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A Disturbing Trend: Teens Seek Cheaper High with Heroin

By Lou Fancher

Lamorinda kids are graduating in record numbers, but not in the way most parents dream of - except in their worst nightmares.

Kids in this "A.P." course are light years beyond sneaking a sip of dad's beer and well past perusing the family medicine cabinet for prescription drugs. They have moved on to heroin.

Dr. Alex Stalcup, medical director of the New Leaf Treatment Center (NLTC) in Lafayette, has seen about a dozen teens in the Lamorinda area addicted to heroin, but insists the number of kids using the drug isn't the point. "We're seeing the end of a disease process; a treatment failure dating back to 2004."

The fiasco is a cascading world of trouble, he suggests, with children as young as 15 resorting to lying, stealing, prostitution and dealing to support their habit. "They're getting it from friends, Oakland, Pittsburgh, the waterfront side of Martinez, and Antioch, because it comes up I-5 and that's the first place it's dropped off," he says.

Douglas Bodin, CEO of Los Altos-based The Bodin Group, with an East Bay office in Lafayette, says his clients are local, national and even international. "While opiates were a factor in one of 20 clients many years ago, it is now one out of every two or three. Treatment providers all report to us an explosion in their patients with opiate and heroin addiction."

Although there is a stigma about heroin, Stalcup and Bodin say the drug's low cost and intense high are irresistible. "OxyContin is \$300 a day. Heroin is \$20. It's one of the most dangerous drugs in the world," Stalcup says. "You have to go through a sickness when you stop and each time it's worse. You realize you can't stand detoxing again because it's intolerable."

Instead, they go from snorting to other means of administering the drug. Street heroin in Lamorinda is tarry, so kids dilute it with Visine and put it in their eyes or drip it on their tongues. Soon, it's harder to get high. They begin to smoke it.

"At the end of the road, you go to the needle," Stalcup warns.

Ask both expert journeymen where the stop signs are when a kid is addicted to heroin, and they respond in unison: "Missing."

If Stalcup and Bodin could say one thing to parents and schools, it might be "Wake up!"

"Schools need to understand this epidemic," Bodin insists. "It is widespread and complex, and one-shot simple solutions won't work. Looking the other way and avoiding confronting their students is doing them a grave disservice."

Stalcup is less reserved. "Schools should sit down with the kids and say, 'We see sloppiness, poor grades, throwing up in the hall. What do you want to do?' If they saw a kid demonstrating the symptoms of diabetes, what do you think they should do? Ignore it?" he asks.

Parents are equally responsible.

"They can stop ignoring it. It's mind-numbing to me how these upscale parents can say, 'But his grades are ok,' or 'She's a really good kid, she wouldn't lie to me.' It's willful ignorance!" Stalcup exclaims.

Moments later, emphasizing that the family is "going through hell" in these circumstances, he softens, but argues, "I speak in neon, but these kids are showing extreme deviations."

While Stalcup is skeptical about parents who send their drug addicted teens away to treatment camps or institutions, Bodin, whose company specializes in designing treatment plans that include these options, has a different attitude.

"If a child is placed in 'the system,' there are risks of exposure to other, worse off kids," he acknowledges. "But there are other approaches and treatment options to minimize that risk. The most effective ones will address the family situation and break the codependent lifestyle that prevents sustained recovery."

Stalcup is hopeful that a recent study out of UCLA will lead to new, more effective treatment.

Suboxone, made by Britain's Reckitt Benckiser and used as a detox step-down or in long term opiate replacement therapy, became available for use in the U.S. in 1990. The UCLA study supports the hope he is placing in the drug.

"It's like half an opiate," Stalcup says. "If you use too much, it will make you sick, so you can't abuse it." The problem, he insists, lies with health care providers who do not understand that a patient must stay on the drug for a year to derive the 97 percent success rate studies have shown is possible. "If you stop under a year, there's a 100 percent relapse. The key is to get off in such a way that you don't have recurrence."

Until the pharmaceutical possibilities expand, or universal health care covers more of the expenses related to treating alcohol and drug addiction in teens, Stalcup's answer to one question - the shortest answer he gave - could motivate parents and schools in Lamorinda to pay attention.

Asked if he'd had a patient die this year due to an overdose of heroin, Stalcup says, "Yes, two."

Resources for Families

For more information, to get help, or to inform your family or school about drug addiction, visit:

<http://www.nltc.com/>

<http://www.thebodingroup.com/>

<http://medicineabuseproject.org/>

<http://harmreduction.org/our-work/overdose-prevention/>

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[back](#)

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