

Needles in the North Country

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Kristy doesn't tell success stories. While other directors of New Hampshire's residential treatment centers tell about the people they've been able to help, hoping that it will earn them donations, Kristy Letendre, the director of Friendship House, tells about a heroin addict who slipped through the cracks. Eddie Sawyer was found dead in his apartment in April 2015. By his phone was a list of every residential treatment center in the state and their phone numbers. All of the names were crossed off. Not a single one could offer him a bed.

I don't remember when I became aware of the drug use in my town in norther New Hampshire, but I do remember heroin suddenly becoming the one everyone was using. I also remember the day when I found out that people in my high school, in my class, were using heroin. I remember the friend who gleefully told me the rumor, because she could never resist a good one – I remember where we were and the color of her skirt (it was black). I wish I could say that I remember my stomach sinking. But I don't. As someone who'd grown up in a community where drug addicts were quickly growing in numbers and had been for years, knowing that people my age were using heroin wasn't a shock. Really, I'd been waiting for it.

In Dr. Celine Gounder's article for *The New Yorker*, she explains that the national spike in heroin use is due in part to the number of narcotic prescriptions written in the past seventeen years. Doctors started prescribing narcotics for long term use in the late 1990s, when patients began seeing advertisements for drugs like OxyContin and

Vicodin. “Many people...bristle at the notion that pain is a fact of life,” writes Dr. Gounder. Patients pushed for their doctors to give them prescription pill instead of trying other methods of relieving pain. But these narcotics are highly addictive. After the prescriptions ran out and insurance stopped paying, the patients-turned-addicts looked for something less expensive. They turned to heroin.

In the past three years we have seen the number of drug related deaths in New Hampshire rise from less than 200 in 2013 to over 430 in 2015, according to political reporter Yasmeeen Alamari. It seems almost vain to say that New Hampshire's narcotic problem is more important than that of other states, because people are dying of overdose all over the country, and yes, this is a national crisis. But New Hampshire is in a unique position, with the third highest drug-related death rate in 2015 and the second worst substance abuse treatment program in the country. In the northern half of the state, an area about twice the size of Rhode Island, there is only one residential treatment facility – Friendship House in Bethlehem, New Hampshire. To put that in context, Friendship House is the closest residential treatment center to my town, and it's an hour's drive away. At any given time, Friendship House can have a waitlist of four to six weeks. At the treatment centers in the southern half of the state, the waitlist is often as long as six months.

A wait of four weeks can mean life or death to a heroin addict. Kristy Letendre told Rachel Gotbaum of Kaiser Health News that “There's a small window of time...when people are ready for help. If they don't get help in that window, the risk of relapse and overdose is very high because withdrawal sickness is so miserable it drives people to use again”. Withdrawing heroin addicts have ten days of vomiting, diarrhea, sweating, shaking, and spasming. Their muscles and bones hurt, they're

cold and then hot and then cold again, and on top of it they're constantly anxious, they can't sleep, and often they're suicidal. And all they want is another hit. Ten days doesn't sound like long, but it's long enough for just one relapse, and one is all it takes. If Eddie Sawyer had been admitted to a treatment center, then he might have lived to see his little girl grow up. And while an alcoholic can be admitted to a hospital to wait out their withdrawal symptoms, heroin and other drug addicts can't. An alcoholic's withdrawal symptoms can include life-threatening seizures. None of the symptoms of narcotic withdrawal are life-threatening, so no hospital will give the addict a safe place to wait out their recovery. That means that miserable, suffering people are at home where they can easily get access to their drug again.

There are medications that, if professionally administered, can ease the pains of withdrawal. In a study done by Lev Langerman et al, a daily morphine injection almost completely eradicated the withdrawal symptoms of eight patients. Only one patient reported craving heroin, and only once. Other symptoms included insomnia, tooth pain, and a runny nose, all of which were mild – the vomiting and shaking that are typical of heroin withdrawal were nonexistent. Most importantly, none of the patients relapsed after treatment, and there were no complications when the morphine injections stopped. These were people who had been addicted for years, and Langerman's method helped them quit almost painlessly. They were observed 24 hours a day for ten days, and then they were done. That was all it took. But the patients need a place to live while going through treatment, and a doctor needs to be present to administer the daily injections and watch over the patients.

The only way to provide proper treatment and help this epidemic is to give funding to residential treatment centers like Friendship House.

They need the money to be able to host more people, to expand the building and property, and to support the heating and electricity costs of treating more people, not to mention the cost of food. And while we've heard plenty of promises, no one is asking where to send the check.

In November of 2015, Senator Jeanne Shaheen (DNH) proposed a \$600 million emergency funding bill to help treatment centers. In Heather Hamel's report for WMUR, Shaheen quoted New Hampshire statistics, but said that her bill would be used to treat the nationwide epidemic, not just the problem in New Hampshire. Governor Maggie Hassan of New Hampshire wrote a column in June of 2016 in the Concord Monitor in which she summarized the work that she and her office had done to stop the statewide epidemic, which included \$15 million invested through treatment centers and law enforcement programs. She made a brief mention of the treatment needed, but spent most of the column talking about law enforcement and what they had done to take out the dealers. Even President Obama promised New Hampshire \$2 million to help fight the epidemic earlier this year.

But where's that money? Giving money to the state is not the same as giving it to the treatment centers. And Friendship House has seen none of it. It's not enough to talk about what we're going to do. It's not enough to tell people that there's a crisis going on – we know that. And it's not enough to throw money at the state and hope that we'll fix it ourselves. Places like Friendship House need money given directly to them, or whatever money they do get will come too late for too many people.

And the money that Gov. Hassan gave to law enforcement, the \$15 million she gave to put drug dealers behind bars? That money will help to fund a system that, despite its good intentions, punishes the people we need to help. The criminal justice system, as Ruben Castaneda said in his

Writer as Witness address at American University, is becoming the new Jim Crow laws. Like the Jim Crow laws, the criminal justice system discriminates against people who have little voice. In this case, it's the lower class citizens who live below the poverty line and may not have had more than a high school education – the people who make up over 40% of the North Country, the northern half of New Hampshire. Law enforcement arrests them for possession of illegal substances and throws them into jail of giving them the treatment that they need. Then the money that could and should be going to treatment centers is instead being given to prisons to support the rising number of inmates.

And those people who are living in poverty make the North Country part of the same stigma that associates heroin use with impoverished Appalachia. When a lower class citizen dies of an overdose, everyone turns a blind eye. It isn't a tragedy – it's their own fault for having such a weak personality. Drug use is dismissed as a problem of the “dumb hicks” and the “white trash,” especially heroin, it's so cheap. That stigma means that the impoverished, rural North Country is forgotten and ignored.

“This epidemic has devastated communities...It affects all of us. But sometimes it feels like folks in Washington don't hear.” These are the words of Pam Livengood of Keene, New Hampshire, as quoted by Amanda Hoover. She's not alone – a lot of New Hampshireites, especially those of us in the North Country, think that Washington doesn't care much for us because we're a smaller state, and because so many of us are poor. And when it comes to the heroin epidemic, we're being proved right. Our people are dying. That means thousands of young adults who didn't get a chance, and thousands of children left without their parents. And that's not something that might happen in the future, it's something that I

watched happen growing up. It's something that Eddie Sawyer's little girl will have to live with. So let's see it, Washington. Prove us wrong. Let Kristy tell some success stories for once.

Works Cited

- Alamari, Yasmineen. "The Crisis in New Hampshire: Heroin Epidemic Steals Spotlight From Politics as Usual." *Rare*, 9 August 2016, rare.us/story/heroincrisisstealsspotlightfrompoliticsasusualinnewhampshire. Accessed 18 September 2016.
- Castaneda, Ruben. "Writer as Witness Address." 7 September 2016, Bender Arena, American University, Washington DC.
- Gotbaum, Rachel. "The Wait For Opioid Treatment Can Mean Life Or Death In New Hampshire." *Kaiser Health News*, 1 April 2016, khn.org/news/thewaitforopioidtreatmentcanmeanlifeordeathinnewhampshire/. Accessed 25 Sept. 2016.
- Gounder, Celine. "Who is Responsible for the PainPill Epidemic?" *The New Yorker*, 8 November 2013, newyorker.com/business/currency/whoisrsponsibleforthepainpillepidemic. Accessed 21 Sept. 2016.
- Hamel, Heather. "Jeanne Shaheen proposes \$600 million to fight heroin abuse." *WMUR*, 23 November 2015, wmur.com/politicsjeannshaheenproposes600milliontofightheroinabuse/36611782. Accessed . 26 September 2016
- Hassan, Maggie. "Hassan: Working across party lines to combat the heroin and opioid crisis." *Concord Monitor*, 28 June 2016, Concordmonitor.com/MaggieHassanworkingacrossaisletoaddressopioidaddiction3051000. Accessed 26 September2016.
- Hoover, Amanda. "At DNC, New Hampshire Grandmother on Heroin Crisis: 'It Affects All of Us.'" *Boston.com*, 5 July 2016, www.boston.com/news/politics/2016/07/25/nhgrandmotherstatesheroincrisisdnc affectsus. Accessed 18 September 2016.

Langerman, Lev, et al. "Preliminary Evaluation of Epidural Morphine for Treatment of Heroin Withdrawal." *Journal of Clinical Anesthesia*, vol. 13, no. 6, 2011, pp. 452-454, sciencedirect.com/science/article/pii/S0952818001003026. Accessed 2 October 2016.