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Heroin additive sowing death

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Injecting heroin is Russian roulette. Heroin depresses the central nervous system, slowing breathing and the heart rate. But in higher doses, it does the job of a sedative, rendering the person unconscious, with possible coma and even death from respiratory failure to follow.



The gamble lies in knowing how much heroin you are injecting; the mix of drug and filler can vary from less than 20 percent to nearly pure heroin.

But a more powerful version of heroin, a combination with the painkiller fentanyl, puts far more bullets in the chamber. The combination drug is 50 to 80 times more powerful than straight heroin - it caused 33 deaths in one week in Detroit last summer.

Raymond Tamasi has seen the change.

"The fentanyl/heroin combination represents tragic potential," said Tamasi, the chief executive officer of Gosnold on Cape, which provides substance abuse and mental health services at six inpatient and eight outpatient facilities across Cape Cod and Southeastern Massachusetts.

"Sometimes, these combination drugs don't get here, but that's one that would present us with significant problems. That's the emergency room nightmare."

Although the state medical examiner's office has yet to find the fentanyl/heroin combination in any autopsies it has performed to date, the state Department of Public Health and the federal Department of Health and Human Services sent out alerts to health providers telling them they should be ready.

New way to handle ODs

Leonard Nelson, executive director of the Cape and Islands Emergency Medical Services System, a county-wide association of rescue personnel, said he advised members to develop new protocol for handling all possible heroin overdose cases.

Rescuers responding to a heroin overdose all carry Narcan, an intravenous solution containing naloxone hydrochloride. It can immediately reverse the effects of a narcotic overdose and restore breathing and

heart functions almost instantaneously.

Unfortunately, it can also send an addicted patient into withdrawal by reversing the effects the body has come to depend on. Nelson said some addicts become irritable, even combative when brought back to consciousness, so emergency workers typically use only enough Narcan to stabilize them, but not wake them up, until they can be hospitalized.

But the effects on the respiratory and circulatory systems of fentanyl are so fast acting and potent that Nelson followed federal health services advice and told rescue workers they should assume every heroin overdose involves fentanyl and bring patients back to full consciousness, as waiting could prove fatal.

Death can come from respiratory arrest, cardiac arrest, severe respiratory depression, cardiovascular collapse or severe anaphylactic reaction. And rescuers may not even know they're dealing with fentanyl because it cannot be detected in routine toxicological screenings for opiates.

The next step can kill

Michael Botticelli, the state Department of Public Health's substance abuse program director, is worried that young people could especially be at risk. What's alarming Botticelli is the rapid rise in prescription drug abuse in the state and on the Cape over the past two years, especially among the young.

The old way of thinking - that the pathway to heroin starts with smoking, drinking, then drugs - is no longer the norm. Now, a kid is more likely to go to the family medicine chest to sneak a painkiller than to raid his parents' liquor cabinet, said Botticelli.

With painkillers like OxyContin costing \$40 a tablet, and heroin just \$4 to \$5 a bag, it can be the next logical, and economical, step.

It is the one that could kill.

The novice user usually snorts the drug. That inevitably leads to the needle, which can deliver more of the drug, quicker. That has changed the portrait of the classic user as an older, urban resident.

"It's an urban myth that heroin is largely an inner-city drug," Botticelli said. The reality, he said, "is likely to be younger, from any geographic region of the state, and likely to have started by using prescription drugs."

Overdoses on the rise

Deaths from opioid-related fatal overdoses skyrocketed by 600 percent since 1990, while overdose fatalities from other drugs rose by just 10 percent, according to the state public health bureau of substance abuse services statistics.

The numbers indicate that between 12 and 17 people a year died on Cape Cod from opioid overdoses between 2000 and 2004, the most recent available data.

That puts the Cape fifth out of 14 counties in Massachusetts, with 6.1 deaths per 100,000 population. Next door, Bristol County, which includes New Bedford and Fall River, had the highest rate of death in the state at 14.6 per 100,000. Hospitalizations for opioid overdoses in Barnstable County have marched steadily up each year, from 208 in 2000 to 347 in 2004.

Anthony Pettigrew of the U.S. Drug Enforcement Agency in Boston said the Cape's heroin supply comes from Latin America, following established cocaine smuggling networks.

"In the last 10 years, we've seen a fairly significant shift from primarily cocaine addiction to opiate addiction," said Tamasi. He said he is seeing younger kids taking prescription drugs from family medicine chests or getting it on the street, then graduating to heroin.

"The dealers are tremendous marketer. They know how to sell the product. They give it away to engage customers for the future."

Close to home

This September, Southeastern Massachusetts, including the Cape and Islands, received the largest portion of a state grant - \$1.8 million of \$5 million - for substance abuse treatment, based on the high rates found in Bristol and Barnstable counties.

Eastham Selectman Russell Sandblom said he wasn't aware heroin addiction was such a pervasive problem on Cape until his 29-year-old nephew died from an overdose around Christmas. Sandblom spoke out at a selectmen's meeting shortly afterward.

"I don't think the general public even thinks about it. They think it's something that happens on the back streets of Hong Kong," Sandblom said.

Sandblom said his nephew had struggled for years, with a lot of family support, to conquer his addiction. But all it took was one moment of weakness to end his life.

"We all second-guess. We think, did we do everything we could?" Sandblom said.

In retrospect, Sandblom felt something had to be done to help others.

"Unless people start talking about it, it will always be under the radar and our kids are going to be in danger."

