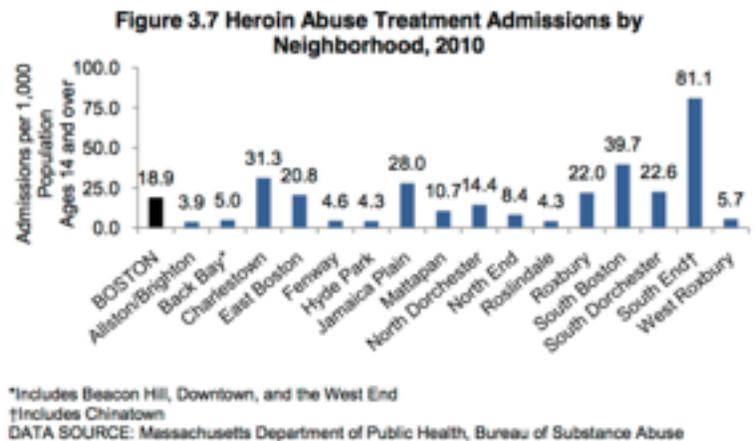


Baker's Opioid Resolution Not Enough For Current Addicts Maura Barrett

SOUTH BOSTON - Jeff Oddie, 49, has overdosed on heroin five times in the past year. He was lucky that he was with a friend to help him each time, but that's not always the case in South Boston. The neighborhood averages 48.4 substance-abuse deaths per 1,000 residents according to the most recent data from the Boston Public Health Commission. This surpasses the citywide rate of 18.9 deaths per 1,000 residents and Boston law enforcement estimates that heroin use is up by almost 50 percent from just last year in the city.



Oddie has described himself as an addict for twenty years now, only successfully staying clean for a three year stint before he fell to the addiction again. Holding a cigarette in between his fingers, he sat on the porch of the Fourth Presbyterian Church on Dorchester Street following a Narcotics Anonymous meeting, where he called heroin “the work of the devil.”

“The disease of the addiction makes you do things without your own permission,” Oddie said, “You swear you’re not gonna use but then the disease talks to you in your own voice. It says ‘Everything’s gonna be okay if you use, it’s gonna be fine this time.’ But then its not.”

This Narcotics Anonymous meeting at the church is one of 86 NA meetings offered throughout the week within a 5 mile radius of the South Boston neighborhood. George Q, who would not provide his last name because of the practice of NA’s commitment to anonymity, is the leader of an NA meeting on Friday nights at the Tierney Learning Center. He says that these meetings are “something that South Boston needs, due to the great drug problem in the area.”

Stemming from the fellowship program of Alcoholics Anonymous, Narcotics Anonymous has a similar program with 12 steps. But, NA also provides special literature, pamphlets and daily meditation that are directed more towards narcotics abuse than alcohol. George has been clean from his addiction for 19 years and credits his success to the fellowship and consistently attending meetings daily.

The general path for an addict on the road to recovery is entering a detox center for 4 to 5 days, then a halfway house, followed by Transitional Support Services, which is a short-term residential option with a safe and structured environment to support the recovery process after detoxification, according to the National Institute on Drug Abuse.

“You swear you’ll never put yourself through it again,” said Oddie, who’s gone through detox multiple times, “I purposely torture myself to get through. You’re constantly on the bathroom floor, throwing up. And then there’s the shakes and kicking and flipping and flopping. You can’t sleep, you can’t eat.”

Massachusetts Health and Human Services offers multiple abuse service paths. There are options for residential treatment both for less than or more than thirty days, along with outpatient counseling and aftercare or recovery support groups like NA.

George knows all too well what happens when NA doesn't work. His son died of an overdose four years ago. He was just 28.

"He wasn't following the support of the fellowship. He couldn't stay clean," said George. Before he found NA, George struggled with his addiction to the point of homelessness, and stints in and out of prison for 15 years after committing crimes to get money to fuel his need for a high. He was introduced to the NA fellowship while he was in prison, but the importance to get clean didn't stick until the birth of his son.

The Boston Public Health Commission reports that heroin remains readily available through the New England area in all forms, ranging from a bag costing \$6 to \$50. A dose of heroin costs about one tenth of the price of one OxyContin pill. Since 2002, purity of heroin in the Greater

Boston area has decreased 35 percent, according to the Boston Public Health Commission. Heroin is commonly laced with fentanyl, decreasing the price, but the combination of this narcotic pain reliever with heroin has caused more overdoses than with pure heroin.



George attributes the growth in popularity of heroin addiction to both the cheaper price and the less of a societal stigma associated with heroin. He said in his forty years of being exposed to the community, "its never ever been this bad."

"Before, addicts would hide. The addiction and recovery aren't hidden anymore," George said. "There's less of a societal stigma now," he added, noting how visible drugs on the street and among the homeless. He specifically pointed out the high visibility near the Boston Medical Center, but this could be attributed to the Methadone Clinic and Opioid Treatment Center at BMC.

Oddie has been through detox four times in the past year, and he's noticed a change in clientele demographics since his other experiences over the past 20 years.

"The problem now is with the epidemic, so so many people are using," Oddie said, "It's insane. There are 17 and 18 year old kids with track marks in the detoxes I've been in recently, and then getting into further treatment is almost impossible."

The impossibility to forward his treatment comes from the lack of space in halfway houses and TSS. Oddie would like another shot at detox, but is worried about keeping his job, as he said his employer has been understanding in the past but doesn't know how many more chances he'll get.

Governor Charlie Baker made the opioid crisis a hallmark in his campaign for governor and has proposed a \$27.8 million initiative to combat addiction. His plan focuses on four key elements: prevention, intervention, treatment and recovery support. Baker emphasizes the importance of substance use prevention education in schools along with the creation of new pathways to treatment. Acknowledging addiction as a chronic medical condition, he plans to introduce multiple entry points into treatment and recovery. One step in place is the goal to have added 100 beds to halfway houses in Boston by July 2016.

But this addition may not be enough. George is skeptical of one of the systems currently in place in detox, where addicts are given methadone to help them taper off of heroin without as much withdrawal. This is referred to as “harm reduction modality,” sponsored by a government grant introduced in 2012.

“Halfway houses used to promote abstinence 100 percent,” George noted, “Except now, they give you other drugs in treatment, so the addicts are doing those drugs on top of the street drugs. Now, 25 out of 30 slots in a given halfway house are hooked on methadone and aren’t asked to leave.”

Methadone is an alternative opioid medication that reduces withdrawal symptoms in people addicted to heroin or other narcotic drugs without causing the “high” associated with the drug addiction, according to the US National Library of Medicine. George argues that heroin addicts then instead get addicted to the methadone, or another common alternative, suboxone.

Robert Allison, a South Boston resident, said that in the neighborhood, the area by the housing projects on James O’Neil Street is known as “Methodone Mile,” because of the heavy population of addicts.

Oddie has found that only heroin ever takes care of his cravings for a high; alternatives like methadone and Suboxone don’t help him the way they’re intended to. He also spoke of addicts resorting to other drugs on top of heroin.

“People end up doing Klonopin and Xanax because they’re not even getting high from the heroin anymore, and then it’ll snowball and it’s crazy,” he said, shaking his head. “I won’t do them, because I know I’ll overdose. Once I do a Klonopin, you better break out the Narcan because otherwise I’m dead.”

Narcan is a recently introduced antidote for heroin overdoses. Several police stations in the city have this treatment on hand and is available to friends and family of heroin addicts, as of 2014.

Even with this solution, overdose can’t be completely avoided and those close to addicts are constantly questioning what it will take for their loved ones to stay clean for good. Laretta Brennan, 39, has lost two brothers and her child’s father in the past year to overdose.

“It’s a big problem in the neighborhood,” Brennan said, “And I don’t know what can be done to fix it. I couldn’t even figure it out with my brothers and they were so close to me. I’ll never know what drove them to constantly use after fighting to get clean.”