

“...Heroin Is The Doorknob To Hell!”

I heard those words uttered by a Vietnam veteran in 1972 in a heroin treatment program in Miami as he described the horror of war and, for him, the worst horror of becoming addicted to pure heroin on the battlefield of Vietnam – as if fighting one war wasn’t enough.

It was his ‘good’ fortune that the package of pure heroin he had sent home was detected by a ‘sniffer’ dog at the Miami Airport, and he was arrested and diverted to a treatment program under the Narcotic Addict Rehabilitation Act.

Over the past 45 years, as Director of Alcohol and Drug Abuse Programs in Vermont for six years in the 1970’s, followed by 20 years as Director of The Howard Center in Burlington – the largest substance abuse program in Vermont, and then 8 years in the Vermont Senate where I chaired the Health and Welfare Committee and sponsored the law allowing the use of methadone in the treatment of opiate addiction, I have experienced many challenges relating to the treatment of addictions. But nothing has shaken me more than what has happened in Vermont, and elsewhere, with the explosive and pervasive use of opiates, especially heroin. From a blip to a problem to a crisis to an epidemic – where does it end?

I have often thought of that soldier, and whether, against the odds, he was able to live a straight and clean life. I remember his “doorknob to hell” words as this plague destroys so many Vermonters, both the addicted and their families, the other victims. There is little immunity and no sanctuary from its reach. In the past 18 months, three members of my extended family have died of overdoses in Vermont. Who could imagine such pain.

I applaud Governor Scott’s commitment and plan to address this crisis in an organized manner, and I offer the following thoughts and suggestions in hopes that they might be helpful.

To state the obvious, this is a matter of supply and demand. No matter how effective enforcement and interdiction are, they cannot succeed without a significant reduction in demand. As long as demand persists, a supply/supplier will find it.

These efforts must thus be coordinated and, to the extent possible, integrated – not an easy charge. The Governor’s overarching plan is key, especially the cabinet level governance protocols put in place, and the ability to engage all branches of government, and at multiple levels, in a unified effort. Clear expectations and accountability are central.

LAW ENFORCEMENT

In my view, Law Enforcement includes all parts of the criminal justice system – police, prosecutors, the courts, defense and corrections. Police enforcement must be united at the federal, state and local levels. I expect it is working well now, but it must be stated that the

work of the federal Drug Enforcement Agency in Vermont must be linked with state efforts. The DEA has interstate and international ties, information and resources essential to Vermont's efforts.

With 14 Sheriffs' Departments, multiple local departments (at least 9 in Chittenden County), and the statewide State Police presence, the issue of resources and their deployment is challenging, especially since the law of supply and demand neither knows nor recognizes any territorial or jurisdictional boundaries. Drug enforcement must be unified within and across all jurisdictions.

Most local departments do not have the capacity for concentrated and specialized drug enforcement. But these communities must not be ignored. This requires a statewide plan and leadership for effective enforcement, including the deployment of local police, where possible, within regional/multi-agency drug enforcement units.

I recommend that these efforts be placed under the leadership and direction of the Commissioner of Public Safety. In the absence of clear leadership, fragmentation and division too often are the outcome.

With respect to prosecution, the Attorney General, the United States Attorney for Vermont and the 14 State's Attorneys must be on the same page. This is especially true for the State's Attorneys, though it does not appear to be the case presently. To hear that each county prosecutor is independently elected and thus accountable to the voters of her/his county is both to state the obvious while, at the same time, begging the question. Leadership from the Attorney General, as well as from the Office of State's Attorneys and Sheriffs, will be necessary to ensure that 'best practices' are standard and universal rather than selective and local in their implementation. The Legislature, in particular the Judiciary Committees, may be helpful here.

The voices of the defense bar must also be acknowledged and heard, as they often are the bridge between punishment and treatment.

And the Judiciary, though independent, should not be excluded from the expectation of 'best practices' in the operation of so called 'Drug Courts'. Through education and training, there should not be wide disparity between courts and judges. In my experience there are few motivators more powerful than the active engagement and leadership of a presiding judge. This leadership should not be isolated to a few on the bench.

Corrections is often the 'end game' in the criminal justice intervention with those convicted of drug related crimes. With 'leverage' applied especially through Probation and Parole at the community level, Corrections is a key player in both the accountability and rehabilitation aspects of dealing with addiction.

TREATMENT

Effective treatment is the cornerstone of success in battling addiction. There are a number of models and modalities, including self-help, which are necessary in the continuum of care. Presently, however, there appears to be serious questions and gaps in Vermont's efforts to provide high quality and accessible treatment. For example, to have a list of hundreds waiting for admission to treatment can only be viewed as both an example of the extent of the problem and the failure of an adequate response. We must remember that the waiting rooms for these hundreds are our jails, hospital emergency rooms, and, sadly, our funeral homes. To think otherwise is to practice a cruel and deadly form of denial because addicts do not wait quietly and drug free.

I would suggest that the recent decision of Maple Leaf Farm to suspend new admissions for 30 days is equally troubling, and another sign of the stresses facing treatment providers.

I must emphasize that the treatment needs in Vermont demand a thorough review and acknowledgment that more resources are needed – especially money. We cannot play a high stakes game of hardball confronting this huge problem while using a whiffle ball bat.

The examination should include, among other variables and elements:

- The demand for treatment vs capacity
- What modalities are needed and what do we have
- What is the effectiveness of these treatment modalities
- What information/data do we have to measure the effectiveness
- What is the cost of the various modalities of treatment, and how are we financing them, e.g., fee per unit of service, or funding capacity in a program (perhaps by using a form of block grant
- What is the distribution of treatment resources around the state

These evaluative questions could go on, but the point I make is simply that the status quo isn't working. We must examine critically our work vis-a vis what works.

As part of this review, I suggest that Vermont explore with neighboring states the possibility of jointly funding residential programs to ensure that each state has greater capacity than what it can afford to provide by itself. Again, these challenges are not contained by borders and require collaboration within and between states.

PREVENTION and EDUCATION

I have saved my comments on Prevention and Education to the last because I find them the most challenging and difficult to address re: opiate use/abuse and addiction. To describe the

allure of heroin as “the doorknob to hell” somehow sounds like a sufficient enough deterrent to stop a potential user dead in her/his tracks. But sadly, for whatever reason, that often is not the case, and we know the consequences.

With leadership from educators at both the state and local levels, we should examine and evaluate our prevention and education programs and efforts, as we search for effective and state of the art ‘best practices’. We may be practicing some of them, but they remain elusive and unknown, at least to me. The Secretary of Education should be charged with leading this work that must reach both students and parents, remembering always that there is no immunity.

On a more positive note, I believe we are making progress in reforming and monitoring the prescribing practices of physicians re: pain management and other uses for opioids in treatment practices. That we even had/have a problem requiring reform speaks to the depth and breadth of our challenge.

We must not forget our colleges across Vermont. They too are facing similar challenges, and can benefit from uniting in their efforts to protect and be resources for their students.

In all of these efforts, whether an individual, a family, a school or community, we must remember that isolation is the enemy of an effective strategy.

DATA and INFORMATION

From enforcement to treatment to prevention, the so-called ‘War on Drugs’ must be informed by facts and information, rather than driven by fear and generalities.

From the perspective of enforcement, what types and quantities of drugs are being interdicted and where. Who is being arrested (by age, gender, community of origin, and type of drug); what is the disposition of these cases – drug court, jail, probation, treatment. And, most critically, what are the long term outcomes of these interventions.

With respect to treatment, there are some dynamics and realities that must be understood: First, addiction is characterized more often than not by relapses. While discouraging, they are to be expected and not regarded as failure. It is, after all, a chronic condition.

Secondly, self-help efforts, such as Alcoholics Anonymous and Narcotics Anonymous (as well as family support groups) are essential foundations and components in treatment, and must be recognized as such. It is not an ‘either/or’ approach, but rather ‘both/and’.

Third, treatment must be individualized. While there are commonalities in treating addicts, there are no 'cookie cutter', one size fits all approaches. I don't know whether it is still the case, but years ago there was essentially one prescribed length of stay for residential treatment for alcoholism – 28 days, as determined by insurance companies. Not 25 or 30 days, but 28 days. You're well and discharged. Good luck.

Historically, residential treatment of drugs (especially opiates) other than alcohol has required longer stays. I don't know if that is still the case, though I suspect it is, but my recommendation re: treatment is to assume nothing. Do a thoughtful and thorough analysis of Vermont's needs, what is provided now, and how do we compare with 'best practices' around the country. There are no pat formulas, so it might be worthwhile to engage an outside expert to help review and critique our efforts and make recommendations re: Vermont's approaches in the areas of treatment.

Finally I urge an immediate evaluation of how to deal with the waiting list of hundreds. Doing nothing is unacceptable, even cruel, and I believe has a negative effect on treatment once someone 'survives' the wait. It also discourages addicts from ever seeking treatment. This is a crisis within a crisis.

LEADERSHIP

There is no substitute for leadership and commitment, as demonstrated by Governor Scott, especially when it is embedded in the very governance structure of the government he leads and in the resulting expectation(s) and accountability of his appointed leaders.

This leadership extends well beyond the Governor's statutory authority over the Executive Branch, to his moral authority as the elected leader of all Vermonters. This moral commitment cannot be underestimated. But it must be complemented by the designation by the Governor of someone to organizationally lead this effort on a day to day basis, someone who not only can speak for the Governor, but has sufficient status and credibility to be regarded as a leader on their own.

In addressing the challenge of addiction, and of opiate addiction in particular, it is clear that there are no quick or easy fixes, and, realistically, there are no final victories. But these steps, taken decisively, with direction and commitment, can make a difference in caring for those addicted, and giving hope to the people of Vermont – all of us affected in one way or another by this scourge.

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