Anti-Heroin Task Force Community Conversation
Penn Manor High School -- March 21, 2017
Responses to Community Questions

The following are questions from the audience that were not answered during the presentation and responses from panelists Amy Sechrist, prevention specialist at Compass Mark; Dr. Joseph Troncale, family physician; and Rebecca Moyer, a former drug abuser.

1. As a landlord, I see tenants dealing with addictions. Spending their welfare and disability checks on illegal drugs. Is there someone that would want to meet these people to help? I mean come and talk to them at their apartment because they are in denial. Which vendor should I look at?

Amy Sechrist: The closest service would be an intervention, which the landlord would have to pay for. Empowering for Life is one source of interventions in Lancaster County. A landlord, however, is in a good position to offer consequences to people suffering from addiction. Their disease affects the way the brain works; only pleasure is important to them, and they don't have normal access to the parts of the brain that help them make good decisions. Therefore, structure needs to come from outside of them. A landlord can provide that kind of structure by meeting with tenants, clearly stating expectations, and then following through with the negative consequences.

If done in a caring manner, with offers to assist tenants in finding treatment, a landlord will be acting with healthy personal boundaries that may move tenants toward health. It does take a commitment of time and energy, however. The bottom line is that any time a landlord prevents someone from experiencing the consequences of their addiction, they are enabling that person to remain sick, and lowering the chances that they will seek help. Each landlord must decide what they feel they can afford, both financially and emotionally, to do, and must feel good about their decisions. Compass Mark staff are available to talk through this process with.

Rebecca Moyer: My experience as an addict is that I did not face the reality that I had a problem until people in my life stopped enabling me. I had to have consequences. Very real, very painful consequences. Only then was I uncomfortable enough to look at my situation and do something different.

2. It's easy to recognize kids with trauma but how do you reach those with the inherited gene since it's not readily identifiable?

Rebecca Moyer: Based on my experience as a youth that used drugs, I believe that prevention and education is the best possible solution now. Collaboration amongst all the agencies and government is an important part of this.

Amy Sechrist: Someday, perhaps, we'll have interventions tailored to individual gene profiles, but right now we work with what we have:

- our knowledge of a child's life;
- the child's observable behaviors.

We can support children as family members, as educators, and as community members, based on these two items.

Addiction-prone genes make children more susceptible to becoming addicted to alcohol, tobacco, other drugs and gambling (ATODG) *once the child uses/engages with them.* The child may feel a more vivid high when using or gambling, and may have fewer negative symptoms, such as nausea, headache, paranoia, etc. Their brains latch on to ATODG more quickly and move through the stages of abuse toward addiction more quickly. That's biology.

Then add in environment- having addicted relatives may increase risk by normalizing attitudes towards ATODG, or the child may experience trauma due to abuse or neglect, and may try to fill the resulting "hole in their soul" by getting high. Addiction in a child's environment ups the risk of them becoming addicted by *causing them to use ATODG*. *Most addicted people have both genetic and environmental causes.*

So- whether we're a loved one, friend, pastor, teacher, or coach, we need to intervene and help a child get extra support including prevention programs, counseling, mentoring, etc, *when we know that they have addiction in their background*, and *when we observe behaviors that indicate they're in emotional pain*. These include exhaustion and physical ailments, changes in hygiene and habits, general shifts in behavior and lowered grades at school.

All children with addiction in the family, for instance, need to know, starting in late elementary school, that:

- the disease of addiction runs in their family;
- it's not anyone's fault;
- the addicted person is not bad; however, it is his or her responsibility to seek treatment;
- the child may have inherited the genes for the disease
- they need to be extra careful not to use ATODG underage;
- they may not be able to experiment with ATODG and get away with it like they see their peers doing.

Our mantra at Compass Mark is "don't under-react; don't over-react; but react!" If you don't know how to react, consult a professional immediately.

3. What are the economics behind the heroin crisis? Why is it heroin and not other highly addictive substances like cocaine?

Rebecca Moyer: As a recovering heroin addict I can tell you that I bought heroin because it was cheaper and more easily accessible. That is not to say that I didn't do other drugs. An important

thing to mention is that each addict has their DOC (drug of choice). Opiates are highly addictive and cause many physical symptoms when you withdrawal from them. It soon becomes not just an issue of "getting high" but an issue of "not being sick." It is like having the flu every single day of your life. One addict may prefer methamphetamines while another addict prefers opiates. Each addict will always prefer their drug of choice over other drugs. For me, once I got my heroin and got myself well, I would do whatever other drugs were available, but if I only had limited funds I would only purchase my drug of choice. If I could not find my drug of choice, I would do whatever I could find to try and feel better.

4. We talk about overprescribing opiates, however why do local hospitals continue to prescribe and treat patients with opiates instead of other meds?

Joseph Troncale: opiates are appropriately prescribed for acute severe pan. Extensive education is being provided to local doctors to differentiate between acute vs. chronic use of opiate pain relievers. Chronic pain treatment is a tremendous problem with few good solutions. Opiates are not a good long term solution, but widely used.

5. Can you become an "addict" if you do not have the gene? Is there a method to identify the gene prior to becoming an addict?

Rebecca Moyer: Yes. Anybody can develop an addiction to addictive substances**.**

6. Explain how the addiction "disease" is different than "disorder"? I hear both. Tonight it was referred to as a compulsive disorder as well as a disease.

Rebecca Moyer: They are both the same thing just different terminology.

Joseph Troncale: Addiction is a disease in that the brain is permanently altered in certain individuals with repeated use. This occurs in about 10% of individuals with the combination of genetics and environmental factors. Once the brain changes occur, continued exposure to substances of abuse leads the person to continued compulsive use.

Heroin is a bigger problem than others because of it lethality. Opiates stop people's respiratory drive at the brain stem level and overdoses are lethal.