'No Question It's Gotten Worse': A Look Inside Ithaca's Heroin Epidemic

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By Keri Blakinger and Bill Chaisson |

Tompkins County Sheriff Ken Lansing has been in law enforcement for 41 years. From his perspective the pattern of heroin use has changed. “Not everyone got addicted in the ‘70s and ‘80s,” he said. “It was a party thing. Now it is because they need it, because so many of them are already addicted to prescription drugs.”

Lansing said that prescription drug abuse was already a huge problem and then two things changed that made them harder to get. First, public programs were introduced that made it easier for people to get rid of prescriptions they had not used up. Second, it became much more difficult to get a prescription filled in the first place, making it that much harder to fill a false prescription and then re-sell the drugs. In August 2012 the New York State legislature passed I-STOP (Internet System for Tracking Over-prescribing), which created a real-time database to track every prescription filled in the state.” Prescription opioid drugs include oxycodone (Oxycontin and Percocet) and hydrocodone (Vicodin, Norco). A 2013 study by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that four out of five first-time heroin users (79.5 percent) had previously used prescription opioids illegally.

“This has pushed the expense [of buying prescription drugs illegally] to a higher level,” said Lansing. “It’s harder to get those drugs now, and it’s cheaper to purchase heroin.”

While heroin is cheaper than pharmaceuticals, it does cost money, about $20 per bag (one fix), according to an investigator at the Tompkins County Sheriff’s Department. “There has most definitely been a rise in break-ins associated with the rise in heroin use,” said Lansing. “There has also been an increase in shoplifting. People steal clothes, take them to thrift stores and re-sell them.”

Bill Rusen, the chief executive officer of Cayuga Addiction Recovery Services (CARS), has seen a dramatic rise in numbers of heroin-addicted clients. CARS serves a 21-county region that includes all of New York State west of I-81.

His organization assembled statistics for their client population between 2007 and 2012. In 2007 only 13.4 percent of them checked in with heroin or opiates as their primary addiction. By 2012 heroin users accounted for 48.1 percent of their intake population, an increase of 35 percent. The SAMHSA national survey showed that first-time users of heroin increased from 373,00 in 2007 to 669,000 in 2012. With nearly half the clients now primarily involved with opiates, CARS also saw an increase in the portion of their population in the 19- to 25-year-old bracket; it rose from 20.9 to 36.9 percent between 2007 and 2012.

Clinical Director Michelle Ellis has seen the portion of her clientele at the Alcohol and Drug Council with heroin as primary substance of abuse at admission to outpatient treatment rise from 5 percent in 2008 to 19.3 percent (so far) in 2014. Clients who are injecting drugs (mostly heroin) increased from 6 percent to 18.2 percent between 2008 and halfway through 2014. (A small portion of her clients are snorting heroin.)

In response to the explosion of use, New York State recently added 100 officers to the state police drug units.

According to an investigator in the sheriff's department, the Ithaca Police Department has three or four people focused on narcotics investigations. (The Ithaca Police Department has one sergeant and two investigators on the Special Investigations Unit; narcotics is only one of their responsibilities.) The entire investigative unit in the sheriff's department—they don't have a dedicated narcotics unit—consists of five investigators, one deputy, and a lieutenant.

The IPD, state police, and the sheriff's department work together closely, starting early on in most investigations. According to the sheriff's investigator, "All of us have the same knowledge and training, but we need help handling the controlled buys; we need someone to observe and document it." At the local level, drug investigations move forward through traffic stops that identify people as driving while under the influence and in possession. While this method catches users, sellers are tracked down through informants.

Also on the front lines of the drug war—but on the opposite side from the police—are the drug users themselves. One former heroin user, who asked to be identified only as Vicki, spoke about her observations of the increase in heroin use in the Ithaca area, saying, "Oh my god, it's an epidemic. No question it has gotten worse."

Another former user, Chelsey, concurred, adding that along with the increase in the number of users has come an increase in the number of overdose deaths. She said, "Probably two dozen people I know have overdosed and died in the past few years."

Tish, also a local recovering heroin addict, also spoke about the increase in overdose deaths. Earlier this year, Tish was hospitalized for "40 plus days" for a Staphylococcus aureus infection resulting from her intravenous heroin use. She said, "While I was in the hospital, eight people overdosed and died. Some weren't from this area, but about five of them were."

The Cause

Why has there been such a rapid increase in heroin use in the past few years? One frequently cited possibility is that it is an unintended side effect of New York's I-STOP law. I-STOP, which the New York State Senate passed in 2012, requires prescribers to consult a Prescription Monitoring Program Registry when writing certain types of prescriptions. The registry tracks all controlled substance prescriptions dispensed in the last six months and thus better allows health care providers to ensure that patients are not abusing prescription medication.

Although they weren't necessarily aware of the legislation, addicts were quickly aware of its effects. "All of a sudden," Vicki said, "there was tons of heroin around and people would be like, 'I can get dope, but I can't get pills.'"

Chelsey said for her and for many people she knows, it was that inability to get prescription pills that prompted the switch to heroin: "There's a lot of people that have gone from that to heroin when they can't get the pills. That's what happened with me."

The Effect

Officer Jamie Williamson of the Ithaca Police Department has been a policeman since 1999 and joined the IPD in 2005.

"There's a progression from recreational use to addiction to destruction," he said. "Heroin does this quicker than any drug I've ever seen."

He said that there is a strong association of some drugs with certain demographics.

"These are stereotypes, but some drugs are just more common in certain pockets of society," he said. "Ecstasy is associated with young people; powdered cocaine with young white people; crack is more prevalent among young black people. One of the many troubling things about heroin is that there isn't a particular group that it's prevalent in."

"The most really basic thing," said Vicki, "was any financial or material thing that was worth any money, I lost. Anybody that I was close to I stole from. I lost my ambition to do anything in life. I was going to school for bio-med and deserted that, dropped out of school.

"I lost all of the trust and respect from my family and friends," she said, "and I lost the ability to be with my family on holiday and birthdays. I was homeless. I just lost any idea of myself—all of my self-worth, all of my self-confidence. I had no idea who I was—I used to live and lived to use."

"I lost basically everything," said Chelsey. "I had a good job, a house, I had great relationship and all that slowly started to go away. I put myself in a massive amount of debt. I lost my license." She also ended up in jail.

"[When I got clean]," Chelsey said, "I just started completely over. I'm slowly gaining everything back and I appreciate it so much more now. Basically my whole family disowned me, but now my brothers let me see my nieces. They trust me again. They're all telling me they know I'm doing good, and they're willing to do things to help me out."

The Wait

Despite the increasing awareness on the part of the public and elected officials regarding the increase in heroin use, there are often significant barriers for addicts seeking treatment. Rehab wait times can be long and insurance approvals difficult to acquire.

When she decided that she wanted to get clean, Vicki discovered that Medicaid required her to fail out of outpatient treatment twice before they would agree to pay for in-patient treatment. She said, “Basically they’re like, ‘Good luck, I hope you don’t die while you get kicked out of outpatient.’”

Even then, finding an available bed in a long-term inpatient program required patience: “I waited for seven months for any long-term treatment bed to open up. I wasn’t court-mandated at that point. I said, ‘What do I have to do, do I need to go get arrested to get into treatment somewhere?’ In all honesty, I think that being court-mandated speeds up the process a lot.” She added, “There was a good seven months when I was begging for help and just not receiving the help that I needed.”

Ellis, the clinical director for the Alcohol and Drug Council in Ithaca, said that isn’t so for her organization. “Individuals who are not referred through criminal justice or DSS,” she said, “have as much as access to treatment as anyone else and are treated as expeditiously as anyone.”

Bill Rusen, the CEO of CARS, has been in human services for 36 years. He began is career in mental health services and moved into addiction services.

“Fifty percent of people at CARS have mental health problems too,” he said. “When I started in this field there was a bright line between them [mental health and addiction treatment].”

While the public views people with mental health problems sympathetically, he said, “because addicts have more connection with the criminal justice system, they are seen as bad people.” Heroin use, unlike alcohol or marijuana use, Rusen said, puts people directly into the felony system, making them even more unsympathetic in the eyes of the public.

In light of the huge rise he is seeing, Rusen would like to expand treatment options for heroin addiction. “But unless we see people in an

OASES-licensed [New York State Office of Alcoholism and Substance Abuse Services] facility, we can't provide the service," he said. "And even if we did, it wouldn't count in the eyes of the state."

When he gave expert testimony on May 17 in Elmira at one of the 20 hearings held by Joint Senate Task Force on Heroin and Opioid Addiction, Rusen asked the state Senators to change the regulations so that he could provide services wherever they were able. "The role of stigma can't be underestimated," he said. "The more often we provide services in a non-traditional setting the more the stigma is reduced." He wants to be able to meet with clients in schools, church basements, and at the YMCA. "Right now," he said, "we aren't allowed to provided services via Skye, but soon we will be allowed to provide services for people in jail over their own encrypted system."

A popular treatment option, opiate replacement therapy, can be difficult to access. Opiate replacement therapy works by replacing illegal opioids with longer-acting legal drugs such as suboxone and methadone. Although opiate replacement therapy does not tend to present the same insurance issues as inpatient treatment, there is often a wait to get into suboxone and methadone programs.

Chelsey said that she had to wait about a month to get into a suboxone program. One barrier, she said, was that she was told that she needed to stay clean before she could get access to the drug intended to help her get clean. She said, "They try to tell you have to stay clean before you can get suboxone." Chelsey also reported that staying on the program can be difficult: "If you mess up they want to take it away to teach you a lesson, but most people just go out and use."

"People don't understand addiction," said Rusen. "It's not an acute problem that has a single cure. It's a chronic disease, so the approaches must be widespread. You have to address lifestyle and behavioral decisions that may seem only peripheral to addiction.

"What we really need," the CARS CEO said, "is more numerous short intensive treatment periods. We need to try to see someone a month before they relapse, instead of after they do. But that we require development of a whole new payment system ..."

"We provide a sliding scale fee," Ellis said of the Alcohol and Drug Council, "and do not prohibit those who cannot pay for their treatment from accessing services. Some of our consumers do have inadequate private insurance coverage for behavioral health treatment, but we do our best to help with being flexible with payments. We see it more with inpatient treatment being denied by insurance."

Albany's Response

In March, Albany began to take action on the issue as the Senate Majority Coalition announced the creation of a Joint Task Force on Heroin and Opioid Addiction. The task force is chaired by Senator Phil Boyle (R,C,I-Suffolk County), while Senator David Carlucci (D-Rockland) and Senator Michael Nozzolio (R,C-Fayette) serve as the vice-chairs. Throughout April, May, and early June, senators held forums across the state, inviting local residents, former heroin addicts, law enforcement officials, and treatment providers to come speak publicly about the problems in their area. The input from the forums was used to create recommendations for drafting legislation to address the increase in heroin use.

Twenty-five bills were brought to a vote in the state Senate and 23 of them passed on June 9.

Some of the concerns expressed by Vicky and Chelsey may be addressed by the Opioid Treatment and Hospital Diversion Demonstration Program, which the Senate bill (S2948) describes as "a new model of detoxification and transitional services" that is supposed to cut down on the current reliance on emergency room services. Another bill (S7651A) "Enables a court to order Assisted Outpatient Treatment (AOT) for an individual with a substance use disorder who, due to his or her addiction, poses a threat to him or herself or others."

One bill required that insurance companies extend the amount of inpatient treatment time they cover from 30 to 60 days. Another bill, "Laree's Law," raised the penalty for selling an opioid that results in an overdose death to manslaughter in the first degree. Other bills required that all first responders carry the anti-overdose drug naloxone, mandate that insurance carriers cover opioid replacement therapy drugs like suboxone, fund more public service announcements, and create an Opioid Dependency Services Fund using money saved from

state prison closures.

Assemblyman Steven Cymbrowitz, chair of the Alcohol and Drug Abuse Committee, told City & State that the Assembly has been passing bills concerning heroin addiction for two years and is glad the Senate has caught up with them. Lawmakers in the two houses agree on several treatment and education changes, but predictably the Democratically dominated Assembly is reluctant to endorse the stiff penalties associated with some of the Senate bills.

State Senator Boyle told City & State that he hopes the Assembly takes note of the near unanimous votes that passed many of the Senate bills, indicating strong bipartisan support.

The last regular session of the New York State Assembly is June 19. The numbers at the treatment clinics suggest the problem of heroin addiction is getting worse rapidly. The good news above is that at least the Senate and Assembly seem to agree on improving the existing treatment options.

“I’m rediscovering who I am and what I want out of life,” said Vicki. “I’m going to go back to school, now for mortuary science. I’m more financially stable, and I’m not stealing from anybody. My personality is more who I really am, not just some crazy junkie. I graduated drug court, which would have never happened if I continued using—and I’m just way more happy. Being a junkie is just miserable.” •