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HEROIN'S POISONOUS PATH TO NORTH JERSEY: PART 3

The final piece in The Record's three-part series on the burgeoning heroin business in North Jersey examines the choices New Jersey must make as it tries to get a grip on a spiraling problem that is claiming scores of lives.



HEROIN'S POISONOUS PATH TO NORTH JERSEY

Help stalls in Trenton as frustration grows

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As the scourge of heroin addiction spread across New Jersey, they came forward to tell their stories.

Parents who returned home to find their grown children dead, with needles in their arms. Local police confronting spikes in crimes committed by desperate addicts. Clinicians struggling to keep pace with the growing need for treatment.

These stories – unflinching, painful and emotional – galvanized a state task force created by Governor Christie to confront what it described as “the No. 1 public health crisis in New Jersey ... the skyrocketing use of heroin and other opiates.”

Their testimony and suggestions, born out of front-line experience, were broad and were never presented as cure-alls. But they provided a battle plan to confront the growing crisis: 800 deaths in

2012, thousands more addicted, and no apparent way to stem the steady supply of illicit narcotics haunting New Jersey.

More than a year since the hearings ended, however, the task force's 98-page report languishes in Trenton.

Commissioned in 2012 by the Governor's Council on Alcoholism and Drug Addiction, the report recommends strong oversight of the practices of prescribing drugs, expanded treatment options and new drug education campaigns.

The lack of action on the report, a draft of which was obtained by The Record, has led some task force members to wonder whether their work, instead of being a blueprint for reform, will become simply the doings of another well-intended committee scuttled by bureaucracy and lack of political will.

“I don't think anybody is sitting down and

reviewing this,” said Paul Ressler, a task force member whose son Corey died of a drug overdose. “It’s just kind of on hold. And for all the work that was done, all the time.”

Christie’s office said the governor was waiting for a completed report, while the interim executive director of the Governor’s Council said it was waiting for the governor to appoint full-time leadership in order to complete the report. Last week the heroin and opiates task force disappeared from the Governor’s Council website; there is scarcely any mention of the task force, its hearings or its report.

The report lays out stark data: a 700 percent increase in opiate-related admissions to substance abuse programs over the past decade; a 25 percent increase in heroin-related deaths among New Jersey 18- to 25-year-olds in the past year, many of whom got hooked after experimenting with prescription painkillers.

“The modern-day substance abuse culture in New Jersey has changed in ways that will no doubt shock those who never before considered the possibility that they or their loved ones would ever become addicts, much less heroin addicts,” reads the report. “Many people today do not understand, for example, how a bottle of pills stored in a household medicine cabinet can be linked by a surprisingly short route to heroin that is purchased from street dealers.”

The trend has alarmed authorities, prompting new measures to target street-level dealers, to protect good Samaritans who assist overdose victims, and to encourage the safe dispensing and disposal of prescription pills. The state Attorney General’s



VIOREL FLORESCU/STAFF PHOTOGRAPHER

A staff member and a resident of Spring House, a sober halfway home in Paramus for uninsured, indigent female addicts. Expanding treatment options for addicts is one recommendation from a state task force on heroin addiction.

Office created an opiates task force focused on heroin and pills, pushed to expand the state’s prescription monitoring program, and revoked controlled substances licenses for negligent doctors. Legislative sessions and task forces have been called, bills introduced and signed, but broad reform – to say nothing of the cultural shifts that many say will be necessary to stem opiate addiction – has proved elusive.

“It is time to confront our demons,” the report says. “Our state needs an intervention.”

Candid testimony

The heroin and opiate task force was set up in March 2012 by the Governor’s Council, a group made up of political appointees and state leaders that was charged with producing a “Blueprint for a Drug-Free New Jersey – 2020.”

They gathered research and logged hours of testimony, including from dozens of parents who spoke candidly about their young adult children,



VIOREL FLORESCU/STAFF PHOTOGRAPHER

A woman injecting herself in Barbour Park in Paterson. Opiate use, long a problem in urban areas, is moving into the state's suburban areas.

once thriving students, athletes, employees gripped by opiate addiction, cycling in and out of rehab facilities, hospitals, and prison; many had died from overdoses.

Megan Dumont-Parisi told the story of her son, Patrick, who died in December 2011 at age 21 of a prescription drug overdose at Fairleigh Dickinson University.

Teddy, a young addict from Cherry Hill, was kicked out of the military because of a prescription painkiller addiction; both his parents had lost their jobs and could not afford treatment.

"We are kind of one of those families that has fallen through the cracks," Teddy's father told the task force.

Patty DiRenzo's son Sal was found dead from a heroin overdose in a car in Camden in September

2010 — he had been turned away from countless rehabilitation centers and emergency rooms.

Task force members, including former Gov. James E. McGreevey, First Assistant Attorney General Tom Calcagni and numerous addiction care specialists, expressed alarm at the gaps in the system laid bare during their hearings: lack of education in school districts; paltry insurance coverage for addiction care despite federal laws requiring it; lack of available beds in rehabilitation facilities, many of which appeared to be failing to provide basic services or threw out patients after less than two weeks.

The report urges the Legislature to make the state's prescription-monitoring program a real-time database that would be mandatory rather than voluntary for Garden State physicians. It also urges

medication-assisted treatment, removing zoning board restrictions to building more drug rehab facilities and bolstering education and awareness programs.

“We understand that there is a draft report, and we look forward to reviewing the findings and recommendations when it is presented to the Governor’s Office in its final form,” said Christie spokesman Michael Drewniak, who described the governor as “passionate about drug treatment and addiction issues.”

Celina Gray, acting executive director of the Governor’s Council on Alcoholism and Drug Addiction, said the report “will be released in final form once we have permanent leadership in place at GCADA.”

In the meantime, Gray said, “GCADA will continue to address opiate abuse through its Alliance to Prevent Alcoholism and Drug Abuse, and in partnership with stakeholders across the state.”

Ressler said he was “not happy” with the Governor’s Council, whose leadership, he said, seemed disorganized and disengaged.

“I don’t think much attention has been paid to the organization,” Ressler said. “We are out there trying to do stuff, and everything we try to do gets blocked.”

Ressler said he had reached out to Christie’s office and received no response. “It’s really frustrating,” he said.

Frank Greenagel Jr., a recovery counselor at Rutgers University and the task force chairman, also expressed frustration with the delays.

“If you’ve had the experience I’ve had, you talk to people about these problems and the people nod their head and say, ‘Yes, good idea,’ and then nothing ever comes of it,” Greenagel said in September, pledging that this task force would be different.

In a statement last week, Greenagel expressed disappointment in the report’s delay.

“We wanted to inject a sense of urgency about heroin and prescription painkillers,” Greenagel said. “I understand and appreciate the several interests and stakeholders involved in this process,

and that these things take time. It is my hope that the Report of the Task Force will be released sooner rather than later, but the release is the executive branch’s prerogative.”

Various initiatives

Officials already have started to address some of the issues confronted by the task force. In July, the New Jersey Senate Oversight Committee held a three-hour hearing to discuss insurance coverage and access to substance abuse treatment. In August, Christie moved to create parity in the

state’s mental health and substance abuse treatment benefits for those covered by state health insurance.

The Overdose Protection Act, signed by the governor in May, grants criminal immunity to people who call for help when somebody is overdosing or who administer naloxone, an antidote that can prevent overdose death.

That good Samaritan law, coupled with Christie’s 2012 expansion of drug courts, seemed to mark a significant shift in the state’s drug policy. Calcagni, who has spearheaded many of the state’s reform efforts, has called it “a more enlightened law enforcement approach,” reflecting the importance of “saving lives over making arrests.”

Still, arrests remain the primary tool of law enforcement. County prosecutors have dusted off a decades-old statute that allows them to pursue murder charges against people who supply fatal doses of drugs; Bergen County has charged at least three people in the past 15 months with “strict liability” for drug-induced death.

Earlier this year, the Bergen County Prosecutor’s Office arrested 90 people on possession charges, part of a months-long initiative to draw attention to suburban users going into Paterson for heroin. Two dozen others were booked on an array of distribution charges.

Local police departments, too, have pursued aggressive enforcement tactics. In the first nine months of 2013, Glen Rock police made 200 drug arrests – 70 related to heroin. Many of these were addicts driving through town on their way out of

In 2012, there were 1,188 drug overdose deaths in New Jersey; roughly 800 involved some combination of prescription painkillers, heroin and morphine.

neighboring Paterson.

State and federal officials have also started going after doctors and prescribers, an attempt to stem the abuse and illegal sale of prescription painkillers.

And there are other initiatives under way:

* In July, the State Commission of Investigation released a report on painkillers and heroin addiction, focusing on shady medical practices pumping out prescription painkillers. The commission blamed a lax regulatory environment that allowed corrupt prescribers and pharmacies to operate with impunity, profiting from the exploding demand for opioids.

* In the past three months, the state Attorney General's Office Division of Consumer Affairs has announced moves to strip at least 17 doctors, including several from North Jersey, of their authority to prescribe controlled substances; several pharmacies also have lost their ability to dispense controlled drugs. Most of the doctors were convicted in state or federal courts in connection with illegally prescribing prescription drugs, particularly painkillers.

"There is widespread recognition among us that doctors need to commit to be part of the solution," Calcagni said in September. "And that we've got to do something about reining in the prescribing practices of doctors."

* In May, the Division of Consumer Affairs and the Board of Pharmacy created a set of "best practices" for securing prescription drugs and preventing drug "diversion" and abuse. The guidelines relate primarily to security – keeping controlled substances locked away, installing video surveillance – but also encourage pharmacies to be on the alert for indiscriminate prescribers, forged scripts and drug-seeking customers.

* The Attorney General's Office has expanded the state's Project Medicine Drop; since its launch in November 2011, more than 12,000 pounds of discarded medication has been recorded at 66 locations statewide.

* The state's Prescription Monitoring Program, a database created two years ago as a way for doctors and prescribers to track sales of controlled substances, has been touted as an answer to New Jersey's opiates problem. As of last week, the program had data on 28.5 million prescription sales

for controlled dangerous substances or human growth hormone, and had been used in almost 700 investigations.

But only about 15 percent of the state's 60,000 eligible doctors, prescribers and pharmacists are taking part in the program; some doctors have bristled at efforts to constrain their practices; others say they do not prescribe enough controlled substances to make it worth their while. Making the prescription monitoring program mandatory is one of the central recommendations of the Governor's Council task force on heroin and opiate use.

Lawful entry

The task force report says that for years New Jersey has had "a glut of comparatively inexpensive, high-purity heroin," and attributes the recent "surge in heroin abuse" to the broad availability of prescription drugs. "There are simply more people lawfully using these prescription substances today than in years past."

State Sen. Ray Lesniak in September introduced a bill that would limit insurance coverage of opioid drugs in the absence of a written treatment plan, abundant medical oversight and drug testing. He concedes the bill was "rigid" but says it was an attempt to "start a conversation." Andrew Kaufman, a New Jersey Medical School anesthesiologist on the board of the state Society of Interventional Pain Physicians, said the group was working with Lesniak's office to shape new guidelines.

Lesniak said: "The doctors' groups are effective, to the extent that some feel that any restriction on their practice of medicine, they oppose any restriction, and they are just going to have to get over that. Every profession has bad actors and needs oversight and regulation. You are dealing here with a loaded weapon – opioids are loaded weapons. We have to make sure that we have controls. There's no doubt that we currently do not."

But in a state that is seeking to position itself in the business community as "the Medicine Chest of the World" – according to the HealthCare Institute of New Jersey, a lobbying group, the medical industry contributed \$26 billion to the state economy in 2012 – and that is thick with doctors and pharmaceutical groups, meaningful reform of prescribing practices will be an uphill battle.

Similarly, in a densely populated region with so

many points of entry, so many highways, so much traffic, stemming the flow of illicit narcotics into cities and suburbs is nearly impossible.

And despite the rising death toll, many residents remain indifferent to the ripple effects of drug addiction in their communities: not just deaths, but emergency room visits, property crime, drags on economic activity.

“It is a fact of human nature, people who are directly affected by a crime tend to be more involved,” Bergen County Prosecutor John L. Molinelli said. “With heroin, yes, we have a huge

addiction problem; yes, a lot of people are dying; and yes, the costs – even directly back to the taxpayers – attributed to it is substantial, but they don’t see it. The domino effect is extraordinary, but the average person, unless directly affected by drug abuse, does not hold it in a very high priority.”

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