, just north of the Mason-Dixon Line. The borough's population was 724 in 2014, according to estimates from the U.S. Census Bureau.

A mix of homes and small businesses line Main Street. Signs are decorated with red dragons commemorating the town's Welsh heritage, and banners flying throughout Delta note how the borough was incorporat-

Delta continued on next page

Delta continued

ed in 1880.

Here, people seem to know one another. Many families have lived in the region for generations, and they want to preserve the area for their children.

Susan Miller, 58, a small-business owner who lives in nearby Fawn Grove, said word started spreading that drug deals were happening out in the open. She grew up in Cardiff, Maryland, and now has grandchildren in the area.

If you get mothers mobilized, she said, they can "move mountains."

"I don't know what the tipping point was, but I think at some point people just said, 'We have had enough,'" Miller said. "It was getting to be too prevalent — and you just couldn't ignore it anymore."

On March 15, the York County District Attorney's Office announced it had filed charges against nine people from the area, many in connection to possessing or selling heroin. That came after a six-month-long investigation.

Chief Deputy Prosecutor Dave Sunday, a member of the York County Heroin Task Force, said he's been struck by how the community has embraced law enforcement.

Sunday declined to discuss specific cases. But, he said, police do not have to beg people to cooperate, or give tips.

Before becoming the commander of the Pennsylvania State Police's York Station last June, Lt. Nicole Palmer was in Philadelphia, as well as Chester and Lancaster counties. She's in direct contact with the task force.

"I worked undercover for eight years," Palmer said, "and I've never seen a community bond together to tackle something like this."

Marcy Laferte and her husband, Norman, came to a realization.

A lot of children in the area could benefit from mentoring, she said. The Peach Bottom Township Recreation Center had a gym. "Why aren't we doing something?" she wondered.

The township waived the rental fee. Now Laferte, along with a group of volunteers, puts on activities there every Thursday ranging from board games to arts and crafts.

The first night — Feb. 5, 2015 — 17 kids showed up. Recently, there were 95.

"We both feel like our futures are pretty much in the hands of these kids," said Laferte, 52, who's a real estate agent. "So if we're not raising our kids and taking care of our youth, then we're going to have serious problems in the next 10 years."

With an almost \$1,650 donation from state Sen. Scott Wagner, R-Spring Garden Township, and Penn Waste, organizers have ordered a screen and projector to show movies, Laferte said.

The Fawn Grove Church of the Nazarene, in nearby Pylesville, Maryland, has advertised its youth group meeting on Wednesdays through the organization.

The Mason-Dixon Anti-Drug Task Force continues to meet every month, and is now holding sessions throughout the area. Members have organized drug take-back events.

But challenges remain.

To the Rev. Doug McClean, who's the pastor of Calvary Chapel of Delta, there are several churches that put on meetings and try to help addicts — but there's not a line of people looking to get it. He serves as a liaison between the task force and churches in the area.

"It's a battle. It's a war," McClean said. "Sometimes, it feels like there's a lot of effort going on — a lot of response — but the problem continues."

Cindy Seibel is a member of the Delta Borough Council, who, with Smith, formed the "safety committee" that later evolved into the Mason-Dixon Anti-Drug Task Force.

Seibel said Delta has "a lot of energy" with volunteerism and civic engagement. The task force, she said, has managed to get people involved who are energetic.

"People," she said of the community, "do care about things."

Founder's vision for vets will live on
Page C1



Surprises in the NCAA brackets



Madness begins
Page B1



BELLE OF THE BOX OFFICE
Page A2

THE YORK DISPATCH

YORK, PA

MONDAY, MARCH 16, 2015

75 CENTS

York confronts heroin

Addiction has devastating consequences for families, community

► STRUGGLE: Bernadette Reineberg stepped in to raise her grandchildren when drugs took the lives of her daughter and son-in-law.

By LIZ EVANS SCOLFORD
503-5429@yorkdispatch.com

Andrea and Michael Frick broke free of their heroin addiction on Independence Day — free of the gnawing need, the dope sickness, the shame, the guilt. But they paid for that freedom with their lives.

The price was nearly as steep for the Fricks' two young children: an 8-year-old son and a daughter, 3-1/2. Orphaned in a night, they are being raised by their grandmother, Bernadette Reineberg of Chester County.

It was the children who found their parents dead, Reineberg confirmed, although they didn't understand what they were seeing.

"Thinking their mom and dad were sleeping, but unable to rouse them, the kids called a family member who called 911. It was too late.

"As a parent of someone who is addicted, especially to heroin, you always know (death) is a possibility," Reineberg said. "It's a fear that's always kind of hanging there."

Reineberg, 52, hoped for the best, but said hope was taken from her when her daughter and son-in-law died. "I would have given my life to have her

STRUGGLE ► PAGE A5



JOHN A. FAVONCELLO — jfavoncello@yorkdispatch.com

Bernadette Reineberg is raising her two grandchildren after her daughter Andrea Frick and Andrea's husband, Michael, died of drug abuse in July 2014. "I can't define them as just two people who were addicted to a drug. They were more than that," she said. She tells her story in a video at yorkdispatch.com.

► CRITICAL ISSUE: With the number of heroin-related deaths spiking in York County, The York Dispatch is taking a comprehensive look at the problem, its effects and solutions.

By MOLLIE DURKIN
503-5432@ydhhealth

As heroin-related deaths reach epidemic status in York County, The York Dispatch is examining the drug's effect on our community.

In 2014, the county recorded 62 heroin-related deaths — nearly a fourfold increase over the 17 deaths in both 2013 and 2012, according to York County Coroner Pam Gay.

So far this year, York has had two confirmed heroin-related deaths and three that are suspected to be related to the drug, she said. Gay said she saw as many as seven or eight heroin deaths in a single month in 2014.

The theory is that very cold weather makes criminal activity decrease, but Gay said she's remaining hopeful for the rest of 2015.

York County Coroner Pam Gay said she saw as many as seven or eight heroin deaths in a single month in 2014.

Deadly drug: What makes heroin, an opioid drug, so dangerous is the way it's most often administered: injection, inhalation or snorting, which deliver it to the brain very quickly.

That rapid delivery contributes to heroin's dire health and addiction risks, and the drug particularly affects regions of the brain responsible for producing physical dependence, according to the Substance Abuse and Mental Health Services Administration (SAMHSA).

Heroin changes the speed of chemicals in the brain, slowing down reaction time, memory and the way you think, according to SAMHSA.

As users continue to crave the

ISSUE ► PAGE A4

DAY ONE: UNDERSTANDING HOW WE GOT HERE

"Heroin Epidemic" is a five-day, in-depth news series exploring the rise in heroin addiction and overdoses in York County. The series includes numerous profiles of those lost to drug overdoses, as well as extensive reporting and graphics examining everything from treatment options to how law enforcement and other officials are responding to the crisis.

Today's coverage includes an overview of the problem, profiles of overdose victims and a story revealing the new face of addiction.

In tomorrow's edition, look for stories about the grueling process of addiction and withdrawal, the increasing abuse of opioids and a profile of a York Township vascular surgeon who overcame his dependence on alcohol and Vicodin.



The spread of heroin addiction, Page A4



Left in his car to die, Page A5

To see exclusive online content including graphics and additional news stories and videos, visit www.yorkdispatch.com.

Screaming halt for eagle profiteers

► VIDEO: The Game Commission has cracked down on unauthorized live streaming of the nest.

By CHRISTINA KAUFFMAN
503-5436@yorkdispatch.com

Unauthorized live feeds of the state Game Commission's bald eagle cam ruffled feathers last week, and officials changed the access code to stop people from profiting off its wildlife feature.

Game Commission spokesman Travis Lau said he didn't have a count of how many websites had tapped into the feed to show it on their websites instead of directing all traffic to the official Game Commission site.



PENNSYLVANIA GAME COMMISSION

With unauthorized live streaming blocked, would-be eagle nest viewers must visit the Game Commission's website. Go to www.pgc.state.pa.us and click on the "Bald Eagle Live Stream" link to watch.

Most of the websites belonged to newspapers and other news agencies, and weren't of concern, Lau said. But Game Commission officials were disappointed by some unauthorized feeds that had forced

EAGLE ► PAGE A8

New direction possible for York City schools

► OPTIMISM: District officials hope a new chief recovery officer will bring "an open mind" to fixing financial woes.



By ERIN JAMES and SEAN PHILIP COTTER
The York Dispatch

After the resignation of York City schools' state-appointed chief recovery officer, school board president Margie Orr is optimistic that the district's future will be more in line with the vision

Meckley ... has resigned as the chief recovery officer.

The governor's office confirmed Friday that David

SCHOOLS ► PAGE A8

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York confronts heroin

Addiction has devastating consequences for families, community

STRUGGLE: Bernadette Reineberg stepped in to raise her grandchildren when drugs took the lives of her daughter and son-in-law.

March 16, 2015

By LIZ EVANS SCOLFORO

505-5429/@ydcrimetime

Andrea and Michael Frick broke free of their heroin addiction on Independence Day — free of the gnawing need, the dope sickness, the shame, the guilt. But they paid for that freedom with their lives.

The price was nearly as steep for the Fricks' two young children, an 8-year-old son and a daughter, 3-1/2. Orphaned in a night, they are being raised by their grandmother, Bernadette Reineberg of Chester County.

It was the children who found their parents dead, Reineberg confirmed, although they didn't understand what they were seeing.

Thinking their mom and dad were sleeping, but unable to rouse them, the kids called a family member who called 911. It was too late.

"As a parent of someone who is addicted, especially to heroin, you always know (death) is a possibility," Reineberg said. "It's a fear that's always kind of hanging there."

Reineberg, 52, hoped for the best, but said hope was taken from her when her daughter and son-in-law died.

"I would have given my life to have her cured from this disease," she said of Andrea.

Overdosed together: Andrea, 29, and husband Michael, 44, were pronounced dead July 4 in their York City home on Girard Avenue. Blood tests determined Michael died of heroin toxicity and Andrea died of mixed-substance toxicity that included heroin, according to the York County Coroner's Office.

"I can't define them as just two people

who were addicted to a drug. They were more than that," Reineberg said. "There is such a stigma about drug addicts, and they're more than their disease."

The Fricks — who met at a 12-step meeting and married in 2011 — loved each other, loved their children and were good parents when they were clean, according to Reineberg. They tried to stay off drugs, she said, and each "worked programs," in rehabilitation parlance.

"I believe it was a vicious circle," she said. "I believe possibly one was doing well and the other was struggling, and it went back and forth. ... They really shouldn't have been together. They just pulled each other down."

Back in rehab: Andrea was in rehab in April, just three months before her death.

"Ironically, I thought she looked the best I'd seen her in years," Reineberg said. "Her eyes were clear and blue, and I thought that her life had been turned around."

But Andrea was unable to maintain her sobriety.

"She tried, but couldn't beat the disease," Reineberg said. "It got her in the end."

Over the years, Reineberg did everything she knew to help her daughter, including resorting to tough love.

"Sometimes you have to love from a distance," she said. "It's probably the only way to keep your sanity when you're dealing with a person who is in and out of recovery and very sick."

Reineberg said the best advice she can give to parents and loved ones of addicts is to join support groups so they can learn about addiction.

Long battle: Like many heroin addicts, Andrea first dabbled with alcohol and bad influences, according to her mother.

"I believe it started with alcohol, actually,"

she said. "Then it was just people, places and things — being around other people who were taking risks and living a risky lifestyle. That's how she was introduced to different drugs."

Andrea's addiction issues started in 2002, when she was a teenager. Prior to that, Andrea had time to pursue her interests and talents, her mother said. Musically gifted, she played guitar and clarinet. For a time, she was part of the YWCA of York's gymnastic team.

"I just can't describe enough her wonderful qualities," Reineberg said.

But Andrea's focus turned inward as her heroin addiction took hold.

"It pretty much took over her life," Reineberg said. "She was just in and out of recovery throughout those years."

Even as an adult, Andrea knew she had to stay in a program or risk relapse. When she was using, she sometimes isolated herself from her family, "because there's a lot of shame involved," according to her mother.

Focus on kids: Reineberg said after learning Andrea and Michael were dead, she put her own grief aside and focused on her orphaned grandchildren.

"I just really kind of morphed into (the mindset of), 'They need to be taken care of; ... and forgot about everything else,'" she said. "You just do what needs to be done for the children."

They now live with her, and both see a pediatric psychiatrist and attend a loss-and-bereavement group for children.

"They're very resilient and are doing remarkably well," Reineberg said.

She's unsure when she will tell them what really happened to their parents.

"I just keep loving them," Reineberg said. "Miraculously, we have a lot of support — a big circle of support."

CRITICAL ISSUE: With the number of heroin-related deaths spiking in York County, The York Dispatch is taking a comprehensive look at the problem, its effects and solutions.

By MOLLIE DURKIN

505-5432/@ydhhealth

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amining the drug's effect on our community.

In 2014, the county recorded 62 heroin-related deaths — nearly a fourfold increase over the 17 deaths in both 2013 and 2012, according to York County Coroner Pam Gay.

So far this year, York has had two confirmed heroin-related deaths and three that are suspected to be related to the drug, she said. Gay said she saw as many as seven or eight heroin deaths in a single month in 2014.

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That rapid delivery contributes to heroin's

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Issue continued

dire health and addiction risks, and the drug particularly affects regions of the brain responsible for producing physical dependence, according to the Substance Abuse and Mental Health Services Administration (SAMHSA).

Heroin changes the speed of chemicals in the brain, slowing down reaction time, memory and the way you think, according to SAMHSA.

As users continue to crave the high — often characterized by euphoria or relaxation — their bodies become more tolerant of the drug. In other words, they need to use more and more to get the same high.

But because the strength of heroin varies — and the consequences are unpredictable

when used with alcohol or other drugs — a user never knows what might happen with the next dose, according to SAMHSA.

York's response: The York County Heroin Task Force formed last year and has held several presentations and town hall meetings to address the growing heroin problem across the county.

Also in the past year, Pennsylvania took legislative steps to curb heroin deaths.

Former Gov. Tom Corbett signed Senate Bill 1164, which gives good Samaritan immunity to people who report overdoses and gives first responders the ability to administer naloxone, which can revive someone who has overdosed on heroin or another opioid. A prescription drug monitoring bill, Senate Bill 1180, also passed.

In this series, we'll explore these legislative measures in depth, as well as review the link between heroin and prescription opioids that contributes to many addictions. And although treatment and recovery are possible, those seeking help often struggle with funding and other barriers to care.

You'll hear from law enforcement and prosecutors about their focus on heroin suppliers, and we'll underscore heroin's impact on health and society.

York residents shared their stories about heroin and prescription drug abuse. Some have lived through their addictions; others have had their lives forever changed when their loved ones didn't wake up. Their healing processes put a human face on this epidemic, which has no "average" victim.

Drugs as urban blight? Not even close

SUBURBIA: Heroin users are spread far and wide across York County, in small boroughs and middle-class living rooms.

March 16, 2015

By **CHRISTINA KAUFFMAN**
505-5436/@shewritesitdown

This generation's heroin addicts are the smiling kids in the neat rows of pictures on the fireplace mantels of middle America.

They're the kind of kids who got good grades, played soccer and wore the cool jeans.

They weren't the kind of kids who stuck needles in their arms until addiction took root in the careless medicine cabinets of the suburbs, where prescription pills are fueling a heroin boom that's redefining the face of dependency on the street drug.

Reality set in for Southwestern Regional Police Chief Gregory Bean as he sat in tidy, middle-class living rooms in suburban York County, conducting interviews about the armed robbery at Papertown Dairy Bar in Spring Grove, back in 2012.

The 20-year-old young woman who led the robbery — where her sister was working a shift at the time — came from a well-kept suburban home and attentive parents, he said.

"I guess it surprised me in that it wasn't my old definition of a heroin user," Bean said. "They were people who held jobs, were in college or had been reputable stu-

dents in their high school."

When the chief was first exposed to heroin in the early '80s, it was "sort of the end-of-the-road drug" taken by hard-core big-city drug addicts who moved to it after using numerous other drugs, he said.

"It just was surprising that heroin found a way into mainstream suburbia," he said.

'Shame about it': Rural and suburban departments across York County are reporting the same scenario. Even Delta, the tiny rural border town, has a big enough problem that concerned residents volunteered to take police around and point out all of the heroin houses.

While the problem is widespread, a stigma about the type of person who uses heroin has hampered discussion for family members, who keep addictions secret to protect their loved one's reputation.

"At the very first hearing of the word heroin, there is that shame about it," said Angela Lyle of Wrightsville, whose outgoing and artistic 28-year-old sister Leigh Baxter died of an overdose in 2012. "You have that judgmental attitude that that's not something my family would be involved with."

People think of heroin and they think "bums on the street," unemployed and low-income people from big cities, she said.

"We came from a good family, lots of love," she said. "It happens to the cheerleaders and the jocks and the valedictorians. It's in your backyard ... there's not just this one cookie cutter of what an addict is."

Charlene Sciarretta of New Freedom

said she didn't talk about her son Danny's addiction until after he died of an overdose in 2004.

"We wanted to give him a chance," she said. "People see addicts as moral failures ... and we didn't want people looking at Danny that way."

He came from an upper-middle class family, got good grades and had a lot of friends at York Catholic High School, and he was taking classes at Penn State York, she said.

"He just made a terrible mistake and couldn't step out of it," she said. "If you Google Danny and you see his face, you won't see the face of an addict."

How they look: Heroin-related deaths in York County in 2014 were generally people in their 20s to 40s. Most were white, and they were generally from middle-income families, said Coroner Pam Gay.

About 60 percent of the fatalities occurred in the suburbs, and there were slightly more men than women.

York County court defendants with heroin addictions also range in age from about 20 to 40, said York County District Attorney Tom Kearney.

Many of them started with addictions to prescription pain medications but escalated to heroin when they couldn't get a prescription and the pills sold on the street were too expensive.

The York street price for OxyContin is about \$1 per milligram, so about \$50 for a 50-milligram pill, he said. That compares to

Blight continued on next page

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about \$5 to \$10 for a bag of heroin, he said.

On the streets, Officer Bryn Lindenmuth from Bean's department sees prescription and heroin abuse becoming about as widespread now as marijuana.

Users come from all walks of life, and he encounters them when their addictions inevitably lead to secondary crimes such as driving under the influence and theft. Eventually, it ruins lives.

Such was the case of a young adult who blew a full scholarship to a state university, using heroin and selling it to sustain his addiction. Now he's unemployed, in his early 20s, Lindenmuth said.

How this happened: Back in the 1980s, heroin was used mostly in larger cities among chronic drug users, but cocaine was more prominent among youthful experimenters because it could be snorted, avoiding the

stigma of the needle, said David Fialko, a prevention specialist with the Council of South-east Pennsylvania of the National Council on Alcoholism and Drug Dependence Inc.

Heroin was only about 5 percent pure and needed to be injected for the euphoric effect.

But in the 1990s, youth started moving away from cocaine and started to abuse prescription drugs, including pain pills and the attention deficit hyperactivity disorder drugs Ritalin and Adderall, he said.

The "perceived level of harm" from abuse of prescription pills was lower, he said. Kids who would have never used an illegal street drug like pot or cocaine will reach into their parents' bountiful medicine stashes because those drugs were prescribed by a doctor, Fialko said.

"There are plenty of soccer moms who are addicted to benzodiazepines or opioid analgesics ... Xanax ..." he said. "It's prescribed, so it's 'not a problem.' They're suc-

cessful people who go about their lives and everything is fine, but if you took that drug away, you would have some problems."

Take that drug away, and those "normal" people start experimenting with replacements to sate their craving.

Soccer moms and football stars might be unlikely to "go straight for the needle," as they would have had to in decades past, but today's heroin is now so pure that it can be snorted and smoked, he said.

Absent the stigma of the needle, people become addicted through means they mistakenly consider innocuous, Fialko said.

The first time they experience the drug through any method, they'll feel the full force of a euphoric and powerful high that the brain will never forget, he said.

"And that's where it starts."

— Reach Christina Kauffman at ckauffman@yorkdispatch.com.

A craving that never leaves

FATAL RELAPSE: Danny Sciarretta's addiction closed the door on his hope for a bright future with a college education and a new love.

March 16, 2015

By CHRISTINA KAUFFMAN

505-5436/@shewritesitdown

Danny Sciarretta could endure itchy six-month stretches without using heroin, but those tiny receptors in his brain never stopped screaming for a fix.

They begged him while he tried to concentrate in class at Penn State York. They nagged even as he was falling in love with a beautiful woman.

Craving and willpower set up opposing camps in the 26-year-old's brain, launching attacks at each other every day. For the last four years of his life, he had armed his willpower with a medication that blocked the euphoric effect of heroin so that even if he used, all he would feel is sick.

But the craving was still there.

If he were to decide to indulge, he would have to plan a relapse for days in advance, stopping the medication so he didn't get sick. That's what he started doing in May 2004.

In the days after his fatal overdose, his parents found the extra week of pills in his desk at their New Freedom home.

A fairy-tale ending: Sciarretta was an upper middle class kid, a good student with a lot of friends when he graduated from the private York Catholic High School, said his mother, Charlene Sciarretta.

She and her husband don't know when or why he started using, but his addiction was in full swing by the time he enrolled at Penn State, where his admission had to be reinstated twice because of relapses, she said.

She prayed for an end to the battle in her son's head, and it looked like that had finally happened when he fell in love with the bride's sister at his best friend's wedding in 2003.

"We thought, 'This is it, this is like a fairy tale,'" she recalled. "But it didn't work out that way. They were together almost a year when he died."

Charlene Sciarretta said she doesn't know what triggered his relapse.

"I don't think you can ever know for sure," she said. "He told me, 'I think about (heroin) every day.'"

Making choices: She doesn't like to use the name of the friend who was with Danny

when he overdosed, though all of the details of his death were spelled out in legal documents.

According to court records, Danny Sciarretta and a friend were driving around York City and stopped at the home of a third person.

Sciarretta remained in the car and, according to testimony from that third person, it was immediately clear how serious Sciarretta's condition was — his eyes were blank and staring forward, his breathing was shallow and he was unresponsive.

The third person told the friend Sciarretta needed to go to a hospital, but the friend stopped the third person from calling 911 and said he would drive Sciarretta to the hospital.

But he never made it to the hospital, because the friend — who knew Sciarretta had injected heroin — parked Sciarretta's car next to Lincoln Park, left him locked inside and walked home, according to police.

He was found dead in his car the next morning.

— Reach Christina Kauffman at ckauffman@yorkdispatch.com.

ABUSE LEADS TO HEALING

Local doctor turned his life around

CHANGE: Dr. Steven Heird emerged from his addiction eager to help others overcome the disease.

March 17, 2015

By LIZ EVANS SCOLFORO

505-5429/@ydcrimetime

After first threatening to destroy Dr. Steven Heird's life eight years ago, his addiction to opioids and alcohol instead presented the 58-year-old father of four with a reason to change — everything.

"(My) addictions led me down a path that would seem to be a terrible, terrible thing, but was the greatest blessing in my life," Heird said.

On Sept. 29, 2006, he found himself inside York County's booking center being fingerprinted and having his mug shot taken after agents with the state attorney general's office charged him with a felony offense for writing fraudulent hydrocodone prescriptions.

The York Township vascular surgeon, who at the time was division chief of York Hospital's department of vascular surgery, had been writing Vicodin prescriptions in the name of his wife, then getting those prescriptions filled himself so he could "supplement" his drinking.

Eventually, he became physically addicted to Vicodin. He was already emotionally addicted to the pills and alcohol, he said.

'Sense of relief': In May 2006 when he confessed his addiction to his wife — who had just been visited by investigating agents — "there was a sense of relief that poured down over my body ... because I knew that I was finally going to get help and my secret was finally out," Heird said.

"At that point I was powerless over the disease."

His feelings in the short term also included apprehension at "the reality that your best friend ... is no longer going to be the solution to your problem."

The consequences of Heird's descent into addiction included the eventual unraveling of his marriage and the public shame of having his fraud charge published in local newspapers and broadcast on local TV news. Crushing guilt, especially where his children were concerned, was another consequence, as was the embarrassment suffered by his family.

But by the time he was charged and his

name hit the news in early October 2006, Heird had been sober for about four months and had begun to get a real taste of what awaited him if he could change what he calls "my addictive way of thinking."

A fellow doctor, and fellow patient, he met in rehab put Heird on his current path with two simple words: Change everything.

It's an epiphany he wants others to experience as well — alcoholics, drug addicts and people who suffer from addictive behaviors, such as self-loathing, guilt, compulsive shopping and gambling.

"I knew by the time I was out of the rehab hospital that I was going to share my story with the world," Heird said. "I just knew that it was my path to offer the opportunity of hope to others, and to recognize that there is an experience in recovery that's beyond your wildest dreams."

Doctor and author: Heird wrote "To Hell and Back: A Surgeon's Story of Addiction: 12 Prescriptions for Awareness," which was self-published last year and is available at Amazon.com.

The book chronicles his slide into opioid addiction, his legal troubles, rehab, his family life in the wake of his addiction and the lessons he learned that led him to find redemption.

A proponent of self-help literature, Heird offers readers 12 "prescriptions" he believes can help them find peace, joy and happiness — if they are willing to embrace a fundamental change in mindset. Prescription No. 3, for example, advises, "Be aware that there's a karmic price to pay for trying to avoid pain at all times."

And he has a message for addicts:

"There is hope, and there is life after drugs that's far and away a much happier and more peaceful and serene existence than they could possibly imagine until they get here," he said. "And they need to stop trying to do it alone. (They need to) tell on themselves and ask for help."

Heird spent about a decade using alcohol and, intermittently, Vicodin as a way to relieve negative feelings. As a doctor, he could recognize when he began experiencing physical withdrawal symptoms from the Vicodin and would stop taking it for a time, he said. But then he began to take more and more pills.

"I can recall the last time I stopped and started up again. I knew in my heart I wasn't

going to be able to stop again, because the withdrawal symptoms had been rather strong," he said. "I remember putting that pill in my mouth and a voice in my head saying, 'Don't do it' ... but not being able to control that impulse."

Chasing happiness: Heird says he was chasing the American dream and would feel a temporary sense of elation with each new milestone and success. But it didn't last.

"I would become more and more and more unhappy until I was just in a state of total misery and clinical depression that was partly due to the alcohol and drugs, but also partly due to chasing happiness for so long.

"It ultimately creates a hole in your soul that is so big ... it stops working," Heird said. "It's a lonely, dark place to go."

It was in rehab that he experienced a spiritual awakening and began to understand what fueled his addiction, he said. Triggers included his own feelings of guilt and worthlessness, not being in the moment and living a spiritually empty lifestyle.

"I was freed from guilt, shame and remorse," Heird said, and he now concentrates on nourishing his soul every day.

"You need to constantly feed yourself — shower yourself — with spiritual food in order to maintain a spiritual level of consciousness that is happy, joyous and free," he said. "I do it by prayer, meditation and reading on a daily basis."

Sober lifestyle: Heird also attends Alcoholics Anonymous meetings, does yoga, goes skiing, rides mountain bikes and love to hike, including 14,180-foot Mount Shasta in Northern California. Heird said all these things help keep him sober, fit and serene.

He was allowed to plead guilty to a third-degree misdemeanor charge of drug possession and was accepted into the county's drug court program with no prison time ordered, according to his book. After he successfully completed the program, his record was expunged.

Heird now owns three businesses: Advanced Vein and Laser Center, Bikram Yoga York and Theia Light Center, which is a wellness center. All three are in York Township.

"That's really where my passion lies now — wellness," he said. "Addressing the mind, body and spirit. All three. ... I now recognize we live in a disease-maintenance industry. The attitude a pill is going to fix you is flawed thinking."

Overdoses an ugly reality for coroner

PAM GAY: Most Yorkers who die from heroin are in the prime of their lives, and many don't show signs of long-term drug use.

March 17, 2015

By MOLLIE DURKIN

505-5432/@ydhealth

When York County Coroner Pam Gay is called to overdose scenes, victims sometimes still have syringes in their arms — and sometimes, there's still solution in the syringe.

That shows how fast the drug can kill.

Gay has a basic understanding of what happens before death from accounts of people who have been there when the overdose occurred.

A user will "get the nods" and keep falling asleep, sometimes snoring very loudly during the night before he or she stops breathing, she said.

Similar to morphine but more potent, heroin slows breathing by attaching to receptors that control respiratory drive, Gay said. Eventually, if one stops breathing, the lungs fill up with fluid, and the heart goes into cardiac arrest, she said.

Victims: Most Yorkers who die from heroin are between 20 and 40 years old, Gay said.

Most of the time, these deaths occur when a user injects, but she said she's had a few overdose cases caused by snorting the drug.

From 2002 to 2011, 26.6 percent of people who started using heroin in the past year

had injected the drug with needles, according to the Substance Abuse and Mental Health Services Administration's Center for Behavioral Health and Statistics and Quality.

Usually, users inject in their arms, but some go between their toes, in their neck or even in their genital area, Gay said.

"They will go anywhere that they can," she said.

Overdose victims most often mix heroin with alcohol or antidepressants, as well as cocaine once in a while, Gay said.

She said it's hard to know how long a heroin victim had been using. Pathologists can see long-term effects of chronic drug use in a victim, but many of the young people who die haven't developed those signs, and their autopsies are fairly normal, Gay said.

"Most of our individuals don't even make it to that point, unfortunately," she said.

Addiction: Once addicted, heroin users don't use the drug to feel good; they use it to function, said Donna Wampole, a licensed clinical social worker at WellSpan Behavioral Health in Spring Garden Township.

"For an addict, everything isn't OK," she said. "They still don't feel OK."

The disease of addiction stems from changes in the brain, she said. Heroin and other opioids increase levels of dopamine — a neurotransmitter involved in the experience of pleasure — in the brain, Wampole said.

"When somebody becomes addicted, that drug signals it, and one's brain stops creating that natural kick for itself," she said.

After one stops using, the brain has to re-

learn to create its natural dopamine kick — and the nausea and vomiting of withdrawal can follow for several days after, Wampole said. Depression and anxiety are major side effects that can also come out during this time, she said.

"(Heroin) has an unbelievably miserable withdrawal," Wampole said.

The withdrawal stage is the most critical period of time for treatment "because a person is internally battling that system," she said.

Long haul: Thanks to something known as post-acute withdrawal, a recovering heroin addict could have to wait six to 18 months to say goodbye to nagging withdrawal symptoms, Wampole said.

Post-acute withdrawal can involve increased irritability, mood swings, obsessive thoughts of substance use and high levels of anxiety.

"As post-acute withdrawal resolves itself, it does get better," Wampole said, but that doesn't mean that a recovering user can be clean for 20 years and be immune to relapse.

Addiction is as much of a disease as high blood pressure: If one chooses not to take care of the disease and doesn't keep the right habits, it will come back, she said.

But if one relapses, he or she should keep coming back for treatment, Wampole said.

"Some people go once; some people go 15 times — there is no right number," she said.

— Reach Mollie Durkin at mdurkin@york-dispatch.com.

Heroin deaths outpace those from scripts

62 IN 2014: Officials say many heroin overdose victims were once users

March 17, 2015

By MOLLIE DURKIN

505-5432/@ydhealth

Opioid painkillers are commonplace in U.S. pharmacies and medicine cabinets.

Heroin is derived from morphine, an opioid, which acts on parts of the brain to reduce pain. Well-known prescription opioid brands include Vicodin, Percocet and OxyContin.

And opioid use is linked with heroin use, said York County Coroner Pam Gay.

Of the cases her office deals with, she said many heroin overdose victims were once users of prescription opioids.

"What we think is, it's a stepping stone, basically," Gay said.

The link: Out of 110 York County drug deaths in 2014, 41 toxicologies showed opioids other than heroin, morphine and codeine, she said. Almost all heroin toxicologies also show the latter two drugs in the blood, Gay said.

And 16 out of 62 heroin-related toxicologies showed use of heroin and other

opioids besides the morphine and codeine that are almost always present, she said.

Whereas some use other opioids with heroin, a lot of people switch over to heroin completely, Gay said.

"We definitely see a link, a changeover. And it's cheaper — and that's the big reason," she said.

Many people snort Oxy-Contin, which is time-released oxycodone, Gay said. If you crush the drug all at once when it's intended to be time-released, it gets into the bloodstream much faster, which can kill, she said.

Of course, some people need pain medi-

Deaths continued on next page

Deaths continued

cine, “but I do think we’ve entered a society where people aren’t used to having any pain,” Gay said.

Killer heroin: Fentanyl, a synthetic prescription opioid known as “killer heroin,” was involved in more deaths than usual in 2014.

Seven of 62 confirmed heroin-related deaths last year involved fentanyl only. But Gay said she has evidence that suggests the individuals thought they were purchasing and using heroin, so their deaths are classified as heroin-related.

Eight deaths involved both heroin and fentanyl, she said.

From 2009 to 2013, York County had 19 fentanyl-related deaths, compared to 15 deaths in 2014, according to data from the coroner’s office.

By the numbers

- ▶ York County had 110 drug deaths in 2014, compared to 56 in 2013; 64 in 2012; 47 in 2011; and 46 in 2010.
- ▶ The 62 confirmed heroin-related deaths in 2014 outweighed 41 deaths from other opioids, but that hasn’t been the case for the last four years:
 - ▶ 2013: 17 heroin-related deaths, 30 deaths from other opioids
 - ▶ 2012: 17 heroin-related deaths, 38 deaths from other opioids
 - ▶ 2011: Nine heroin-related deaths, 30 deaths from other opioids
 - ▶ 2010: Six heroin-related deaths, 33 deaths from other opioids

Heroin use just the beginning

March 17, 2015

By **CHRISTINA KAUFFMAN**

505-5436/@shewritesitdown

Police in York County blame heroin dependency for an increase in crimes, including retail theft and other offenses, such as prostitution, committed to support the addiction.

Heroin use often progresses with life-debilitating consequences:

It starts with snorting one or two bags per day and grows to five or six per day.

▶ When the snorting fails to achieve the previous level of high, the user starts injecting.

▶ Injections increase to as many as 12

bags per day, chasing the euphoria of the first high. The level of addiction is such that the user wakes up violently ill and vomiting from withdrawal.

▶ The cost of the dependency increases to as much as \$200 per day, and users will sell belongings and incur debt to pay for the drug.

▶ The user runs out of legitimate means to fund heroin purchases and starts stealing from family and friends and pawning the items or trading them for drugs. Retail thefts are common. Relationships suffer, and some become cut off from family.

▶ Overdoses occur, and some users enter a cycle of checking into rehab and relapsing.

▶ Some women turn to prostitution to fund the addiction.

▶ Users run out of areas to shoot heroin as veins collapse, and they’re forced to inject themselves between their toes, on their feet and in their stomachs. Dirty needles can cause painful abscesses at injection sites.

▶ The risk of overdose is high, as are the risks of acquiring HIV and viral hepatitis, and “eventually, your body just gives out,” York City Detective First Class Andy Shaffer said.

— Staff writer Christina Kauffman.
Sources: York City Detective First Class Andy Shaffer, the National Institute on Drug Abuse

STOPPING THE TIDE: Parents turn their pain into advocacy

Legal drugs killed his son

FATHER: Almost 11 years after Mark Bauer's death, Phil Bauer speaks nationwide about prescription abuse.

March 18, 2015

By **MOLLIE DURKIN**
505-5432/@ydhealth

As Phil Bauer talks about his youngest son, his dark eyes are unblinking. They show a mix of love and pain.

Bauer's West Manchester Township home is covered in pictures of Mark, forever an 18-year-old. He's an attractive boy, with the same brown eyes as his dad.

Mark started lifting weights when he was 11 and eventually worked his way up to bench-pressing 400 pounds, Bauer said. He was introverted, funny and strong, and he shared a love for basketball with his dad. No-foul games on the driveway basketball court were their way of hugging, Bauer said.

In May 2004, one week before Mark was to graduate from West York Area High School, he didn't wake up. The court on the driveway became a memorial, and Bauer's life as he knew it was over. "I could almost feel him there. I really could," said Bauer, 65. "It's still not OK without him."

Pills: On the morning Mark died, Bauer heard his wife scream.

"It's Mark," he remembers her saying. "I can't get him up."

A toxicology report released three months later showed amounts of oxycodone, acetaminophen, morphine and amphetamines — not an illegal drug among them, Bauer said.

He said a bag of loose pills near Mark's body contained prescription opioids: Percocet, which is oxycodone and acetaminophen, and Avinza, morphine.

"My response was, 'Thank God he didn't die from drugs,'" he said.

That line of thinking was before Bauer became a national advocate for prescription drug safety.

"If you take prescription drugs for non-

medical purposes, you're not taking medicine. You're doing drugs," he said.

"It is just as dangerous, just as deadly as street drugs when abused."

Advocacy: Was Mark hurting or happy? Bauer can't say for sure, but he knew the signs of addiction, and nothing suggested his son had an ongoing problem.

Within a few months of his death, Mark struggled with some back pain and wrist issues, he said.

There were a couple of incidents where Mark was caught with marijuana and beer in his teenage years, but nothing suggesting an addiction problem, Bauer said.

"Knowing the signs now, we still can't see that they were there," he said.

Bauer said he speaks across the country for two reasons: to keep Mark with him and to help other people avoid his fate.

"I started talking about prescription drug abuse before it was en vogue, before it was highly publicized," he said.

Before Mark died, Bauer said, he hated to talk in front of people.

Now, with what he calls "the power of Mark," he doesn't care what people think of him — and he's spoken to up to 700 people at a time.

"It is the devastation of losing a child that, unless you've lost a child, no one can understand that," Bauer said.

"That's what drives me."

Heroin link: Heroin and prescription opioids are not two separate issues, Bauer said. Both are synthetic opium, and with decreased access to prescriptions, people are turning to heroin, which is cheaper, he said.

One study shows 77 percent of those reporting past-year use of both heroin and nonmedical prescription pain relievers started using the prescription drugs before heroin, according to the Substance Abuse and Mental Health Services Administration's Center for Behavioral Health and Statistics and Quality.

Bauer said he was naive about prescription drug abuse — when talking about drugs with his two sons, he never mentioned

them, he said.

"I had no clue that prescriptions were being abused and were being used for nonmedical purposes," Bauer said.

Many people have the perception that prescription drugs are safer than illegal drugs, but they're not, he said.

"It's sad. I've been throughout the country, 30 counties in Pennsylvania, and some parents are still almost as naive as I was," Bauer said. "And it's a shame, because it's not OK."

Legislation: With more focus on the issue, Pennsylvania passed several pieces of legislation in 2014.

"Pennsylvania is very slow with this," Bauer said. "Other states have done this quickly."

To combat "doctor shopping," former Gov. Tom Corbett on Oct. 27 signed a new law that will create a database of prescribed drugs within the state Department of Health. Bauer and his wife, Cookie, were invited to the bill signing.

"I think the prescription drug monitoring law is helping immensely" and appropriately focuses on both patients and prescribers, he said.

About a month before that, Corbett signed a bill that gives good Samaritan immunity to people who report overdoses and provides trained emergency responders with access to naloxone, a life-saving treatment that can revive someone who has overdosed on heroin or another opioid.

Although Bauer said he thinks the measure is "already saving lives in Pennsylvania," he also said we still have more work to do.

To further combat the epidemic, we must get more help — in the form of treatment or counseling, for example — to those addicted to heroin or prescription opioids, Bauer said.

"If we don't treat the people who are already on the path, we're just trading one drug for another," he said.

— Reach Mollie Durkin at mdurkin@york-dispatch.com.

Police follow path of heroin across county

POLICE: It's now the trendy "drug of choice" as the supply booms.

March 18, 2015

By **CHRISTINA KAUFFMAN**
505-5436/@shewritesitdown

Heroin has spread from the city streets to rural roads in a wave of addiction that has pushed into every unsuspecting corner of York County.

Drug investigators such as York City Detective First Class Andy Shaffer have seen it slowly surpass crack cocaine as "the drug of choice" over the past few years, rising in popularity as "normal people" become addicted to prescription painkillers, he said.

After a while, the pills become too expensive and they switch to the street drug.

Supply is booming, so plentiful that the drug has become cheaper as its purity has increased, he said.

The demand is driven by its trendiness among 18- to 24-year-olds.

"With crack, people looked down on (users) and called them crackheads," the detective said. "With Caucasians, (heroin is) considered cool."

Many of them only realize how profoundly "uncool" it really is after they lose their jobs and friends and start stealing from their families, committing retail theft or prostituting themselves just to stave off the incredible sickness they feel when they can't get the dope, he said.

"I can't explain how powerful that heroin is," he said. "So many times, once a person uses heroin, they just can't go back."

Coming to York: The drug originates as an abundance of poppies from Afghanistan, but it enters the United States through cartels pushing it into major cities, Shaffer said.

Baltimore, whose suburbs bump York County on its southern side, has been called the "U.S. Heroin Capital," but most of the stuff entering York comes from Philadelphia or New York, Shaffer said.

Investigators can tell by the packaging: Baltimore uses vials, while most of the junk found in York is packaged in glassine bags of translucent wax paper, he said.

The drugs are also branded with names so people can track down the ones they liked. One particularly potent variety was aptly named "Instant Death," but people

still chased after it, said David Sunday, chief deputy prosecutor with the York County District Attorney's Office.

The county's increasing caseload of heroin-related criminal charges ranges from the actual drug offenses to the secondary offenses used to support addiction, including retail theft and prostitution, said District Attorney Tom Kearney.

Those prosecutions are a lagging indicator of what's happening right now in society, Sunday said.

Price and availability: York, like other third-class cities, is a draw to dealers because they can fetch higher prices for the trouble of transporting it to a smaller metro area, Shaffer said.

What's \$2,000 worth of heroin in Philadelphia commands about \$4,000 in York, he said, and that's the price after dealers "step on it," or cut it.

The price to the buyer, \$5 to \$10 per bag, is still cheap, the detective said. Heroin's low price, ample supply and potency are all factors that combine to worsen the problem, said York County Detective Craig Fenstermacher, who heads the York County Drug Task Force.

When Fenstermacher started working the drug beat in the '80s, heroin was only found in Harrisburg, Lancaster and York, and it couldn't be bought in the suburbs or rural areas, where it's now flourishing, he said.

"If we have the people working with us ... you can buy heroin in Paradise Township or Red Lion borough," he said. "I am no longer shocked whatsoever by where we're buying heroin."

Narcotics officers in both the city and the county said they're spending the bulk of their time tracking down heroin dealers to stem the flow of drugs to the street.

Busting dealers: Using informants and undercover officers, police are able to bust street-level dealers and work up the supply chain from there, Fenstermacher said.

Information also comes from people who want to trade names for leniency on charges they're facing, including users who were busted for retail theft or other offenses committed to feed their addiction, he said. Tips come in from neighbors, parents, former wives and girlfriends; dealers often separate themselves from their stash, hiding it at the home of a girlfriend or another

female, he said.

Users who become scared after another user dies from an overdose also will contact police, he said.

Some of the dealers are users, selling the drugs just to support their habit, he said.

"Street-level" dealers don't typically stand on the corners as they have in years past. Most deals and meeting locations are arranged by cellphone, so police can use phone history to identify connections, he said.

Big busts: The quantity of heroin seized when dealers have been caught over the past couple of years is the largest Shaffer has seen in his 19-year career, he said.

Last April, York City police used undercover officers to break up a drug operation run out of a bodega in the city's west end.

Two men were using a grocery and deli storefront as their base, selling about \$1,000 in heroin and cocaine per day.

Among the items seized was more than \$100,000 in raw heroin and 412 bags of heroin with a street value of \$8,240. The raw heroin seized was enough to make more than 5,000 individual bags of heroin with a street value of \$10 to \$20 each, Chief Wes Kahley said at the time.

In Oct. 14, Shaffer and other drug detectives got word that a Philadelphia-area man would be coming to the area with a large amount of heroin to be sold in York. Detectives lay in wait for the man and arrested him, finding more than 1,100 individual packets of heroin — valued at more than \$22,000 — and other drugs.

In November, a twice-convicted York City drug dealer was sent back to prison after city narcotics officers raided his home and seized nearly \$24,000 worth of raw heroin. After being stepped on, that heroin would likely have doubled its value, Shaffer said.

Though officers also are seeing an increase in minor drug offenses, such as possession, Shaffer said police are focusing on arresting dealers.

"The major thing is, people are dying from it," he said. "We want the users to get help. Our goal is to arrest the drug dealers. ... Any time we seize heroin, especially in significant amounts, you're saving lives."

— *Reach Christina Kauffman at ckauffman@yorkdispatch.com.*

'Typical Hanover family' struggles with loss

SON: His mother believes Aaron Lawrence, 20, was left to die from a heroin overdose in a house three blocks from her home.

March 18, 2015

By **CHRISTINA KAUFFMAN**

505-5436/@shewritesitdown

Fighting a deep chemical languor, Aaron Lawrence tried to hold up his heavy head while his mother spoke to him.

He nodded with closed eyes, like someone who'd just been awakened from a nap, but this wasn't a kind of sleepiness Tracy Lawrence had ever seen in her 18-year-old son.

She pleaded with him to tell her what he had been doing to himself, but he was so lethargic he could barely react.

He didn't really need to. She could see the track marks on his arms, visible below his shirt sleeves.

And that was March 2009, the first time she'd seen him high on heroin.

■ ■ ■

Aaron Lawrence was a middle child who longed to be a garbage man when he grew up.

Nobody in the family understood why he was so fascinated, but they'd honor his Christmas requests for little garbage trucks and tiny trash cans.

He'd get up early on collection days just to watch them chuck refuse into the back of their truck and smash it with a compactor. When he was old enough to ride a bike, he followed them around their route in his Hanover neighborhood.

He liked BMX bikes and went through a phase in which he skateboarded everywhere he went.

He was a typical boy, and they were "the typical Hanover family," his mother recalled.

But the energetic Aaron, sandwiched between two brothers, had trouble at school.

He'd come home and tell his mom he tried to read, but his mind wandered.

He was diagnosed with attention deficit disorder, but his mom so loathed giving him medicine to make him pay attention that she pulled him off the pills by the end of middle school.

"The Strattera was the one that totally made him want to sleep all the time," she

said. "I just got to the point where I didn't want to give it to him anymore."

With or without the meds, school was hard enough that he stopped going when he was 17. He started sleeping all day and running around with friends, she said.

She's not sure when he met the group of people she believes later injected her son and left him to die.

■ ■ ■

Tracy Lawrence, a 45-year-old nurse, said she tried to get her son help, but her options were limited because he was legally an adult.

She was also naive to the pull the drug was having on her son's life, she said.

"I knew what heroin was, but I was stupid to the addiction," she said. "I talked to him, 'Aaron, we need to stop this.' I figured it was just something you could stop doing. Obviously, now I know a lot more."

On nights when she could actually sleep, she did so with her phone right beside her head because she was afraid she'd get a call that he'd been found somewhere, she said.

Sometimes he would call and say he was ready to get help, but her relief often ended in heartbreak.

He would be ready for rehab when he was sick from withdrawal but change his mind after finding a fix.

■ ■ ■

He wasn't working, so he started taking money and things he found around his mom's house so he could sell them.

Eventually, she had to make the heartbreaking decision to tell him he could only be in the house when someone else was home.

The house was pulling apart. Her youngest son was only 16, and there was turmoil between the three boys because of Aaron's addiction, she said.

By June 2009, the drug was fueling thefts that resulted in more than 14 charges in York and Adams counties, including criminal trespass and breaking into a structure, criminal conspiracy, theft and receiving stolen property.

The next month, he was arrested and sentenced to a year in jail.

He was furious about her refusal to pay the \$15,000 bail, but his time in Adams County Prison brought her double-edged peace of mind.

Her son was in jail, but he was withdrawing from the drug. At least she knew where he was and that he was OK, she said.

Over that year, he retreated from anger, and the family healed. His skin became clear and smooth, and he gained weight.

He looked so good that his mother, upon seeing him, actually felt he had even somehow grown taller.

On July 8, 2010, he was released.

"I went to pick him up, and his brothers were here, and they laughed and joked, and it was wonderful again, like all my kids were together like they were when they were little," she said.

She didn't realize then that it would be one of their last times together.

On July 20, the same morning Aaron Lawrence was scheduled to start a new job, police officers knocked on his mother's door.

It was 5:51 a.m. Just 12 days out of jail, her 20-year-old son was dead.

■ ■ ■

In a sober moment, Aaron told his mother how his addiction started with snorting and smoking heroin. When it progressed to intravenous injections, he just couldn't bring himself to do it, she said.

"He said he never shot himself up," she said. "It was always someone else, because he could not do that to himself."

That means somebody injected him and left him to die, three blocks from her home, she said. That night was probably the first time he used after being released from jail, and his tolerance was lower.

He was found in a Hanover house associated with a group of people she believes waited "a few hours" before calling 911, and it was too late, she said.

"They're going to want to save their ass before they even try to help yours," she said. "Real friends don't let friends die."

The group had a powerful influence over her son, and returning to them invited relapse, she said.

She still sees some of them when she's running errands in town, and she has to look away.

She still talks to Aaron every day, as she does with her two surviving sons.

Her oldest is a forklift operator. The youngest is a student at Shippensburg University.

Her middle son makes her smile every time she gets behind a garbage truck.

PROTECT OR PUNISH?

Local police, legislators adjust strategies to curb addiction

HELP: The goal is to prevent deaths rather than prosecute drug users.

March 19, 2015

By **CHRISTINA KAUFFMAN**

505-5436/@shewritesitdown

A man drove his incoherent, overdosing friend to a York City park and left him sitting in his car overnight, without medical attention, because he was afraid to get police involved. The friend died.

In another case, a woman waited six hours to call 911 after her friend overdosed in a hotel room. She sent texts to friends, asking them what to do, and posted photos of him “napping” on Facebook. He also died.

Stories like these became tragically over-familiar as heroin addiction rose to crisis levels in Pennsylvania over the past few years, and lawmakers decided the only way to stop it was to tell people they wouldn’t be prosecuted for reporting overdoses.

The law that created that immunity is part of a growing response from police and legislators trying to stem both the spread of addiction and a swelling number of overdose deaths.

Good Samaritan: Under the good Samaritan law passed last year, a person who reports drug overdoses will be immune from prosecution for probation and parole violations and lower-level drug offenses if he or she provides his or her full name and address and other identifying information and waits for emergency responders to arrive.

The overdose victim would not be charged.

Parents of fatal overdose victims said they’re hoping the law will save lives, though it’s too late for their own children.

Tracy Lawrence’s son Aaron Lawrence died in July 2010, and he was found in a Hanover house where she believes some other drug users hastened his demise by

waiting hours to call 911.

“Real friends don’t let friends die,” Tracy Lawrence said. “(People who don’t immediately call 911 are) going to want to save their ass before they even try to help yours.”

York County District Attorney Tom Kearney said it’s still too early to tell what kind of effect the law is having on death rates, as it didn’t take effect until late 2014.

He and other officials said they’re working to spread word about the law change to heroin users, using forums such as meetings of the York County Heroin Task Force, a partnership of medical, community and governmental agencies formed in 2014 to educate the community and reduce heroin abuse.

Overdose antidote: Lawmakers also included provisions for police to purchase and carry naloxone, a drug administered to people who overdose on prescription painkillers or heroin.

York County will use about \$15,000 in drug forfeiture funds to purchase 325 doses of the medication, which will be carried on all police officers on the beat, Kearney said, adding his office will apply to have that money reimbursed. In December, Capital BlueCross announced it will hand out \$50,000 in funding to 21 counties to buy the drug.

Kearney’s office expects the antidote will be distributed to police by the end of March.

Commonly called by the brand name Narcan, the medicine is sprayed into a person’s nostrils to block opioid receptors and temporarily restore respiration, buying time for medical crews to arrive and perform the additional steps necessary to keep the person from slipping back into an overdose.

Police have said they arrive before medical technicians in most cases, and there have been situations in which they might have been able to save lives if they had had naloxone.

Before the law change, paramedics and

doctors were permitted to administer the antidote, but police were not.

Prescription plan: A law passed in 2014 will create a database of controlled substances prescribed and dispensed in the state, with a goal of identifying doctor-shopping and addicted patients.

The drugs to be added include OxyContin and oxycodone, and benzodiazepines such as diazepam (Valium), alprazolam (Xanax), clonazepam (Klonopin) and lorazepam (Ativan).

Under the law, doctors will have to query the database the first time a new patient comes for an office visit, viewing his or her prescription record to determine whether there are “doctor-shopping” behaviors such as having multiple prescriptions of the targeted drugs prescribed by different doctors.

The pharmacist or person filling a prescription for any of the drugs would have to add it — as well as the name of the prescribing doctor, the patient’s name, the date and the quantity — to the database.

Doctors could also choose to search the database if a patient continues to request one or more of the targeted drugs or if the doctor has some suspicion about a patient’s behavior.

The doctor wouldn’t be prohibited from prescribing them just because the patient has prescriptions in the database, but they should use their discretion based on medical standards, said Sen. Pat Vance, RCumberland/York, who introduced the legislation.

She said the new law can identify people who might need help before they turn to heroin, the path followed by many people who started their addictions with prescriptions.

The bill takes effect June 30, 2015, and will expire on the same day in 2022, unless the Legislature extends it.

— Reach Christina Kauffman at ckauffman@yorkdispatch.com.

Fatal delays leave mom holding only memories

RELAPSE: Bob Glatfelter died from drugs as his friend waited six hours to call 911.

March 19, 2015

By **CHRISTINA KAUFFMAN**

505-5436/@shewritesitdown

Vickie Glatfelter sent her son to rehab several times, but all the right things were finally happening last year, during his fourth and final stay.

This time, Bob Glatfelter stayed for the entire 28-day program instead of bailing after a couple of days.

His attitude was so different that the mother allowed herself a fragile sliver of hope for his relapse cycle to end.

He was planning to follow rehab with an intensive inpatient program in Philadelphia, but it was overbooked and he was told beds wouldn't be available for more than a month, the mother said.

There were too many triggers for him to wait it out at his parents' house in Dover Township, so he went to a halfway house in Levittown.

That decision — made to prevent temptation and further his treatment — would ultimately lead to his death.

A deadly dose: In Levittown, Bob Glatfelter developed a friendship with Melanie Pazdan, a woman who had overdosed on fentanyl but was saved after someone found her slumped over her steering wheel, Vickie Glatfelter said.

Days after that overdose, Pazdan went back to the same dealer — who warned her she was buying the same stuff on which she had just overdosed — and bought more fentanyl and headed to a hotel with Bob Glatfelter, according to police.

Vickie Glatfelter believes her son thought he was taking only heroin on that April afternoon, 10 days after he was released from rehab.

Pazdan took half a bag and he took a whole bag, then he stopped breathing, according to charging documents.

Police said Pazdan stayed there and didn't call for help for six hours.

She did send a photo of Bob Glatfelter to a friend and chatted on Facebook, then "called (911) finally around 9 and acted hysterical like it just happened," Vickie Glatfelter said.

"When the cops gave me back (his) phone

and I flipped it open, that picture was the first thing I saw," she said.

'She's sick': Medical crews were able to get 28-year-old Bob Glatfelter's heart beating, but they couldn't really bring him back to life.

It soon became clear that he had been in critical condition for hours; his brain had gone for a long period with no blood circulation, his mother said.

His lungs were already shriveled from lack of oxygen, and his organs were damaged.

After her son's heart stopped for the final time, the mother browsed through his phone.

She saw someone from the halfway house had texted her son around 7 p.m., hours after the overdose, and that Pazdan had replied that they were fine and "cuddling under the blankets," Vickie Glatfelter said.

Pazdan — who in February pleaded guilty to involuntary manslaughter, possession with intent to deliver, reckless endangerment and drug possession — spent hours with the Dover man, chatting on Facebook and texting people to ask what to do, according to police.

People told her how to clean up the room, but none encouraged her to call 911, Vickie Glatfelter said.

According to charging documents, police have phone records showing Pazdan started sending text messages at 2:30 p.m., indicating something was wrong with Bob Glatfelter, and that continued until she called 911 at 8:53 p.m.

"I am still very angry and bitter," Vickie Glatfelter said. "And hurt, but there's that tiny little part of addict's mom in me that says I know what she has and she's sick."

Pazdan has been sentenced to 37 to 74 months in a state correctional facility.

'An ornery boy': Bob Glatfelter was an energetic child who, like many of his classmates, was a fanatic for Teenage Mutant Ninja Turtles.

One day, he proudly emerged from his bedroom wearing green and blue plaid pajama bottoms, a white shirt, red suspenders and a makeshift bandana mask.

Wielding a plastic play sword, he issued a proclamation: "I am ninja turtle, Mom! Take my picture!"

He always wanted her to take his picture.

The teachers thought he was "just an ornery boy, full of himself" until he was di-

agnosed with attention deficit hyperactivity disorder in the eighth grade, Vickie Glatfelter said.

He channeled his boundless energy into sports and played baseball, basketball and football at Dover Area High School, from which he graduated in 2005.

"We believe if he had kept his nose to the grindstone and kept on the right path that he would've done something with his sports ability, but unfortunately that didn't happen," she said.

She's not sure how or when he started abusing OxyContin, but he told his parents a friend at a party had introduced him. It didn't progress to heroin until he lost everything and couldn't afford the pills, she said.

Making mistakes: The Glatfelter family's problems started before Bob's spiral into addiction, but they were made worse because of them, Vickie Glatfelter said.

In 2010, she lost her job of 27 years with York County amid allegations she embezzled \$347,477.23 in postage refunds between 2003 and September 2010.

She said she spent some of the money on her own but also used much of it helping her son. In denial that he needed money for drugs, she was responding to his pleas of needing money for shelter, a car and her grandson's medical treatments, she said.

She personally never had a substance abuse problem, she said.

The crumbling: Vickie Glatfelter said she didn't realize how bad things were getting until her son was around 21 years old, about seven years ago.

He was living with a girlfriend, and the two had just had a child. It should've been a joyful time, but there were signs of trouble beyond the child's having been born with autism.

Bob was in his second year as an electrician apprentice, but he started missing work and later dropped out. He was shopping for doctors and always seemed to have the flu, which Vicki Glatfelter now surmises was withdrawal illness.

He was irritable and avoided his parents, falling behind on bills until he and his girlfriend lost their apartment.

They and their young son moved in with Glatfelter and her husband, but the situation worsened.

"You get so caught up in their sickness

Delays continued on next page

Delays continued

and disease that you end up doing things that might not have helped him," she said. "You try to do what you can because you're scared they're going to die." Bob Glatfelter took checks out of his parents' checkbooks and wrote them out to himself. He stole things. She slept with her checkbook, car keys and wallet inside her pillow case on nights when her son was home. Both par-

ents still have no wedding rings, she said.

A second chance: Vickie Glatfelter served about a year in jail and was released from prison in 2012. She's now 53 and spends her days caring for her 7-year-old nonverbal grandson and working to spread the word about heroin addiction, she said.

She started a local chapter of Not One More, a national nonprofit tackling addiction, but she'll have no signatory authority over

accounts, she said.

"I want to help and I don't want you to hold what I did against what I'm trying to do," she said.

Stepping back out into the community to speak about heroin has exposed her to possible critics, but it's also giving her a second chance in some ways, she said.

— Reach Christina Kauffman at ckauffman@yorkdispatch.com.

Lifesaving Narcan approved for police kits

FIGHTING OPIOIDS: York County commissioners authorized the purchase, which will help officers render medical aid to overdose victims.

March 19, 2015

By GREG GROSS

505-5433/@ydpolitics

A drug that could save the lives of people who overdose on heroin is expected to be in the hands of York County police officers by the end of the month.

Amid a group of supporters, mainly members of the York County Heroin Task Force, county commissioners unanimously approved at their weekly meeting Wednesday an agreement with Memorial Hospital that will allow the district attorney's office to purchase 325 doses of naloxone, commonly known by the brand name Narcan.

"Today is a good day for York County," said York County District Attorney Tom Kearney as he started to tout the benefits of putting the lifesaving drug into the hands of law enforcement officers.

Delaware County, the first in the state to institute a countywide program, already has seen a large decrease in the number of heroin deaths. York County is the second county to put its program in place, Kearney said.

Former Gov. Tom Corbett signed a law last

year allowing police to administer the drug.

Funding: Soon after the agreement was approved, Kearney handed over a check to Scott Miller, president of Minnich's Pharmacy in Spring Garden Township, to fill the prescription.

Miller said he offered to be the goto pharmacy to supply Narcan after reading about the high number of heroin-related deaths over the past year.

We "just wanted to help the community," he said.

In a phone interview after the meeting, Kearney said the initial supply of the drug costs about \$13,000 and the bags officers will carry it in cost \$2,500. Each kit will hold two Narcan doses.

The expense is being covered by money forfeited in drug cases. Kearney was quick to point out the irony.

"This funding, involuntarily mind you, come from those" who deal drugs in our community, he said. "These same people who kill our kids will now be saving them."

The county hopes to recoup the expense through a grant from Capital BlueCross, which in December announced \$50,000 in funding to purchase the drug in 21 counties.

How it works: Nineteen of the county's 21 law enforcement agencies have signed on to carrying Narcan as part of the county's program.

Carroll Township Police Department has its own program, Kyle King, spokesman for the

district attorney's office, said in an email, and state police have their own program through the governor's office.

The departments involved in the countywide program will be given enough kits that each officer on a shift will have one. Kearney said a survey showed 140 kits, or 280 doses, are needed for that to happen. The remaining Narcan doses will be used to replenish ones that are used.

When a kit is put to use, an officer will spray Narcan into a person's nostrils to block opioid receptors, buying time for medical crews to arrive, said Dr. Daniel Hornyak of Memorial Hospital.

Hornyak will write the prescriptions to fill the county's Narcan supply.

An officer may also have to perform CPR since those who use heroin have been known to stop breathing, he said.

Though Narcan will buy precious time, it's just the initial step in saving a life. A person who overdosed on heroin will have to undergo additional medical treatment at a hospital, Hornyak said.

Steve Chronister, president commissioner, hailed the agreement and the work of the heroin task force.

"I really think we're, hopefully, (reaching) the people and kids who have not gotten into heroin yet," he said.

— Reach Greg Gross at ggross@yorkdispatch.com.

Rehab a place for white men?

TREATMENT: Women might be more constrained by their family roles, local experts say.

March 19, 2015

By **MOLLIE DURKIN**
505-5432/@ydhealth

Men outnumber women at York County's treatment centers — perhaps because of women's roles in society.

Historically, it's difficult to get women into treatment, said Adriane Shultz, director of inpatient treatment for Colonial House Inc. in West Manchester Township.

Colonial has 44 beds, seven of which are designated for women, she said.

"And we struggle to keep seven filled," Shultz said.

Women tend to have a dynamic role as a mom or caregiver, and they're often not afforded the opportunity to go to treatment unless there are legal consequences or a children and youth agency is involved, she said.

"Women, I think, just because of their

Men outnumber women

There might be no cookie-cutter description of a heroin user, but inpatient treatment facilities in York County say they see mostly young, white men:

Colonial House Inc., West Manchester Township

Percentage of male clients: More than 80
Average heroin client: White, early 20s

White Deer Run of York, Springettsbury Township

Percentage of male clients: About 60
Average heroin client: White, 26 to 35 years old (used to be 18 to 25)

Clarity Way, Heidelberg Township

Percentage of male clients: About 65 to 70
Average heroin client: White, 18 to 35 years old

roles in society, don't necessarily get the opportunity to be able to take three months away from their children, their husbands, and go to treatment," Shultz said.

Women who do receive treatment make drastic changes, said Colonial CEO Antoinette Sacco.

Some walk in the door dressed in a provocative way, wearing lots of makeup, she said.

"And then they start to get a sense of worth about them, and they realize that it doesn't come from that, and they start to make the changes, and it's kind of like this transformation," Sacco said. "We get to watch people come out of a cocoon."

— Reach Mollie Durkin at mdurkin@york-dispatch.com.

'Just one more hit' can kill

SISTER LOST: Two days after exiting rehab, Leigh Baxter died from heroin and left her family asking why

March 19, 2015

By **CHRISTINA KAUFFMAN**
505-5436/@shewritesitdown

Leigh Baxter wrote a goodbye letter to heroin during one of her stays in rehab, and the first time her sister heard it was when someone read it at Baxter's funeral after she overdosed.

It read like a love letter, a heart-wrenching

and honest Dear John penned by a woman who was finally moving past a destructive relationship.

But Baxter just couldn't leave heroin, no matter how trapped and unhappy she felt.

She was so vibrant and energetic that older sister Angela Lyle is still trying to accept that her sister, who was always the brave and creative one who wrote striking poems and stories, couldn't kick it.

She was "tons of fun and had a contagious laugh, lots of friends, and some of the wrong ones," said Lyle, who lives in Wrightsville.

Baxter was 28 when her boyfriend came

home from work on Friday, April 27, 2012, and found her dead in their Mount Joy home. She had just been released from rehab that Wednesday, Lyle said.

"Her tolerance was obviously way down, and she was thinking, 'Just one more hit,'" Lyle said. "As a big sister, you're supposed to protect the little sister, and I feel like I failed at that.

"I'm still working through that a couple years later ... I think I was angry at her, just getting out of rehab. It doesn't make any sense to me that you would pick up a needle two days later."

— Staff writer Christina Kauffman.

GETTING OUT

For addicts, treatment can help — sometimes

JACOB: A man from Shrewsbury gets clean from heroin by turning to religion.

March 20, 2015

By **MOLLIE DURKIN**

505-5432/@ydhealth

It's late October 2014 in Blair County. After about two weeks in rehab, Jacob Ruth decided to escape.

The Shrewsbury resident remembers walking down the mountain and coming across a white church in the woods. A man appeared to be smoking a cigarette on the porch.

With his mind in a haze from detoxification and psychiatric medications, Ruth asked him for a lighter. He's still not sure if the man was actually there.

"I thought I was going to be OK because I had four packs of cigarettes," Ruth said in January. "That's how my addict mentality kicked in."

The man, apparently a local, helped him hide behind the church, saying it was the time of year when patients start leaving the rehab. When the flashing lights and cop cars showed up, the man disappeared.

Getting cut up by sticker bushes as he hid, 23-year-old Ruth heard the water crashing on the line of rocks below — a small branch of the Juniata River. He couldn't calm himself down.

"And my life just kind of flashed back before me, and it's just like, I'm either gonna get taken down here, maybe get shot and killed, might not make it back home — I mean, it was sad, that's how I was thinking — might not make it back home, or I could try to make it across the river," he said. "And I knew I didn't know how to swim."

Drug history: Up until his late teens, Ruth said, he never did drugs. But in always saying no, he lost his popularity and got depressed years later after losing his friends, he said.

"That can happen. You say 'no,' and then everyone doesn't want to be your friend because you're not cool anymore," Ruth said. "That's the reality of it."

A doctor prescribed antidepressants, which he said altered his mind and made him vulnerable the next time someone asked him if he wanted pain pills.

"It only took one time," Ruth said.

He said he started snorting pills like oxydone. At one point, he needed six or more Percocets to feel better, feel anything or get high — at a hefty price of \$35 a pill.

"A lot of people start off with pills because you feel like it's less dangerous, and your doctor gives you pills," Ruth said.

You hear it all the time, he said: People start off with pain pills, which are very expensive, so they switch to heroin because it's cheaper. And that's what he did.

"You don't know what you're getting when you do heroin," Ruth said. "The thing about pills, like I stuck with pills for a while, is that you always knew how many you needed, and you knew what you were getting. Like, you knew it wasn't cut with anything."

The jump: Ruth remembers hearing a helicopter in the air before he jumped a small bank into the water. At the time, state police were on a manhunt for accused cop killer Eric Frein.

"I'm thinking, that helicopter can't be for me," he said. But it was.

As Ruth hid behind a tree, he saw officers shining flashlights as they searched for him. It was either get arrested or jump into the cold water, he thought.

"Even before the jump, I felt so hopeless and lifeless and just thought, like, man, there's just nothing left in this world for me," he said.

Ruth could see by only the light of the moon, and as he jumped, his jacket got caught on a branch, so he shook it off.

He remembers smacking the water, trying to keep himself dry and worrying about those cigarettes.

"After that, my mind went blank," Ruth said. "I could've gotten out myself. I don't remember."

Waking up: He woke up in a car, in a barn in the middle of nowhere. Wearing a tank top and shorts, he said, he was still wet, wrapped up in a blanket with two pillows.

It was a newer fourdoor car. Ruth still doesn't know how he got in there.

A Bible was sitting on the front seat. He didn't take it, but he opened it up to a page — just to make sure it was actually there.

The windows were steamed up, birds were chirping, and the sun was coming up on a beautiful October morning, Ruth said.

"Something just came over me and said, wow, they didn't find me that night, but I knew God had found me that night. ... How else did I live through that night while my mom waited by the phone?" Ruth said.

As he got out of the car and walked down an old gravel road, he said, the words "surrender" and "acceptance" hit him.

Nine lives: The battle was over. Ruth wanted to go back to the rehab and get help — he was ready to finally admit that he had a problem — and police were already at the bottom of the hill, waiting to arrest him.

They took Ruth to a psychiatric ward for an evaluation, and he said he'd like to go back to the rehab only to hear that it wouldn't take him back. But as a worker drove him the three or four hours home, he said, he realized for the first time that people cared and wanted to see him get better.

"I've been in eight rehabs. I'm not gonna get nine like a cat. I've used all my lives up, is the way I look at it," he said.

Up until he got clean in the days after his experience, Ruth thought he would never quit drugs and alcohol. It was how he was going to live; how he was going to die.

"And I think back and I just realize how blessed and grateful I am for the opportunities I've gotten lately, because I know for a fact that I'm not gonna get another chance at this," he said. "I know that."

His body shows his struggle: He likely tore up his hands, fingers, neck and face on the rocks in the water, and he still bears scars from his addiction.

"You get scars when you don't care. ... They're always gonna be a reminder to me about what my addiction did to me, what it could've done to me and what it hasn't done to me," Ruth said.

Higher power: Ruth now has a job, a car and — admittedly — a long way to go, but he calls his recovery a spiritual awakening.

"Today I know God saves lives; drugs take lives. ... And he was there all along, throughout my addiction, through my whole life, and he was waiting for me to reach my hand back," he said.

Now, after passing the 100-days-sober mark in February, Ruth is just looking forward to more sobriety — maybe even going back to that rehab on the mountain and saying, "I made it. I got a year."

Jacob continued on next page

Jacob continued

He said he lives on a day-to-day basis. And although he hadn't been to church in 10 years, Ruth found a home at Grace Fellowship Church in Shrewsbury, where he runs at The Lord's Gym every day, volunteers most days and attends church on Sundays. He also attends faith-based and recovery meetings.

Ruth never worked out before he got sober. Now, he's in the gym for about an hour a day, and he lets himself fuel off the naysayers and doubters — the people who said he wasn't going to make it.

"And I let myself go in those dark moments," Ruth said. "And I find that it's

healthy because I'm working out and I'm working through it, the way I look at it."

Each morning, he thanks God for another day clean and sober. He's had to get a new phone number, create new social media pages and avoid bars in order to stay clean. He even decided to go by his full name.

"I don't want to go by the old, short Jake, because that was like I was cutting myself short," Ruth said.

The experience also has changed his outlook on life. "I'm no longer looking down today when I go walking," Ruth said. "I'm looking up for my answers. Because before, when I was looking down, I couldn't see the world or reality or life how it was. Today I

see it for what it is, and it's a beautiful thing to be sober and to be open-minded and able to listen."

His main goal used to be "to get high to get by." Now, it's to inspire or motivate people who are caught in the grips of addiction to be better today than yesterday — through the grace of God, who has restored him back to sanity.

"Because I know he does exist. He is real. He continues to show up in the least-expected ways or people," Ruth said. "And I know I can't make this stuff up."

— Reach Mollie Durkin at mdurkin@york-dispatch.com.

Funding issues can stall drug treatment

NAVIGATE: If addicts have to wait or "jump through hurdles" to get into facilities, they're often lost.

March 20, 2015

By MOLLIE DURKIN

505-5432/@yhealth

A lot can stand in the way of a heroin user who wants to get clean.

People often have to make several phone calls and "jump through hurdles" as they navigate the path to funding their treatment, said Adriane Shultz, director of inpatient treatment for Colonial House Inc. in West Manchester Township.

"The thing that's really frustrating is, when you have somebody who makes the decision to go into treatment, you have a very small window of opportunity that you're working with" because addicts often change their minds, she said.

The rehab's bed count fluctuates — sometimes it has open beds, sometimes a waiting list — but "it often seems that lack of funding for treatment is what impacts our bed count the most," Shultz said.

Funding sources: Quite a few White Deer Run of York residents are on public funding, but the rehab has a wide variety of populations, said campus director Sarah Hawkins.

Their treatment, including their length of stay, is contingent on their funding, Hawkins said.

With the Affordable Care Act and Pennsylvania's alternative to Medicaid expansion, the insurance landscape has been changing for a few years now, she said.

State laws affect coverage

Each patient's insurance coverage for substance abuse treatment is different, but two laws affect coverage in Pennsylvania.

The Mental Health Parity and Addiction Equity Act of 2008 states that group health plans can't impose annual or lifetime dollar limits on mental health or substance abuse benefits.

Insurers also can't make requirements and limitations for behavioral health benefits any more restrictive than those applied to all medical or surgical benefits.

Pennsylvania's Act 106 of 1989 outlines mandated minimum benefits for alcohol and drug addiction treatment under most group insurance plans in the state.

Per year, minimum benefits under the act include:

- ▶ up to seven days of detox
- ▶ a minimum of 30 days of rehab
- ▶ a minimum of 30 full-session outpatient or intensive outpatient visits.

"Now is better, in some respects, than it was with the medical assistance population," Hawkins said, as more people are eligible.

One of the first things White Deer Run offers clients is help applying for medical assistance so they have access to treatment, she said.

Those on medical assistance can get great coverage, especially for outpatient and intensive outpatient levels of care, said Donna Wampole, a licensed clinical social worker at Well-Span Behavioral Health in Spring Garden Township.

Behavioral health benefits can be very "touch and go," Wampole said, but name-brand insurance companies usually cover much of the cost to the patient.

Even though more individuals are getting insurance, they're not necessarily able to access their treatment benefits because of high deductibles and co-pays, Hawkins said.

Extra help: If someone doesn't qualify for medical assistance and doesn't have insurance, treatment funding is difficult to get, Shultz said.

"It's very limited — not even just in York," she said.

The York/Adams Drug & Alcohol Commission, the counties' drug and alcohol program, is a "last resort" payer that contracts with many treatment providers throughout the state and helps fund treatment for those who are eligible.

The commission funds prevention, intervention and treatment, including both inpatient and outpatient services, said administrator Audrey Gladfelter. Funding is a mix of federal, state and county dollars, she said.

In fiscal year 2013-14, the commission referred 639 people to detox; 558 people

Funding continued on next page

Funding continued

to inpatient rehab; five people to halfway houses; and 1,447 people to outpatient care, reports show.

About 106 requests for inpatient funding were denied for reasons such as residency requirements, funding limitations and existing coverage through private insurance, Gladfelter said.

Heroin problem: The commission sees varying drug trends: Rarely does it see cocaine anymore, but heroin and prescription drugs have been a "significant problem" for at least five years, she said.

"It definitely ebbs and flows," Gladfelter said.

Data show that 68.5 percent of people the commission served in fiscal year 2013-14 were IV drug users, an increase from 66.1 percent the previous year, she said.

Reports that would show exactly how many heroin users the commission serves are currently unavailable because of changes to the state reporting system, Gladfelter said.

As of Feb. 24, the commission made 422 detox referrals; 435 short-term rehab referrals; and four halfway house referrals for the 2014-15 fiscal year, reports show.

"We're definitely continuing to see an increased need for services," Gladfelter said.

Limitations: This fiscal year, the commission has had to deny rehab funding for 24 people because of funding limitations, but it has also made 25 exceptions, she said.

In fiscal year 2012-13, the commission saw a 10 percent cut in state funding, and it hasn't received any money to bump its budget back up, she said.

"Because of that and the incredible amount of individuals seeking services, we

put funding limitations into place," Gladfelter said.

Priority is given to pregnant substance abusers, IV drug users, those with recent drug overdoses and those who have had multiple detox episodes, she said.

The commission used to only fund two detox episodes per year but opened up to unlimited detox access in the past year, Gladfelter said.

Often, those who go through detox don't want to stay for rehab, but the commission stays in contact and tries to encourage them to continue treatment, she said.

"We really try to stay on top of them and recognize them as individuals who would be at increased risk of overdose," Gladfelter said.

— Reach Mollie Durkin at mdurkin@york-dispatch.com.

York County offers inpatient options for heroin users

FACILITIES: Treatment is available locally for all levels of patients

March 20, 2015

By MOLLIE DURKIN

505-5432/@ydhealth

If a heroin user decides to get clean but hasn't stopped using, he or she will often need to start with the most intense level of treatment: detoxification.

White Deer Run of York and Clarity Way in Heidelberg Township offer detox services, which rid a user's body of the drug.

The facilities also offer inpatient treatment, aka rehab, which houses and monitors patients for a fixed period of time as they recover.

Colonial House Inc. also has a rehab location in West Manchester Township.

White Deer Run of York

- ▶ **Location:** 106 Davies Drive in Springettsbury Township
- ▶ **Date started:** 2007
- ▶ **Admissions phone:** (855) 260-7469
- ▶ **Capacity:** 24 beds, including seven for detox
- ▶ **Average number of residents:** 22
- ▶ **Staffing:** About 24 staff members
- ▶ **Length of stay:** About five to seven days for detox; up to 42 days for rehab
- ▶ **Services:** 12-step Alcoholics Anonymous

and Narcotics Anonymous meetings, therapy sessions, small group counseling, educational lectures, sober recreation

- ▶ **Rates:** \$200 to \$400 per day
- ▶ **Mental health treatment:** Yes
- ▶ **Funding sources accepted:** County programs, medical assistance, private insurance, self-payment
- ▶ **Facility comments:** Most patients are users of opioids, especially heroin, said campus director Sarah Hawkins. The facility takes in primarily York and Adams county residents, she said. "Our beds are usually full," Hawkins said. "There is high demand." Many times, the most appropriate step after detox is rehab, but patients must be willing and able to continue treatment, Hawkins said.

The inpatient program is based on the 12-step model, which outlines a course of action for recovery from alcoholism, drug abuse and other behavioral health issues.

The model has a "pretty long tradition with demonstrated effectiveness" and works across all types of disorders to empower individuals with self-love, Hawkins said.

Clarity Way

- ▶ **Location:** 544 Iron Ridge Road in Heidelberg Township
- ▶ **Date started:** 2008
- ▶ **Admissions phone:** (877) 546-4830
- ▶ **Capacity:** Main rehab has 22 beds,

including six for detox; the Cottage at Clarity Way, a more exclusive facility, has six rehab beds and one detox bed

- ▶ **Average number of residents:** 22 to 24
- ▶ **Staffing:** 78 employees
- ▶ **Length of stay:** Rehab programs run from 14 days to 90 days or longer
- ▶ **Services:** Individual and group therapy sessions, massage therapy, acupuncture, life coaching, art and music therapy, fitness and sports activities
- ▶ **Rates:** Vary, based on private or semi-private room
- ▶ **Mental health treatment:** Yes
- ▶ **Funding sources accepted:** Insurance and self-payment (no medical assistance)
- ▶ **Facility comments:** When heroin users come in for treatment, they could be prescribed medications to ease withdrawal symptoms; after treatment, they're offered Vivitrol, which protects them in case of a relapse, said executive director Kristin Wise.

Most residents come from Pennsylvania and surrounding states, but many come from all over the U.S., including the West Coast, she said.

The center offers clients more amenities than some other rehabs, which makes people more comfortable about coming to treatment, said marketing director Sharon Reilly.

"We try to create an environment that's

Options continued on next page

Options continued

not so scary," she said. "We try to break that barrier to treatment."

Clarity didn't accept insurance until it was acquired by Elements Behavioral Health in 2014, Wise said.

"It really helps (patients) out," she said. "We're able to see a lot more people."

Colonial House Inc.

▶ **Location:** 1300 Woodberry Road in West Manchester Township

▶ **Date started:** 1992

▶ **Admissions phone:** (717) 792-9702 or (800) 767-9702

▶ **Capacity:** 44 beds

▶ **Average number of residents:** 38 to 40

▶ **Staffing:** 18 to 20 staff members

▶ **Length of stay:** 30- and 90-day treatment

▶ **Services:** Individual and small group therapy sessions, AA and NA meetings, lectures on topics that affect recovering addicts, option to go to church on Sundays

wRates: \$200 per day

▶ **Mental health treatment:** No, but a primary care provider monitors prescribed medications and can prescribe mild anti-depressants

▶ **Funding sources accepted:** Medical assistance, county funding, self-payment (no private insurance)

▶ **Facility comments:** Most clients strug-

gle with heroin and have multiple treatment experiences before coming to the facility for long-term treatment, which is almost looked at as "intensive care," said Adriane Shultz, director of inpatient treatment.

Patients are integrated into the Colonial community: An assigned buddy, a peer member, introduces them to everybody and the schedule, she said.

Within the first couple days, a client sits down with a counselor, who develops a treatment plan specific to his or her needs, Shultz said.

Some clients say it takes the first 30 days for the "fog" in their heads to clear and that they are grateful they had 90 days of treatment, she said.

Addicts recover through levels of care

STEPS: After detox, patients are encouraged to go to inpatient treatment, and from there through several more pieces of the transformation.

March 20, 2015

By MOLLIE DURKIN

505-5432/@ydhhealth

If a heroin user is hooked and wants to end the cycle of chasing the high, there are several treatment options available.

After an individual evaluation, major treatment steps include detoxification, inpatient treatment, halfway houses and outpatient treatment, depending on a client's needs.

To determine the most appropriate level of care for people struggling with drugs or alcohol, clinicians use the Pennsylvania Client Placement Criteria for Adults, a standardized set of guidelines.

If patients are still using heroin, they must first go to a detox facility to rid their bodies of the drug, said Donna Wampole, a licensed clinical social worker at WellSpan Behavioral Health in Spring Garden Township.

The detox process is usually brief — about three to seven days, but usually around five, she said.

With special licensing to treat opioid addiction, doctors can prescribe medications that help curb withdrawal symptoms, making the process "a bit less miserable," Wampole said.

Rehab: After detox, it's important to continue treatment in other forms, said Sarah Hawkins, campus director for White Deer Run of York, a detox and inpatient center in

Springettsbury Township.

"We can detox people over and over, but being able to stay in treatment at different levels of care gives people the best chance of staying in recovery," she said.

"We really support that continuum."

After detoxifying their bodies, patients are then encouraged to go to inpatient treatment — rehab — if funding's available, Wampole said.

Once they are stabilized, they're usually pulled off medications they were taking for withdrawal symptoms and begin cognitive behavioral therapy, she said.

They can stay for up to 90 days, but many stay for 21 to 28 days, Wampole said.

Halfway houses: After rehab, clients often continue structured, residential treatment in the form of a halfway house, a sober-living facility that provides services for those recovering from substance abuse, the PCPC states.

This type of living space is meant to provide a "homelike" atmosphere — with no more than 25 beds — that gives no indication of being an institutional setting, according to the guidelines.

Residents receive help with economic and social adjustment, such as finding a job and establishing a support system, and typically stay for three to six months, according to the PCPC.

Outpatient: Once a client is ready to live on his or her own, outpatient treatment options offer ongoing support.

Outpatient treatment offers social support and education about what goes on in the

brain of an addict, as well as skills that can help clients cope and avoid potential relapse triggers, Wampole said.

In early recovery, support is vital, whether it's attending 12-step meetings or simply being able to connect and share with people, said Antoinette Sacco, CEO of Colonial House Inc., which has both an inpatient and outpatient location in York County.

Recovery is a lifelong effort, but it gets easier, she said.

Transformation: At Clarity Way in Heidelberg Township, a holistic approach can turn someone's whole treatment around, said marketing director Sharon Reilly.

Group exercise, stretching, yoga and meditation can make all the difference — some people can only walk a few steps when they enter treatment, and by the time they leave, they can walk a few miles, she said.

Hawkins said users who complete treatment at White Deer Run of York make noticeable physical improvements and have a renewed spirit.

The facility takes photos of clients upon admission, and by the time most patients enter the inpatient rehab, they are "really at their worst," she said.

Guilt, shame and low self-esteem bear down on users, but during treatment, as one becomes hopeful for a different life when he or she leaves, those layers peel away and begin to reveal the person inside, Hawkins said.

Sometimes, she said, she catches a glimpse of a patient's photo on his or her chart, and "it's like a com

About PNA

The PNA was founded in 1925, in Washington, PA. Since 1998, it has been headquartered at 3899 North Front Street, Harrisburg, PA, which is also home to its for-profit subsidiary, Mid-Atlantic Newspaper Services, Inc., and the PNA Foundation, a 501(c)(3) non-profit providing education and resources to develop the next generation of news readers and promote the importance of the First Amendment and a free press. Together, the three companies employ 35 staff members.

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