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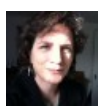
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Heroin deaths on the rise in region

By Elizabeth G. Howard on March 26, 2014 in [Latest News](#), [Lead News](#), [News](#), [Police & Fire](#), [Regional News](#), [Uncategorized](#) · 0 Comments



About author



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Elizabeth Howard is a Stratford-based journalist, blogger and poet. She writes on the arts, education, music, the environment, green lifestyle, American culture, travel and food. You can find her online at elizabethoward.net

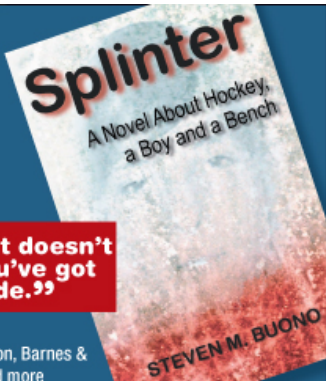
A growing heroin epidemic in Connecticut brought U.S. Sens. Chris Murphy (D-Conn.) and Richard Blumenthal (D-Conn.) to Hartford March 17 to discuss the problem with local service providers, law enforcement, health care advocates, and patients.

In Connecticut and other states in New England, deaths related to heroin use spiked last year. According to the Connecticut chief medical examiner, accidental deaths involving heroin jumped 47% from 174 in 2012 to 257 in 2013.

The medical examiner also reported that fatalities involving heroin in Fairfield County increased 62%, from 21 in 2012 to 34 in 2013; in New Haven County the increase was 47%, from 44 heroin-involved deaths in 2012 to 65 in 2013; in Bridgeport heroin-involved deaths increased 55% from nine in 2012 to 14 in 2013; and, overall, 64 of Connecticut's 169 towns reported at least one death last year due to heroin.

Stratford Police report 24 arrests and one overdose involving heroin in the past 15 months. During that time there were 29 arrests involving prescription pills. Neither Stratford police nor Stratford's director of health is aware of any fatality

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in Stratford due to heroin in 2013.

Heroin use has nearly doubled in the United States over the last decade, according to Blumenthal and Murphy.

The link to prescriptions

The abuse of heroin — an illegal opiate derived from the poppy plant — and abuse of legal Schedule-II opioids like hydrocodone (Vicodon/Lortab) and oxycodone (OxyContin) are intricately linked, according to the state of Connecticut and local police. The highly addictive heroin is like a partner drug to the regulated legal painkillers.

“If the users can’t get pills, then they switch to the heroin, or vice versa,” says Stratford Police Lt. Frank Eannotti. “They take what they can and what is available.”

Lt. Ken Cain, southwest region commander of the Connecticut State Police statewide narcotics task force, said prescription opiates are the biggest narcotic problem in Connecticut. Cain started using the word “epidemic” in 2010 when the national Center for Disease Control (CDC) issued its latest report on accidental deaths in the United States. Accidental poisonings — 90% of which were attributed to drug overdoses — had exceeded vehicular fatalities in the United States.

Overdose deaths in the state of Connecticut rose 20%, from 9.1 per 100,000 in a prior report to 10.9 persons per 100,000 in 2010, according to the CDC. On average, one person dies every day in Connecticut from an overdose involving some sort of opioid, such as oxycodone, oxymorphone, hydrocodone, tramadol, morphine, and methadone.

The use of heroin in Connecticut has grown as availability of opioid painkillers has become more expensive in the last few years, according to Cain. Additives to heroin also are causing alarm. Fentanyl, a legal prescription painkiller similar to morphine that can be up to 80 times more potent, is increasingly being found in some of the drug. In 2012, this mix of Fentanyl and heroin caused only one death in Connecticut. In 2013, that increased to nine.

Combating heroin

“Our state has lost hundreds more people to heroin use in the last year, but we’re not doing enough to change the way we address this crisis,” Murphy said. “This is a complex problem that requires better coordination between governments, health care providers and law enforcement, so that resources are allocated in the most effective way possible.”

Cain added that addicts are most likely to die of overdose during recovery. These deaths often happen in the town where the clinics are located and can skew a town’s overdose death report numbers. Addicts often die near the recovery clinics, he said, but are often not residents of the town. Stratford has one addiction recovery clinic, part of the Recovery of Network Programs.

Blumenthal and Murphy called for a five-step plan to reduce heroin overdoses, including increasing funding for treatment; stabilizing federal funding for the Statewide Task Force; targeting prevention funding to treat those who are co-addicted to heroin and prescription opioids; making prescription overdose prevention drugs more available; and creating better collaboration between federal, state and local agencies.

“There is no room for turf wars,” Blumenthal said. “This epidemic requires the attention and collaboration of federal, state and local officials. There is a beltway of cheap, highly toxic and highly pure heroin coming into the country and our communities from organized corporate cartels in Colombia and Mexico. We cannot mince words or waste time.”

Three full-time Stratford Police officers are assigned to an in-house narcotics unit on the force, with one more officer assigned to assist the New England division of the Drug Enforcement Agency (DEA).

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The Stratford Health Department and Community Services organized funding for a used prescription drug drop-off container that is now located at the police department. Director of Health Andrea L. Boissevain said Stratford recently offered a Live to Tell program, in which addict and former athlete Tim Rader discussed addiction and redemption.

“People may not realize what addiction is,” Boissevain said. “We want to advertise that there are programs available and that people can recover.”

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