



**EASIER TO GET | DEADLY AS EVER**

**A 3-day special report**

# HEROIN

**'KATHERINE,' 40, IS A HEROIN ADDICT**

She'll shiver and sweat, deal with diarrhea and vomiting, lie in bed with aches and experience cravings that make hours feel like days.

*'It won't stop,' she said. 'You're begging yourself for peace. Once you get that shot, all is well in your body.'*



Four to six times a day, 'Katherine' shoots an opiate into her bloodstream. She knows that she has to stop using heroin. It is killing her slowly every day. *Photo by Mike Spencer*

## She knows it's killing her. She can't quit

By **MIKE VOORHEIS**  
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**S**eated backward on a toilet, "Katherine" puffs out her cheeks and holds her breath. Her partner ticks the needle with her finger and presses it at a 90-degree angle into a vein in Katherine's neck. The vein is the most direct route to the brain, and Katherine needs the heroin to get there as fast as it can.

She doesn't have the stomach to inject herself, so she needs her partner to handle the needle.

Up to six times a day, Katherine

shoots an opiate into her bloodstream. Katherine feels the euphoria – "It's like every happy cell in your body goes off at once."

Primarily, though, her use of heroin and other opiates is for maintenance. It prevents the aches, the jitters, the diarrhea that come from withdrawal.

Katherine, 40, refers to it as "getting well."

She drives from her Brunswick County home a half hour into Wilmington once or twice a day to buy the opiates for herself and her partner. If she purchases heroin, she'll drive out of the dealer's neighborhood, stop in

the parking lot of a gas station or fast food restaurant and get her fix before driving home. If she buys pills, she'll have to drive home to crush them.

Katherine tries to use the same two or three dealers on a regular basis. After paying full price for fake heroin that consisted of nothing but sugars and powders, she learned to be loyal to a few select dealers. Heroin shopping is like any retail market – quality comes at a price. Katherine can get more heroin for a lower price, but she knows that the higher-priced drugs will have longer-lasting effects.

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After prescription drug crackdown, cheap and plentiful heroin fills a void

By **ADAM WAGNER**  
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**I**n September 2012, the then-captain of the New Hanover County Sheriff's Office's Vice and Narcotics Unit predicted that efforts to curb prescription drug use could be a "double-edged sword" causing users to seek out heroin instead.

Now, 18 months later, that prognosis looks spot-on as the streets of Wilmington and highways of Brunswick County are awash with heroin, a drug Ben and Jon David, the district attorneys for New Hanover and Brunswick counties, respectively, both call "suicide on the installment plan."

Within the city limits, the Wilmington Police Department arrested 12 people carrying heroin in 2003, a number that steadily ticked upward until it reached 214 in 2013.

In Brunswick County, sheriff's office records show more heroin was seized in 2013 than in the past 15 years combined. The value of heroin seized in New Hanover County in 2012, the last year for which records are available, was \$2.16 million, nearly double the value of any other drug.

"The heroin problem in Brunswick County is the biggest we've seen in my tenure with the sheriff's office since 2000," said Lt. Steve Lanier, who oversees the Brunswick County Sheriff's Office's Vice and Narcotics Unit.

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**12**

People arrested for heroin possession in Wilmington in 2003

**214**

People arrested for heroin possession in Wilmington in 2013

**COMING MONDAY**

- The road to heroin through the eyes of users.
- Treatment for a disease with no cure.
- Heroin overdoses soar in North Carolina.



Several officials and experts said the rise in heroin use could be the unintended consequence of efforts to curb use of prescription drugs such as hydrocodone and oxycodone. Among those efforts are a statewide reporting system designed to help identify abusers, doctors' monitoring of their patients with drug screens before prescribing and random pill counts during the course of treatment.

Lanier likened the rise in prescription drugs to a flood that has dried up because of law enforcement and medical efforts.

"Once the flood waters subside, the dam's put back in place, there's all this need for pills and now no pills or the pills are a lot harder to come by," Lanier said. "Then people start looking for other avenues, which leads right to the illicit use of heroin."

The shift from pain medication to heroin is nothing new. Users swapping use of prescription opioids for use of heroin was listed as a possible cause for an increase in overdose deaths nationally in the U.S. Drug Enforcement Administration's 2013 National Drug Threat Assessment Summary.

Among the reasons given for users transitioning between prescribed opioids and street-level drugs was the cost and the ease with which heroin could be bought while providing a similar high.

In Brunswick, a small baggy – or bundle – of heroin sells for as little as \$6 and averages about \$10, while one oxycodone pill is worth about \$20, said Chris Thomas of the Brunswick County District Attorney's Office. Each bundle contains one-tenth of a gram of heroin – a typical dose for a new user.

"It's gotten so hard to get pills that people are turning to the easiest opiate to get," Thomas said.

That \$10-a-bag asking price "is a kind of significant price that reminds me of when crack cocaine became very famous and very popular," said Dr. Paolo Mannelli, an addiction expert and associate professor of psychiatry and behavioral sciences at Duke University.

**What use looks like**

There is no "typical" heroin user.

"We've seen everything from teenagers to 80-year-olds. It doesn't see race, color, creed, it doesn't see a money amount, it doesn't see a poverty level. It doesn't see any of that," Lanier said.

In the Cape Fear region, powder heroin is the norm. Generally more potent than its cousin, black tar heroin, powder heroin originates from Afghanistan. Tar heroin is generally from Central America.

"What makes the powder heroin more dangerous than the tar heroin is it can be ingested so many different ways ... and apparently there's not a stigma attached to heroin for children, teenagers or young folks in college," Thomas said.

Among the ways powder heroin can be ingested are smoking, snorting, eating it and putting it in Visine bottles before dropping the dissolved drug into the eyes. In the 1990s, when heroin was last the dominant street drug, it fell out of favor for several reasons. A major factor was that it was usually only about 5 percent pure and had to be injected for a user to get high.

"But nobody wanted to use the IV because of HIV, so when they started using nasally it wasn't strong enough," Mannelli said.

Now, two decades later, the heroin has jumped in purity to at least 10 percent, often reaching 20 percent to 25 percent, Mannelli added, and the increased potency of the drug could be one of the primary causes of a jump in overdose deaths.

Local law enforcement agencies do not check for purity, instead sending samples of seized substances to the N.C. State Bureau of Investigation's State Crime Lab to determine simply whether it tests positive for heroin.

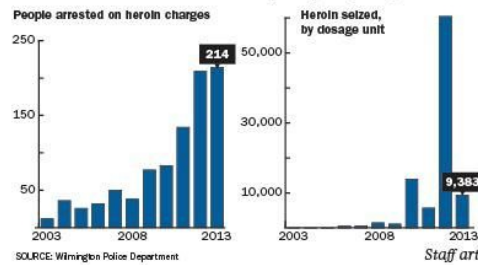
The lab also tests to see what the heroin has been "cut" or mixed with. Among common "cuts" in Brunswick and New Hanover counties are mannitol, lactose, caffeine and benzocaine, said Noelle Talley, an SBI spokeswoman.



Keith and Rachel Thompson look through newspaper clippings on drug-related deaths. Their daughter, Blaire, died of a cocaine overdose in a Market Street motel on Dec. 23, 2004. She had overdosed on heroin earlier in the day before her companions gave her a lethal dose of cocaine in an attempt to wake her up. Photo by Matt Born

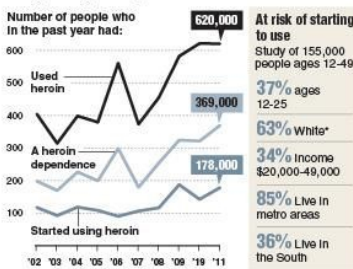
**HEROIN ARRESTS AND SEIZURES**

Heroin-related arrests have been trending higher in Wilmington. While the amount of heroin seized has also increased, it varies more year to year depending on busts.



**HEROIN USE IN THE U.S.**

Heroin use is growing as the addictive drug becomes cheaper and easier to buy all over the country. A look at the trend in use among those ages 12-49, in thousands.



Source: Substance Abuse and Mental Health Services Administration Graphic: July Tebbels © 2014 MCT

Finding heroin in Brunswick and New Hanover counties is particularly easy at the moment, said both officials and addicts.

Thomas said Brunswick County investigators have interviewed people who have purchased 250 bindles of heroin at the street level without even knowing the name of their suppliers.

Often, these bindles are stamped with cartoonish logos or brands so that addicts know what product they want.

Dealers using those logos often put out uncut, more potent heroin for a couple weeks to draw addicts in, Thomas said. Then they'll cut it with different substances, leading the users to switch "brands" after a little while.

**Why is it in Wilmington?**

During January's Wilmington City Council meeting, Wilmington Police Chief Ralph Evangelous said crime throughout the city was down, but "obviously we've got issues with the drug trade, the heroin trade out there that's driving some of this violent crime."

Evangelous presented a map showing overlap in 2013 between drug busts, violence and public housing communities – targeted in the past year by special enforcement efforts.

While much of the violence does

Often, Wilmington's heroin – which also makes its way to Brunswick County – is distributed by Bloods gangs and some Crips who are active in New York and New Jersey.

**Law enforcement's role**

While law enforcement agencies in the Cape Fear region saw the possibility for a boom in heroin when the strict prescription pill laws went into effect, it was hard to predict how severe it would spike.

Technology can also make the battle against drugs more difficult, as dealers no longer have to sell from a static location.

"Everybody has a cellphone, so rather than dealing with people on the street, you'll call your dealer and it'll be, 'Meet me at this parking lot or that parking lot,' and that'll be throughout the city," said Capt. Jeff Allsbrook, who oversees WPD's Vice and Narcotics Unit.

To battle the drug trade, law enforcement has to turn to some tried-and-true methods such as confidential informants, tips from community members or talking to addicts themselves.

"They can tell us who's got the strongest bags or whose bags aren't really good," Lanier said. "Some of them can tell you if a bag came from New York, New Jersey, Atlanta from the type of dope it is and the high they get."

Still, even with informants, battling the drug trade can prove frustrating for law enforcement. Lanier compared arresting a dealer to dipping your finger in a bucket of water and then pulling your finger out to see if it had left a hole.

In other words, arresting a dealer may create a temporary void, but there is enough demand – and enough heroin to fill that demand – that the gap is filled almost instantaneously.

"It's a sheer numbers game," Lanier said. "When you look at the thousands of people using, selling or somehow involved with heroin and there's a small group of us that are trying to combat that, we have to go at it as hard as we can and as fast as we can, but we're not gonna be able to get everybody."

Narcotics detectives do have some tricks, though. Thomas, the assistant district attorney in Brunswick County, told of going on a ride-along once with a narcotics detective and being told the person

they were trailing had cigarette filters in his car.

When he asked why that mattered, Thomas was told that addicts will suck the heroin through the cigarette filter with a syringe and then, when they're having a bad day or can't find their dealer, they'll gather the filters, heat them up and get enough residue to tide them over.

Officers can make an arrest "just by asking somebody for their driver's license and having the street knowledge to know what those little pieces of cigarette filters signify," Thomas said.

**What's next?**

Even though the Cape Fear region is struggling with heroin, use of the drug might not yet have peaked, as addicts continue to find their access to painkillers limited.

"My sense is that we will see a kind of incredible increase of users," Mannelli said. "It will be a big, big rise of users and, of course, the competition isn't about using either heroin or pain medication. They're using both."

Battling heroin use in the near future will require an investment in treatment, education and some elements of enforcement, agree both officials and families who have been touched by the drug.

Heroin users are taking their first hits at a younger age, according to the 2013 National Drug Threat Assessment. In 2011, the average age of first use among heroin users was 22.1 years old and in 2010 it was 21.4 years old, whereas it was 25.5 in 2009.

The drop among the average age of the users is a consequence, Mannelli said, of the \$10-a-bindle price.

"Being available for cheaper means young people can use it freely," the Duke professor said.

The 2012 National Survey on Drug Use and Health from the U.S. Department of Health and Human Services found that psychotherapeutic drugs such as prescription opioids are the second most common drug among people ages 12 to 17, with 2.8 percent of young people describing themselves as users.

While that number has seen a slight decline, falling from a high of about 4 percent in 2003, officials still expressed concern.

"That's terrifying," Ben David said. "You start projecting those numbers out, I can tell you what's gonna be huge for them in college in 10 years: It'll be heroin."

A rise in North Carolina's population – from 8.05 million people in 2000 to an estimated 9.85 million in 2013, according to the U.S. Census Bureau – has also caused officials to wonder whether the state might need more prisons.

The other area where investment seems necessary is treatment, as the number of people seeking help for heroin addiction rises.

In 2000, for instance, heroin was a factor in 131 admissions to treatment in the Wilmington Metropolitan Area, according to data from the Substance Abuse and Mental Health Data Archive. That number had risen to 299 people by 2010, the last year for which data was available.

"What we need to do right now is take a look at the next 20 years and say, 'Where are we really as a state on this issue?' Maybe it is time to do some infrastructure investment, definitely on drug treatment, maybe in prisons, too," Ben David said.

Keith Thompson's daughter, Blaire, died of a cocaine overdose in a Market Street motel on Dec. 23, 2004. She had overdosed on heroin earlier in the day before her companions gave her a lethal dose of cocaine in an attempt to wake her up.

Fighting heroin, Thompson said, requires a three-pronged approach based on strict enforcement of the state's drug laws, educating both parents and kids and allowing addicts to have accessible and affordable care.

"It takes all three of those happening simultaneously to put a dent in it," he said.

"If you take any of them out of the picture, it's just not gonna happen."