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My grandparents on my fathers side always made a point to teach me and my brother at a young age the dangers of alcohol. Apparently my grandparents on my mothers side were alcoholics and they thought that we might suffer the same. Though we were warned, alcohol was still quite abundant in the household; so of course as any teenage rebel, I took part in the forbidden drink as early as possible. It was love at first sip I'd say, but not necessarily for the drink itself but for the concept of mind alteration. I had lost my mother at a young age to a car accident and I don't think I really knew how to deal with my own thoughts. I spent my youth trying to ignore or change these thoughts, and the best way I knew was through drugs and alcohol. I made a point to at least try anything I could get my hands on. I remember thinking that no drug could really harm me as I was a strong young man and my body could handle it all. I don't think I recognized my addictive tendencies, even with the hospital visits and therapy sessions. I surrounded myself with people of similar tastes. I could recognize there problems but not my own. I remember actively trying to sway friends from drug use while hypocritically consuming my own on the daily.

Though addicts all of us, we were not beyond saving, and we were not so engulfed in are problems that we couldn't love one another. I saw one of my best friends struggling, I did what I could to help. It got to the point he was disappearing for days, I don't think he wanted to face me when he was using; Maybe I pushed to hard. One day his girlfriend found him dead in the bed next to her. No panic, no hospital visit, just gone. To this day it seems unreal. Since then I've seen it happen again and again. Each time seeming more and more detached from reality. How could this be real life? The invincible youth, so strong one day and gone the next. I've become an expert in the transient nature of life and with my short time I've decided to try my best to make those I've lost proud.

DJC

Growing up we're warned, addiction begins from seemingly benign circumstances, a beer, a cigarette, enjoyed a year or two too early for the comfort of the moral majority. One friend just a little too twisted, a party, or one poor choice. In my own case, the looming tribulations of loss and the loss of control began before I was even born. An aunt became a casualty of this epidemic 20 years even before my birth. A victim of the plight of finding a good vein, then victimizing her own flesh and blood for one more hour, minute, or second of solace from the ever present urge to detach from reality.

Then my stepfather, a man i idolized, underestimated his own body's tolerance before my 9th birthday. My mother picked up roots to shelter me from the same demons seemingly chasing my family already. And eventually though, I came across them, and met a few myself. What began as the need for social acceptance and inclusion, the pushing of the boundaries of human consciousness ended with 3 deceased associates, so far, and a handful of survivors as friends. All off us seeking different answers than when we began, and now seeking solace from our own demons we had now created.

DBS





An Epidemic

Increases in Heroin Overdose Deaths

Nationally, death rates from prescription opioid pain reliever (OPR) overdoses quadrupled during 1999–2010, whereas rates from heroin overdoses increased by <50%.* Individual states and cities have reported substantial increases in deaths from heroin overdose since 2010. CDC analyzed recent mortality data from 28 states to determine the scope of the heroin overdose death increase and to determine whether increases were associated with changes in OPR overdose death rates since 2010. This report summarizes the results of that analysis, which found that, from 2010 to 2012, the death rate from heroin overdose for the 28 states increased from 1.0 to 2.1 per 100,000, whereas the death rate from OPR overdose declined from 6.0 per 100,000 in 2010 to 5.6 per 100,000 in 2012. Heroin overdose death rates increased significantly for both sexes, all age groups, all census regions, and all racial/ethnic groups other than American Indians/Alaska Natives. OPR overdose mortality declined significantly among males, persons aged <45 years, persons in the South, and non-Hispanic whites. Five states had increases in the OPR death rate, seven states had decreases, and 16 states had no change. Of the 18 states with statistically reliable heroin overdose death rates (i.e., rates based on at least 20 deaths), 15 states reported increases. Decreases in OPR death rates were not associated with increases in heroin death rates. The findings indicate a need for intensified prevention efforts aimed at reducing overdose deaths from all types of opioids while recognizing the demographic differences between the heroin and OPR-using populations. Efforts to prevent expansion of the number of OPR users who might use heroin when it is available should continue.

In February, 2014, CDC invited state health departments to submit data from their mortality files for the period 2008–2012 if they judged those files to be substantially complete and if the causes of death had been coded by the International Classification of Diseases, 10th Revision. Participating states had the option of submitting resident deaths or deaths that occurred in the state. States submitted annual counts of deaths with an underlying cause of drug overdose of any intent (codes X40–X44, X60–X64, X85, Y10–Y14). They also submitted counts of subsets of the overdose deaths, those involving heroin (T40.1) and those involving OPR (T40.2–T40.4). States also provided the demographic distributions of these types of overdoses.

CDC calculated annual heroin and OPR death rates per 100,000 using bridged-race population estimates† for each state and for the combined 28 participating states.§ Because examination of state rates revealed pronounced increases in heroin death rates for most states in the study after 2010, CDC calculated changes in rates by demographic characteristics for the period of increasing rates only from 2010 to 2012. The correlation of change in state heroin overdose death rates with change in state OPR overdose death rates was examined both overall and for specific demographic subgroups. Statistical significance of changes in rates was tested using z-tests when rates were based on 100 or more deaths and examination of confidence intervals from gamma distributions when rates were based on fewer than 100 deaths. A weighted Pearson's correlation coefficient was used to examine the correlation between state level heroin and OPR death rate changes, with weights proportional to the state's 2012

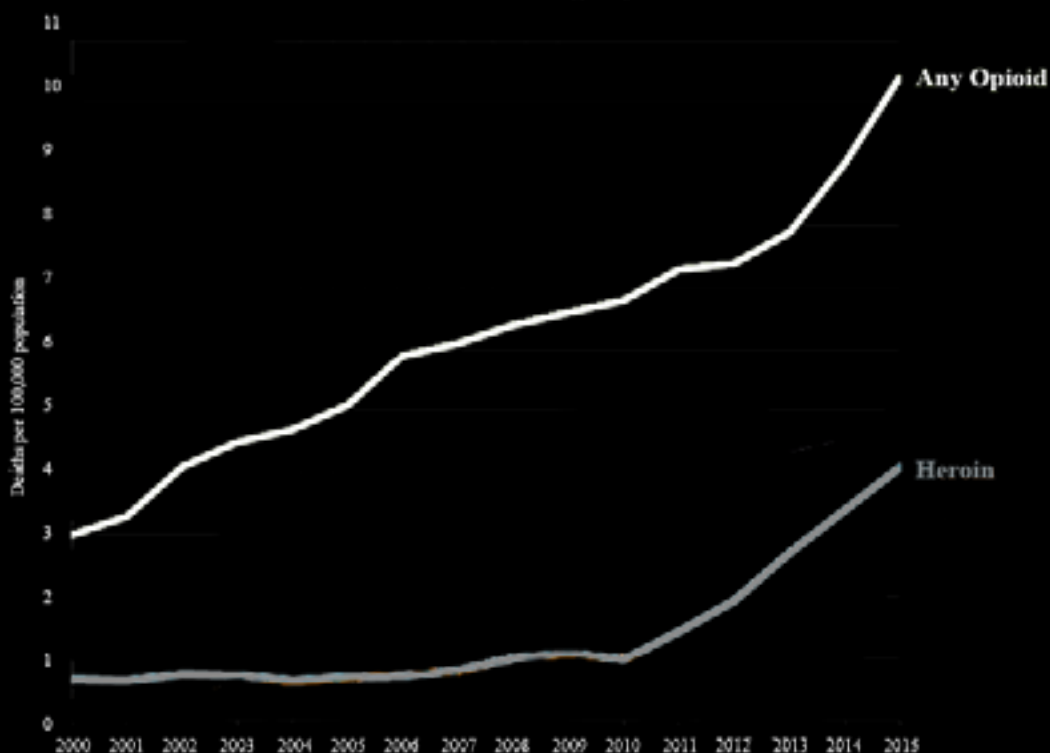
population. Test results with $p \leq 0.05$ were considered statistically significant. The death rate from heroin overdose doubled in the 28 states from 2010 to 2012, increasing from 1.0 to 2.1 per 100,000 population, reflecting an increase in the number of deaths from 1,779 to 3,635 (Table). Comparing the same years, the death rate from OPR overdose declined 6.6%, from 6.0 to 5.6 per 100,000, a decline from 10,427 to 9,869 deaths. The overall drug overdose death rate increased 4.3%, from 13.0 to 13.6. Heroin death rates increased after 2010 in every subgroup examined. Heroin death rates doubled for males and females, whereas OPR death rates declined 12.4% in males and were unchanged in females. Heroin death rates increased for all age groups, whereas OPR death rates declined for age groups <45 years. OPR death rates increased for persons aged 55–64 years. Heroin death rates doubled in non-Hispanic whites and Hispanic whites, and nearly doubled in blacks. OPR death rates decreased 8% in non-Hispanic whites and remained level in all other races/ethnicities. The Northeast and South had

much larger heroin overdose death increases (211.2% and 180.9%, respectively), than the Midwest and West (62.1% and 90.7%, respectively). OPR death rates declined only in the South.

Comparing 2010 to 2012, trends in heroin and OPR overdose death rates varied widely by state. Of the 28 states, five states had increases in OPR death rates, seven states had decreases, and 16 states had no change in the OPR death rate. Of the 18 states with heroin overdose death rates based on at least 20 deaths, none had a decline (Figure 1). Increases in heroin overdose death rates were significantly associated with increases in OPR death rates ($r = 0.47$, $p = 0.05$). Similar patterns in the death rates for males and non-Hispanic whites, the two populations with the largest numbers of heroin deaths, also were observed, but the associations were not significant.

In 2012, the age group with the highest heroin overdose death rate was aged 25–34 years, and the age group with the highest OPR overdose death rate was aged 45–54 years. The racial/ethnic population with the

Overdose Deaths Involving Opioids, United States, 2000-2015



highest death rate for both heroin and OPR was non-Hispanic whites (Figure 2). The death rate for heroin among males in 2012 was almost four times that among females, whereas the death rate for OPR among males was 1.4 times that among females.

Discussion

Combined mortality data from 28 states, encompassing 56% of the U.S. population, indicate an increasing problem with fatal overdoses from heroin from 2010 to 2012. Death rates from OPR declined overall but remained more than twice as high as heroin overdose death rates. Changes in heroin death rates were positively correlated with changes in OPR death rates. Mortality from overdoses of any type of drug rose slightly.

The increase in heroin deaths parallels increases seen in individual states reported previously (1–3). Kentucky reported a 279% increase in heroin deaths from 2010 to 2012 (1). In Ohio, the number of heroin deaths increased approximately 300% from 2007 to 2012, with men aged 25–34 years at highest risk for fatal heroin overdoses (3). Mortality data for the United States show a 45% increase in heroin deaths from 2010 to 2011, the largest annual percentage increase since 1999. The increasing death rate from heroin also is consistent with the 74% increase in the number of current heroin users among persons aged ≥12 years in the United States during 2009–2012 (4). Nationally, OPR death rates from 2010 to 2011 were stable (5.4 per 100,000), although there was a slight increase in the number of OPR deaths.

The rapid rise in heroin overdose deaths follows nearly 2 decades of increasing drug overdose deaths in the United States, primarily driven by OPR drug overdoses (5). The number of persons using OPR nonmedically on a frequent basis also has grown (6). From 2002–2004 to 2008–2010, past year heroin use increased among persons reporting frequent nonmedical use of OPR, from 62.0 to 94.7 per 1,000. Moreover, the only increases in past year heroin use were observed among persons who reported past year nonmedical use of OPR (7). In a sample

of heroin users in a treatment program, 75% of those who began opioid abuse after 2000 reported that their first regular opioid was a prescription drug. In contrast, among those who began use in the 1960s, more than 80% indicated that they initiated their abuse with heroin (8). Persons who initiated heroin use after 2000 have reported that heroin often is more readily accessible, less expensive, and offers a more potent high than prescription opioids (8). Although some persons might be discontinuing prescription opioids and initiating heroin use as a replacement, results from this study indicate that recent heroin death rate increases were not significantly associated with decreases in OPR overdose mortality. Numerous risk factors contribute to drug-specific use and overdose death rates (3,8). For example, an increase in overall heroin supply and greater availability of heroin in some parts of the country might contribute to the trend and variation observed in heroin mortality.¶ More than three out of five drug overdose deaths involve an opioid. Opioids are substances that work on the nervous system in the body or specific receptors in the brain to reduce the intensity of pain. Overdose deaths from opioids, including prescription opioids and heroin, have more than quadrupled since 1999.1 Overdoses involving opioids killed more than 28,000 people in 2014.1 Over half of those deaths were from prescription opioids.

“Increases in Heroin Overdose Deaths — 28 States, 2010 to 2012.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 03 Oct. 2014. Web. 02 Mar. 2017. <<https://www.cdc.gov/mmwr/pre-view/mmwrhtml/mm6339a1.htm>>.



An Interview

Q: What was ur first introduction to hard drugs? pretty much anything other then weed. just like the first time you were around them, not necessarily partaking

A: In seventh grade, I was eleven I think, I was staying over at a friend's house with another friend. The other friend suggested we snort some painkillers from the medicine cabinet. We all got pretty fucked up (messed up?) and passed out. In the morning, My friends grandparents found crushed up pills on the table and told my parents. I went home and slept for a while and didn't try hard drugs again until I was 13 and at a private school.

Q: How did you feel about that experience at the time? did you think you had done anything wrong

A: I don't think so

Q: Tell me about the time when you were 13

A: I took mushrooms with some friends at the boarding school. One of them lived nearby and we walked to his house because his parents weren't home. I remember during the walk I started to giggle, and I hid my face because I was embarrassed that the drugs had hit me so fast. I was laughing uncontrollably by the time we got to the house. I spent what felt like a few hours laughing and looking at the pictures of my friend's family, their facial expressions changing into funny shapes. I called my sister and told her, she told me to be safe. It was a good experience. I came off it feeling like I knew more about existence or life or something, but I felt pretty normal the next day. Also, I had been smoking pot almost daily for about a year at this point.

Q: When did you first try opiates?

A: I'm not sure, but I remember that both of my parents had at least one bottle of vicodin at their houses and starting in 9th grade sometime I started to steal 1 or 2 at a time until they were gone. My parents never really noticed, I don't think.

Q: Why did they interest you?

A: I think I wanted to be "numb," maybe. Because I heard they do that. But also probably because friends did them with me. I pretty much did whatever I could get my hands on or afford.

Q: What do you think drew you too drug use in general? just the social aspect or?

A: Drugs always made social interactions easier. And they gave me a reason to be hanging out with some people, I guess. But I also loved being high and was super depressed.



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Q: Tell me about your first time trying Heroin.

A: I was 17. I'd been injecting cocaine for about a year and I wanted something that would keep me high longer and that would cost less. I hung out a lot at my friends' house in Queens and one night, while we were sitting on a corner somewhere by Queensbridge in Manhattan, I think, waiting for our coke dealer, a couple guys asked if we wanted to buy ecstasy. I had done a lot of ecstasy in high school and think it's gross now and probably just meth, but I asked them if they could get heroin. They said they would find some way uptown where they lived. I had actually already injected other opiates. I extracted oxycodone pills and opana which are pretty strong, but the stuff off the street was easier, cheaper, and less messy so my friends and I became regular customers.

Q: Did you feel like your drug use was a problem at the time?

A: Never, My parents tried to get me to go to rehab once or twice though, One time I just put toilet water in the drug test cup and that was that

Q:What did it take for you to decide you had a problem?

A: The first time I went through withdrawals, I decided I wouldn't again. Not that I would stop using heroin, but that I wouldn't use it daily and to the point where i would be sick without it. I had spent about 3 months at this point using it daily after about 2 years of casual (mostly contained to weekends). My mom decided to take me and my girlfriend at the time to the beach. We forgot to bring any drugs and for three we didn't sleep and basically cried and got drunk on the beach and fucked and cried more. it was miserable. But it wasn't that bad. After that, my girlfriend moved back to Georgia and we both 'attempted' to get clean.

Q: How hard was it totally kick? you relapsed a few times?

A: I don't know that I would call it relapse, because I 'tried' to stop over the course of like 6 months. But I still did it fairly often.

Q:have you lost anyone to drug use? were you using at the time?

A: One night in October, I think, a friend convinced me to come out and pick-up with him. When we got to our other friend's apartment in the next town over, he didn't answer his phone so we just walked in. he was hovering over his roommate, who I knew fairly well (who weighed like 300 pounds, at least). The roommate was passed out on the coffee table, lips turning blue. And this is where is all is just fucked up and I hate myself for not knowing better, but the three of us carried him into the bathroom, without ease. And this is where is all is just fucked up and I hate yself for not knowing better, but the three of us carried him into the bathroom to splash water on him, because that's what idiots do, and we were idiots. It took us at least 10 minutes, maybe, to call for help (which probably decided the outcome). I remember thinking and saying that 'I'd seen this plenty of times' and I had and I thought it would be fine. My friend given directions for CPR over the phone by a woman on the other end and then he gave me the phone to keep her on the line. Both of my friends went to let the first responders and cops into the apartment. I stood there and stared at him on the bathroom floor, he was still taking a few intermittent gasps but they became fewer. Blood pooled in his mouth from a cut he must have gotten while we carried him in there; it mixed with the water and stained his white shirt like a red tie-dye. Af-

ter the cops and everyone came in, we stood outside in front of the Chinese restaurant, downstairs from the apartment. When they pulled him out on a stretcher, one cop asked if why we didn't call sooner. He died. the friend who's apartment it was has since died from overdose. One of my closest friends and neighbor through high school died from overdose. Probably ten other kids near my age that went to my small high school too.

Q:I guess my last question is just if you have anything ud say to a struggling user? or maybe a younger you?

A: I wrote an essay about this story and the importance of being CPR certified, because I think if any of us had been, the situation may have turned out differently. So I really encourage that.

I would say to a struggling user that they have to replace drug use with something positive, like exercise or a creative outlet. I know its fucking hard, but you have to want to change and when that happens, it's important to know that people do care and want to help you. Someone does, I promise. But don't be a shit-head and use people and relationships as an unhealthy crutch either; everyone should be aware of that, though.

Forrest Rzyz-Ryski





