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# Drug Rehabilitation: Is it effective in decreasing the drug epidemic on Long Island, New York

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**LIU POST**

**Drug Rehabilitation: Is it effective in decreasing the drug epidemic on  
Long Island, New York**

**A THESIS SUBMITTED TO THE  
DEPARTMENT OF POLITICAL SCIENCE  
IN CANDIDACY FOR THE DEGREE OF MASTER OF ARTS**

**Alexandra S. De Costa**

**September 8, 2019**

This research will explain what rehabilitation is and the depths of it as well as analyze the question of whether or not rehabilitation is effective in decreasing the drug epidemic on Long Island. Some indicators of effectiveness are when drug-related deaths decrease, when fewer offenders are in jail for drug charges/recidivism rates decrease, when drugs sales have been lowered, and when more addicts remain sober (relapse rates decrease) and return to productive functioning lives. Treatment is effective when it is available, attends to multiple needs of an individual (not just their drug abuse), and offers each individual the proper treatment. Rehab is ineffective when drug-related deaths and crimes increase/recidivism rates increase, when less addicts seek help and are unable to remain sober (relapse rates increase) and when treatment is not available etc. This research will also reflect on how the drug epidemic arose. It will incorporate the many variables that may contribute to the creation of an addict such as ones socialization process or demographics. In addition to learning why rehabilitation centers throughout Long Island are effective, you will also learn the reasons for their ineffectiveness and what structural factors and individual- level factors affect the success of drug rehabilitation. Lastly, you will learn what other solutions may be successful in decreasing the drug epidemic on Long Island.

This research is important because the drug epidemic on Long Island is rapidly increasing and many people are dying from this horrible disease called addiction. We need a solution. Yes, rehabilitation centers are available to those addicts that may seek help for their addictions, but

are they effective? Do these centers have openings? ”Waiting time before treatment is generally a result of organizational factors such as shortage of staff” ([www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)), therefore what would happen if waiting times were reduced? Or what about the criminals that are thrown in jail for drug charges, when really the solution for them may be rehabilitation? In order to get to the root of the problem we must examine our society, neighborhoods, families, legislations etc. If we do not find out if rehabilitation centers as well as other forms of treatment are effective on Long Island, then this drug epidemic could continue to increase rapidly and more and more teenagers and adults will be victims of this horrible disease called addiction.

“Long Island, New York has become a place a drug epidemic is rapidly increasing. While usually considered problems in urban areas, drugs such as heroin and prescription painkillers have now integrated into all kinds of communities on Long Island. The Long Island Expressway has even been nicknamed “The Heroin Highway” because of how often it is used by addicts to drive westbound into the city to buy drugs at a less expensive price. The impact of addiction effects individuals and communities in many ways that include lost productivity in the workplace, increased healthcare costs, and criminal justice expenses etc.”(The Anonymous People, 2013). “According to the National Institute on Drug Abuse, drug abuse costs the United States economy hundreds of billions of dollars in increased healthcare costs, crime and lost productivity”. The estimated economic cost to society due to substance abuse and addiction for illegal drugs is about 181 billion dollars a year” ([www.UNODC.org](http://www.UNODC.org)). It can become very costly to treat and to try to prevent addiction from happening. (The Anonymous People, 2013).

The National Library of Medicine estimates that about nine percent of people in the U.S. are believed to misuse or abuse opiates. “Opiates which are created to look like natural chemicals

in the brain affect the brainstem amongst two other major areas, which controls functions like heartbeat and breathing. Opiates flood the person with a euphoric sense of well-being combined with making an individual drowsy and may affect this part of the body by reducing coughing and the limbic system, which controls emotions. It is possible that breathing may slow down and if taken in higher doses it stops breathing completely, which is when someone overdoses “(Miller, Forcehimes, Zweben,2011, page 4 paragraphs 2 &3). “The part of the body where opiates work to reduce pain is in the spinal cord. This is where feeling of relaxation or pleasure may be created. Messages are sent from the brain to the rest of the body”.

(<http://www.healthline.com/health/opiate-withdrawal#TrendingNow8>).

An opiate is different from an opioid because it is derived from the poppy plant (which contains opium). “Opiates are also sometimes called "natural" since the active ingredient molecules are made by nature, not manufactured by chemical synthesis. Common opiates include morphine and codeine, both made directly from poppy plants” ([https://www.drugs-forum.com/forum/showwiki.php?title=Category:Opiates\\_and\\_Opioids](https://www.drugs-forum.com/forum/showwiki.php?title=Category:Opiates_and_Opioids)).

“An opioid is a substance (molecule) that is synthetic or partly synthetic, meaning the active ingredients (molecules) are manufactured via chemical synthesis. An opioid is either a fully-synthetic or semi-synthetic alkaloid ("a naturally occurring organic nitrogenous molecule that has a pharmacological effect on humans or animals") made to mimic the action of a natural opiate alkaloid. Opioids may act just like opiates in the human body, because of the similar molecules” ([https://www.drugs-forum.com/forum/showwiki.php?title=Category:Opiates\\_and\\_Opioids](https://www.drugs-forum.com/forum/showwiki.php?title=Category:Opiates_and_Opioids)).

State laws such as the “I stop” law, which created an internet system for tracking, were passed and helped to decrease prescription opioids on the black market because in 2013, Long Island had a continuing battle with prescription drug abuse . There are also other laws that may have had an impact on the successfulness of rehabilitation. For example the Affordable Care Act, also known as ObamaCare. It has been arguable whether or not addiction is a medical issue and if it should be treated as a disease. Medical treatment covered by insurance was designed for an era where addiction was not deemed an “illness” up until 2010 when the Affordable Care Act was created. Under the Affordable Care Act, addiction treatment is covered and cannot be considered of any less value than any other medical issue. “[Under] the Mental Health Parity & Addiction Equity Act of 2008, it is required that the ACA (Affordable Care Act) covers addiction problems to the same extent as other medical and surgical needs” (Leichter, 2014). Substance abuse disorders must be included in the medical services offered and coverage cannot be denied. Under this act, the stigma that society has attached to addiction, that it is not a disease is slowly disappearing.

Prior to the Affordable Care Act there may have been many addicts that have had the desire to seek help, however were unable to do so because they lacked the finances to cover the cost of treatment. Despite having low incomes, people can now obtain help for their addiction and substance abuse issues without having insurance (but are covered under Medicaid). They can now receive an evaluation, an intervention, home health visits, medication, doctor visits, drug testing, family counseling/individual counseling, and detoxification (Vimont, 2013).

The ACA basically expanded access to healthcare and covers Americans who do not have health insurance mainly by expanding Medicaid and offering low-cost insurance. Medicaid is “A U.S. government program, financed by federal, state, and local funds of hospitalization and

medical insurance for persons of all ages within certain income limits” ([www.dictionary.com](http://www.dictionary.com)). You are eligible for Medicaid if you qualify to receive federally assisted income maintenance payments, if you are a child, blind, disabled, and if you are elderly ([www.ssa.gov](http://www.ssa.gov)).

Overall, the objective of the Affordable Care Act is to provide treatment to people who did not have it before and to make our nation healthier, save money by helping with addiction because it is costly. Another goal is to treat addiction 100% like other diseases and to use this opportunity to detect it in its earlier stage instead of waiting until it becomes full blown. The ACA expand substance abuse coverage under Medicaid as well as change the relationship between substance abuse providers, payers and clients. (<http://www.carnevaleassociates.com/aca>).

If you shut down the supply (of prescription painkillers) and don't deal with the demand, then people turn to other drugs such as heroin. “Heroin is processed from morphine, a naturally occurring opiate extracted from the seedpod of certain varieties of poppy plants. It was first synthesized from morphine in 1874. From 1898 to 1910, Bayer, the German pharmaceutical company, marketed it under the trademark name Heroin as a cough suppressant and as a non-addictive morphine substitute (until it was discovered that it rapidly metabolizes into morphine.). One year after beginning sales, Bayer exported heroin to 23 countries” (Ball, J.C., et.al, n.d.).

Heroin, which is one of the world's most dangerously addictive drugs, later filled the void of prescription drugs. Since 1990, heroin overdoses have quintupled. “Hospitalizations related to overdoses have been swiftly on the rise while adolescents as young as 12 years of age are becoming addicted to this drug (Gengo, 2014). “Heroin on Long Island has gotten cheaper,

more plentiful, easier to use and obtain than prescription painkillers and more potent. You can smoke heroin, snort it, shoot it and even ingest it. A bag of heroin sells for about \$10 on Long Island, while the equivalent amount of Vicodin costs \$30” (Ball, J.C., et.al, n.d.).

“A 2013 study showed that people with an annual household income of less than \$20,000 were much more likely to begin using heroin than those in higher income brackets. The perception that the crisis is primarily affecting middle-class America seems to have had an effect on the potential for political action” (Zwiebel, 2014, page 2).

People who use heroin regularly are likely to develop a physical dependence or become addicted. “Nationally, heroin use increased 79 percent from 2007 to 2012, with 669,000 people in the United States reporting they used the drug, according to the National Survey on Drug Use and health release in 2013” ([www.unodc.org](http://www.unodc.org)). “Heroin killed 121 people in Long Island’s Nassau & Suffolk counties in 2012. The rate of heroin-related deaths for New Yorkers rose to 5.7 per 100,000 in 2012 from 3.1 per 100,000 in 2010, according to the September report by the New York City Department of Health and Mental Hygiene. In 2013, 120 people died from the drug (These are the two highest totals ever recorded)” (Martins, 2014, page 1). On Long Island, overdose deaths involving opioids increased 27 percent between 2015 and 2016. (<https://libn.com/2017/11/06/the-battle-against-opiate-addiction-on-long-island/>). As many as 600 people died on Long Island in 2017 from opioid overdoses, 400 of which occurred in Suffolk County alone. (<https://www.newsday.com/long-island/crime/opioids-overdose-li-1.16502706>).

Long Island’s drug epidemic is a harsh reality that is affecting those who you would not believe. This epidemic could have a direct impact on any of us. Straight “A” students, athletes, or

cheerleaders who come from good hardworking families can all fall victim to heroin as well as other addictive drugs. Being able to recognize someone who may be an addict or that may have a substance abuse problem can be a difficult thing to do. Teachers, politicians, cops, doctors, lawyers, soccer moms, stockbrokers, fathers, or priests can become victims of this deadly epidemic.

Heroin is like other opiates because it sedates you and slows body functioning. People who use it describe a feeling of warmth, relaxation and detachment and anxiety decreases. “Due to its analgesic qualities, physical aches and emotional pains disappear. After appearing quickly, these effects can last for several hours, depending on the amount of heroin taken and how it is administered. “(Ball, J.C., et.al, n.d.). At first using heroin can result in nausea and vomiting, but with regular use these reactions fade.

There are also other drugs that are readily available that are being abused on Long Island. These drugs include benzodiazepines, amphetamines, Lortab, Darvon and Percocet. “However, once people are exposed to heroin, benzodiazepines, amphetamines, Lortab, Darvon and Percocet are considered to be “small potatoes” (Baggs, 2011, page 2-3). “Work is easy when the body feels no pain, and the mind is blanketed from the hard edge of reality” (Baggs, 2011, page 3). What this statement means is that an addict can be the most highly productive worker amongst his coworkers and you would never suspect that they are a drug addict. “When withdrawals are too much to bear, there may be a periodic sick day when supply runs dry” (Baggs, 2011, page 3). “An addict may take off of work when they do not have their heroin to “shoot up” and help them to function throughout the day” (Baggs, 2011, page 4).

Heroin is cheaper and easier to have access to than prescription pain killers since the “I-stop” law has been passed (Martins, 2014, page 1). It can be bought on both the internet or on the streets. Heroin is mostly a street drug and users are at high risk for overdose because there is no way of knowing the strength of what they are buying. “It is rare that heroin bought off of the streets is pure. It is dangerous because it is being tampered with and mixed with other potentially deadly drugs. The consistency will vary and it may be in the form of dark or white powder. This may be the result of the addition of substances such as sugar, starch, other drugs, or powdered milk that act as fillers.” (Ball, J.C., et.al, n.d.).

For example, occurring in February of 2014, a surge in heroin deaths had caught the attention of doctors and enforcement officers because they believed that heroin was being made worse by a more lethal version of the drug which combines fentanyl, a painkiller for cancer patients. Fentanyl, which is synthetic opioid, is extremely potent. Fentanyl is also cheaper than Heroin. Heroin addicts never really know what they are getting especially when they are buying heroin off of the streets. In Long Island, the Nassau County Police Department issued an advisory in February of 2014 warning of this contaminated heroin because several deaths were found to have involved fentanyl” (Gengo, 2014). Upon knowing how serious this drug epidemic is on Long Island, we must ask ourselves what may be the causes of it and what can be done to help to diminish this problem?

The central contention of this thesis is to figure out whether or not drug rehabilitation is effective in decreasing the drug epidemic on Long island, New York. The following thesis will include a variety of information that’s relates to this issue and will help us to draw a conclusion. I will begin by discussing rehabilitation as a solution to the drug epidemic and what

rehabilitation entails. This will include the types of treatments within rehab that are available, the suppliers of treatment, how treatments may or may not be effective and what types of treatments should be offered based on an individual's specific needs. I will discuss detoxification which occurs before rehabilitation and recovery which takes place after. Next, I will discuss what addiction really is, why it is so important to understand its significance, and how it affects the brain and body. Then, I will discuss issues that prevent rehabilitation from being effective such as lack of education, insurance companies, cost, and how the medical establishment contributes to this. The criminal justice system will then be addressed. This will include information regarding programs and deterrents for drug related crimes and offenses, drug policies, and recidivism. Lastly, I will discuss laws, legislations, overdose/disease prevention, and demographic/social factors that contribute to the effectiveness of drug rehabilitation on Long island, New York.

## **Rehabilitation**

Rehabilitation is one of many solutions to the drug epidemic on Long Island and includes several different forms of treatment. "Treating addiction usually begins with withdrawal and can be a matter of life and death "(Miller, Forcehimes, & Zweben, 2011 page 4 paragraph 4).

According to the National Institute on Drug Abuse, "drug addiction treatment is supposed to help an individual suffering from addiction to stop compulsive drug seeking and use. Treatment can take place in a variety of different settings and last for numerous lengths of time." Because drug addiction is a chronic disorder characterized by occasional relapses, a short-term, one-time treatment is usually not sufficient. For many, treatment is a long-term process that involves

multiple interventions and regular monitoring” (“The Science of Drug Abuse & Addiction”, n.d., page 1).

Treating addiction cannot be effective if it is limited to treating only one aspect of an individual. Addiction involves and affects the whole person and a single person is made up of biological, psychological, social and spiritual aspects. Although, each person is made up of all of these same aspects, their individual needs may vary. (Miller, Forcehimes, & Zweben, 2011, page 8, paragraph 1).

For example people who are addicted to drugs often suffer from other health problems such as depression, HIV, social problems other or mental and physical disorders. These things should be addressed also. The situation could become more difficult with a few different disorders present. “The best programs provide a combination of therapies and other services to meet and individual patient’s needs. Psychoactive medications such as anti-depressants or mood stabilizers may be critical for treatment success when patients have co-occurring mental disorders such as depression, or schizophrenia. Also, most people with severe addictions abuse multiple drugs and require treatment for all substances abused “(“The Science of Drug Abuse & Addiction”, n.d., page 3).

Alcohol/drug problems are intertwined with mental health and correctional concerns therefore, combining treatment within a larger series of health and social services is important. There are many mental or physical disorders that need attention in addition to drug dependence. It becomes an issue when and addicts problems are being treated in separate services. (Miller, Forcehimes, Zweben, 2011, page 4, paragraphs 2&3).

“Treating addiction should be a normal part of social service and general healthcare and should not be limited to special programs. It is essential that all employees in the healthcare, mental health, social service and legal/correctional systems setting are familiar with and able to treat addiction or at least are able to guide those in need in the right direction to seek the necessary help”(Miller, Forcehimes, Zweben,2011, page 4, paragraphs 2&3).

“Many professionals receive a small amount of training or encouragement to treat the problems of addiction. Little time is devoted even by professionals who specialize in addiction treatment. Alcohol and drug addictions have a direct relation to many other medical and behavioral problems” (Miller, Forcehimes, & Zweben, 2011, page 1, paragraph 2), therefore it is unfortunate that there is a lack of training to those in social and health settings who can identify and address these issues.” “Those who work in contents such as primary healthcare, family medicine, and dentistry may think of treating substance abuse/use disorders as “not my job” or they may say “I don’t have time” (Miller, Forcehimes, & Zweben, 2011, page 5, paragraphs 3-4). However, a small amount of time could make a huge difference. (Miller, Forcehimes, & Zweben, 2011, page 5, paragraphs 3-4).

Another form of treatment is behavioral therapy. Behavioral therapy focuses on examining the relationships between thoughts, feelings and behaviors or contingency management. Within this therapy good behaviors such as abstinence are enforced. This is one of many evidence based approaches to treating addiction. Medications are also a part of treating drug addiction in addition to behavior therapies. Sometimes a combination of both behavioral therapy and medications are used. For example, “treatment medications such as buprenorphine, methadone, and naltrexone (including a new long-acting formulation), are available for individuals addicted to opioids. Disulfiram, acamprosate, and naltrexone are medications

available for treating alcohol dependence, which commonly co-occurs with other drug addictions including addiction to prescription medications”(“The Science of Drug Abuse & Addiction”, n.d., page 1).

“Treatment for prescription drug abuse tends to be similar to those for illicit drugs that affect the same brain systems. For example, buprenorphine, used to treat heroin addiction, can also be used to treat addiction to opioid pain medications. Addiction to prescription stimulants, which affect the same brain systems as illicit stimulants like cocaine can be treated with behavioral therapies, as there are not yet medications for treating addiction to these types of drugs “(“The Science of Drug Abuse & Addiction”, n.d., page 2).

In addition to treatment, motivation for change is commonly recognized as a significant aspect of addiction and recovery. Not wanting to recognize the need for change and addressing the issue is a huge problem amongst addicts. In the past and even today, a belief about addiction is that “a person has to hit rock bottom and experience sufficient suffering before being ready to change”(Miller, Forcehimes, 2011, & Sweden, page 15, paragraph 2). However, sometimes “rock bottom” may be death. No one wants to see someone who they love and care about die from the disease of drug addiction. Fortunately, there are many tools to help enhance the motivation for change such as behavioral therapies which I have mentioned previously. These therapies can be on an individual or group level.

“Behavioral therapies can help motivate people to participate in drug treatment, offer strategies for coping with drug cravings, teach ways to avoid drugs and prevent relapse, and help individuals deal with relapse if it occurs. Behavioral therapies can also help people improve relationships and communication “(“The Science of Drug Abuse & Addiction”, n.d., page 2).

“Many treatment programs on Long Island employ both individual and group therapies. Group therapy can provide social reinforcement and help enforce behavioral contingencies that promote abstinence and a non-drug using lifestyle. Some of the more established behavioral treatments, such as contingency management and cognitive-behavioral therapy, are also being adapted for group settings to improve efficiency and cost-effectiveness. However, particularly in adolescents, there can also be a danger of unintended harmful effects of group treatment. Sometimes group members can reinforce drug use and derail the purpose of therapy. Because they work on different aspects of addiction, combinations of behavioral therapies and medications (when available) generally appear to be more effective than either approach alone” (“The Science of Drug Abuse & Addiction”, n.d., page 3).

The goal of treatment obviously is to stop drug abuse. However, it also is to return people into society and to reach a point where they can function on their own in a workplace, family, and community while being productive. Treatment does not have to be voluntary to be effective. “For those with known drug problems, drug addiction treatment may be recommended or mandated as a condition of probation. Research has demonstrated that individuals who enter treatment under legal pressure have outcomes as favorable as those who enter treatment voluntarily” (“The Science of Drug Abuse & Addiction”, n.d., page 7). “Sanctions or enticements from family, criminal justice systems, or employment settings can significantly increase treatment entry and have a large effect on the ultimate success of drug treatment” ([www.drugabuse.gov/therapeutic](http://www.drugabuse.gov/therapeutic)).

According to the National Institute on Drug Abuse, “research that tracks individuals in treatment over extended periods showed that most people who get into and remain in treatment

stop using drugs, decrease their criminal activity, and improve their occupational, social and psychological functioning. For example, methadone treatment has been shown to increase participation in behavioral therapy and decrease both drug use and criminal behavior. However, individual treatment outcomes depend on the extent and nature of the patient's problems, the appropriateness of treatment, and related services used to address those problems, and the quality of interaction between the patient and his or her treatment providers" ([www.drugabuse.gov](http://www.drugabuse.gov)).

Drug rehabilitation can be used to help a person recover from addictions, injuries, and even physical or mental illnesses. Before one enters into a rehabilitation program they must first undergo detox treatment. "Detoxification is the process by which the body clears itself of drugs and is often accompanied by unpleasant and sometimes even fatal side effects caused by withdrawal. Withdrawal refers to the physical problems and emotions you experience if you are dependent on a substance (such as alcohol, prescription medicines, or illegal drugs) and then suddenly stop or drastically reduce your intake of the substance"

(<http://www.webmd.com/mental-health/addiction/alcohol-or-drug-withdrawal>). Some individuals may be serving prison time for substance related problems and are forced to withdraw from drugs in an environment that does not forgive. Others may be able to withdraw from the substance in an environment that is more supportive or more medical. (Sussman & Ames, 2008, page 207, paragraphs 2-3).

### **Detoxification**

Detox by itself, does not result in long lasting changes in behavior necessary for recovery. It does not address the psychological, social, and behavioral problems associated with addiction. Therefore, "the process of detoxification is often managed with medications that are

administered by a physician in an inpatient or outpatient setting and is often called “medically managed withdrawal”. (<http://www.rehabs.com/about/rehab-treatment/>).

Detoxification is the first stage of treatment because it is designed to manage the dangerous but acute physiological effects of stopping drug use. “Medications are available to assist in the withdrawal from opioids, benzodiazepines, alcohol, nicotine, and other sedatives. Detoxification should always be followed by a formal assessment and referral to subsequent drug addiction treatment such as rehabilitation”. (<http://www.rehabs.com/about/rehab-treatment/>).

There is not a set period of time that applies to each and every individual when it comes to rehabilitation. Some addicts may need a 90-day stay at an inpatient treatment facility to truly find their path to recovery. Others may only need a 30-day program. The amount of time an individual may need in rehab varies according to their addiction. The amount of time that is needed to be spent in rehab depends on the individual’s past experiences with addiction, dual diagnoses conditions, and the individual’s specific physical, mental, emotional, and spiritual needs. (<http://www.rehabs.com/about/rehab-treatment/>). Those who spend longer amounts of time in rehabilitation programs achieve better rates of long term sobriety. This is because more time spent at a treatment facility means more opportunity to focus on the root causes behind addiction. If these issues are addressed effectively, then the individual is more likely to be able to resist temptation to relapse” (<http://www.rehabs.com/about/rehab-treatment/>).

**Structural-level factors.** Recovery is an ongoing process that will continue for the rest of the individual’s life. Addiction does not end after a patient has left a rehabilitation program. Long-term recovery often involves ongoing therapy, both in individual and group form, and attendance at 12-step meetings

[\(http://www.addictionrecoveryguide.org/resources/recovery/\)](http://www.addictionrecoveryguide.org/resources/recovery/). Structural factors that affect the success of drug rehab programs include things such as the twelve step programs, which have been a part of the recovery process and the basis for many recovery programs. An example of a twelve step program on Long Island would be AA. “AA stands for Alcoholics Anonymous. This program was developed over 65 years ago by a small group of alcoholics, however has been adapted for many other addictions. The AA program provides simple tools for living based on a set of spiritual principles. Men and women rely on each other, share their experiences, and offer support as a part of a lifelong process of recovery”.

[\(http://www.addictionrecoveryguide.org/resources/recovery/\)](http://www.addictionrecoveryguide.org/resources/recovery/).

“All addiction anonymous programs focus solely on the 12-step program and how to work the steps. They allow only brief personal sharing about individuals’ stories to illustrate patterns of addiction. These programs do not explore psychological issues. The program connects suffering addicts to recovered addicts who guide newcomers through a personalized one-on-one study of the original 12 step program”

[\(http://www.addictionrecoveryguide.org/resources/recovery/\)](http://www.addictionrecoveryguide.org/resources/recovery/).

Another structural factor within rehabilitation is outpatient programs which provide counseling and various levels of treatment for addicts. The programs usually may meet on a weekly basis and teach individuals about addiction and help them to remain sober. “However, some intensive outpatient or day treatment programs may meet several times a week for 3 or more hours per session. These programs use the 12 step recovery resources and tools. Working with the 12 steps involves admitting that one has a serious, uncontrollable problem, recognizing that outside power could help, conscious reliance upon that power, inventorying and admitting character defects, seeking deliverance from these defects, making amends to those in which one

has harmed and helping others with the same problem”

(<http://www.santacruzhealth.org/recoverywave/DIRECTORY/detox.html>).

On a structural level, relationships matter when it comes to treatment and rehabilitation. The approach that therapists have within rehab is important to treat addiction successfully. “In reality, treatment often relies upon a single or primary therapist, whose role includes providing a variety of services that are usually provided by more than one professional” (Miller, Forcehimes, & Zweben, 2011, page 2, paragraph 3).

“Substance abuse counselors may be trained in a variety of therapeutic techniques used to address a wide range of issues, including depression, suicidal impulses, stress management, problems with self-esteem, issues associated with family, parenting, and marital or other relationship problems that are either associated with or underlie the addictive behavior. At some point in the therapeutic process, counseling sessions will include family members to help them recognize behaviors and problems related to addiction”.

(<http://www.santacruzhealth.org/recoverywave/DIRECTORY/detox.html>)

Structural factors within rehab also include residential or in-patient programs that usually require a commitment of at least 30 days and typically include room and board. “Through intensive counseling and group interactions, addicts/alcoholics learn how to regain control of their lives using key recovery tools. Most programs follow the 12-step program. Some residential programs provide addicts with detoxification services to help through the early stages of withdrawal. These programs remove the addict from the environment and people that enabled their addiction, which allows the addict to recover and focus on their addictive behavior instead of their drug use. Programs combine a sober living environment with intensive group counseling

that treats each participant with respect, dignity and confidentiality”

(<http://www.santacruzhealth.org/recoverywave/DIRECTORY/detox.html>).

***Individual – level factors.*** After an addict has completed detoxification and a rehabilitation program for however long necessary, it is up to them to stay sober and continue to attend outpatient programs such as AA meetings. They should also provide help and support to other addicts. Individual level factors that affect the success of drug rehabilitation are the most prevalent after an individual has completed detoxification and a rehabilitation program. These factors include living in sober houses. Sober living houses are drug and alcohol free environments where recovering addicts must abstain from drugs and alcohol and have to pay rent or other fees (perhaps enter back into the work force), do household chores and attend meetings. A recovering addict can choose to stay in a sober house for as long as necessary as long as they comply with the rules of the house. The goal is to maintain abstinence (“The Science of Drug Abuse & Addiction”, n.d., page 11).

### **Addiction.**

Individuals cannot seek the proper treatment without having knowledge about what the disease of addiction actually is. Many people are unclear about what the true meaning of addiction is. “Addiction is typically described as a “chronic relapsing disease and is done habitually. There is a compulsive quality to it that seems to be beyond the individual’s control. Something becomes an addiction when it increasingly dominates a person’s life and as a result it harms or distracts a person from other aspects of life” (Miller, Forcehimes & Zweben, 2011, page 10, paragraph’s 1-2). Sobriety is only effective for a certain amount of time for someone who may be an addict (Heyman, 2009, page 65, paragraph 1).

Addiction should be addressed as a health or social condition. Addiction is not the same as physical dependence. “Some confuse addiction with physical dependence which is what can occur with the chronic use of many drugs even if taken as instructed. Physical dependence does not constitute, but often accompanies addiction. This difference can be difficult to apprehend, particularly with prescribed pain medication, for which the need for increasing dosages can represent tolerance or a worsening underlying problem, as opposed to the beginning of abuse or addiction ”(“The Science of Drug Abuse & Addiction”, n.d., page 11).

“Addiction, or compulsive drug use, has harmful consequences and is characterized by an inability to stop using a drug, a failure to meet work, social, or family obligations, and sometimes (depending on the drug), tolerance and withdrawal. The latter reflect physical dependence in which the body adapts to the drug, requiring more of it to achieve a certain effect (tolerance) and eliciting drug-specific physical or mental symptoms if drug use is abruptly ceased(withdrawal)”(“The Science of Drug Abuse & Addiction”, n.d., page 11).

There is no cure for addiction, however there is a solution. Recovery is a lifelong journey. There is a stigma attached to addiction that being addicted to a substance is a moral choice and failure. A person takes drugs by choice, however having an addiction problem is uncontrollable after a certain amount of time. “Addiction is a chronic and often relapsing brain disease that causes an obsessive need to seek and use drugs despite the harmful consequences” (<http://www.medicalnewstoday.com/info/addiction/>). It is hard to distinguish what is right from wrong when an individual is addicted to something. “Although the initial decision to take drugs is voluntary, the changes in the brain that occur overtime challenge an addicted person’s self –

control and hinder his or her ability to resist intense impulses to take drugs”

(<http://www.medicalnewstoday.com/info/addiction/>).

### **An Addict’s Brain**

“Alcohol and drugs fool the brain into releasing natural chemicals (dopamine) in the brain's regions that control movement, emotion, motivation, and feelings of pleasure. Drugs spike dopamine levels and this is why people become addicted. Dopamine is a neurotransmitter that helps control the brain's reward and pleasure centers. Dopamine also helps regulate movement and emotional responses, and it enables us not only to see rewards, but to take action to move toward them. Dopamine deficiency results in Parkinson's disease, and people with low dopamine activity may be more prone to addiction. The presence of a certain kind of dopamine receptor is also associated with sensation-seeking people, more commonly known as "risk takers"(<http://www.psychologytoday.com/basics/dopamine>).

Dopamine normally responds to natural behaviors related to survival such as eating, sex, love, success, etc. When dopamine levels are over stimulated and large amounts are produced, then euphoric effects take place in response to psychoactive drugs. “A psychoactive drug or psychotropic substance is a chemical substance that acts primarily upon the central nervous system where it alters brain function, resulting in temporary changes in perception, mood, consciousness and behavior” ( [http://www.sciencedaily.com/articles/p/psychoactive\\_drug.htm](http://www.sciencedaily.com/articles/p/psychoactive_drug.htm)). These drugs may be used recreationally, for spiritual purposes, as medication to control pain, or to alter one's consciousness on purpose. “Many of these substances (especially the stimulants and depressants) can be habit-forming, causing chemical dependency and may lead to substance abuse which progresses into addiction”

[http://www.sciencedaily.com/articles/p/psychoactive\\_drug.htm](http://www.sciencedaily.com/articles/p/psychoactive_drug.htm)).

Dopamine which is a neurochemical is involved in motivation, learning, and memory. It helps us focus on our surroundings, pay attention to information we need to survive, act upon it, and remember it for the future. According to the salience theory of dopamine, the chemical is released when something extremely important or accidental happens such as stepping on a thumbtack. When a person uses drugs, five to ten times as much dopamine is sent through the nucleus. As a result the brain's attentional and motivational mechanisms focus purely on seeking the drug. "It becomes the most interesting and important thing in the world. In any addicted person, what's salient is the drug. There's no competition". (McGowan, 2012, pg. 2).

"Research on the brain indicates that addiction is about powerful memories, and recovery is a slow process in which the influence of those memories is diminished. Both addictive drugs and highly pleasurable or intense experiences (such as a life or death thrill, a crime, or an orgasm) trigger the release of dopamine which in turn creates a reward circuit in the brain. This circuit registers that intense experience as "important" and creates lasting memories of it as a pleasurable experience. Dopamine changes the brain cells, telling the brain to "do it again", which increases the possibility of relapse even long after the behavior (or drug) has stopped. Dopamine also helps to explain why intense experiences can be just as addictive as drugs" (Smithstein, 2010, page 1)." Dopamine's role is to shout "Hey! Pay attention to this!" Only as an afterthought it might whisper "Wow, this feels great". (McGowan, 2012, page 1)

Dopamine not only tells the brain what is important and what to pay attention to in order to survive, but it also controls what feels good, which dictates the disease of addiction. Messages to the brain become more powerful to repeat an activity for survival, depending upon the intensity of an experience. "Those who have fewer salient things in their lives that capture their

attention or interest are more vulnerable to those things that may give them a rush and alert the brain in a powerful way. Battling addiction is not simply a matter of will-power, but also is about transforming an individual's body, mind and life and creating a new set of experiences for the brain to register as important and pleasurable. It is also about patience, healing, not taking relapse personally, and the passage of time to allow the memories to fade" (Smithstein, 2010, page 1). As I stated before drug addiction should be addressed as a health or social condition.

"Nora Volkow is one of the country's most prominent drug addiction researchers and the director of the National Institute on Drug Abuse (NIDA). She was an early on champion of the idea that drug addiction is a medical problem instead of a lack of willpower or moral fiber" (McGowan, 2012, page 2). One of her theories is that addiction may be a malfunction of the human beings normal craving for stimulation. Volkow thinks that "drugs and other addictive habits tap into some of the deepest forces within us, our lust for newness or our yearning for vitality and the thrill of being alive. "We all seek that intensity", she says. "There's something very powerful about that". This idea is also based on an understanding of dopamine. If dopamine delivers the pleasure message, addicts should be in a continual state of bliss, but most of them get very little pleasure. Volkow says that she has seen hundreds of addicted people and she has never come across one who wanted to be addicted. As she began doing brain-imaging studies with drug addicts, this type of contradiction haunted her. How could someone be addicted to something, but not want to be" (McGowan, 2012, page 1)?

"Over time the addict's brain adapts to dopamine by dampening the system down. Imaging experiments show that a cocaine addicts brains does not react to things that turn the rest of us on, whether it is romantic passion, food or the cold. Volkow's research has shown that addicts have fewer dopamine D2 receptors which are found in parts of the brain involved in

motivation and reward behavior. With fewer receptors, the dopamine system is desensitized, and the now-under-stimulated addict needs more and more of the drug to feel anything at all.

Meanwhile, pathways associated with other interesting stimuli are left idle and lose strength. The prefrontal cortex, which is the part of the brain associated with judgment and inhibitory control also stops functioning normally. You then have enhanced motivation for the drug and you have impaired prefrontal cortical systems so you want the drug pathologically, and you have reduced control of behavior, and what you've got is an addict" (McGowan, 2012, page 2).

Those who are more likely to enjoy the rush of addictive drugs may have been born with less dopamine receptors. "In one imaging experiment Volkow gave Ritalin, which gently lifts dopamine levels, to a group of ordinary volunteers. Some loved the feeling of the drug, but others hated it so much that they threatened to drop out of the study. Volkow was puzzled until she imaged their brains. She found that those who liked the rush from the drug had fewer dopamine D2 receptors than those who hated it" (McGowan, 2012, page 2).

Volkow thinks that some people have a sensitive dopamine circuitry and they cannot take the additional stimulation of drugs. "It is easier to get hooked on drugs if they are readily available in your neighborhood, but it is not just a question of supply and demand. Volkow believes that "people who have grown up in stimulating, engaging surroundings are protected against addiction, even if they do not have a naturally responsive dopamine system. If you connect to the world in a meaningful way, and have more chances to get excited about natural stimuli, you are less likely to need an artificial boost" (McGowan, 2012, page 2).

Chemical dependency may be due to a few factors such as heredity "An individual is more likely to become an addict or an alcoholic if it is in their family tree. They may be

psychologically addicted, lacking social adaptation allowing the drug to substitute or make up for healthy social interacting skills or sense of belonging” (McGowan, 2012, page 2).

The disease of addiction is constantly progressing and arises spontaneously and is not associated with any prior diseases or injuries. The addicted person and people close to them may not notice or be aware of the change because it is difficult to perceive. The addicted person may go from the earliest stage of it appearing to be seductive and helpful to them and then later it becomes uncontrollable. An individual cannot begin to heal themselves without becoming abstinent. Abstinence can be obtained through rehabilitation. However, there is such thing as forced abstinence.

### **Forced Abstinence**

When you are sober for a long period of time or when you have a period of forced abstinence through rehabilitation your body chemistry has changed and you cannot handle it, according to Jeffrey Reynolds, executive director of the Long Island Council on Alcoholism and drug dependence (LICADD). “LICADD’s mission is to address addiction by providing initial attention and referral services to individuals, families, and children, through intervention, education and professional guidance to overcome the ravages of alcohol and other drug-related problems” (<http://licadd.com/about/our-mission/>).

With Phillip Seymour Hoffman who was found dead at age 46 on February 2, 2014 in the bathroom of his New York City apartment, the theory of forced abstinence was demonstrated very well. Because of the needle found in his arms, his death was assumed to be a possible overdose. “For years heroin has been a forgotten drug, overtaken by abuse of prescription painkillers. “The nation’s crackdown on prescription drug abuse is another factor that has driven the increase in heroin use” says Reynolds of the Long Island abuse council.

(<http://licadd.com/about/our-mission/>). It's never too late to seek help with a drug addiction.

There are different forms of help that are available.

### **Help Groups/ Hotlines**

“PUSH-LI which stands for People United to stop Heroin on Long Island is a group led by parents who have lost their children, parents of addicted kids and young people in recovery. It is a bi-county group of concerned parents, young people and community advocates, who are advocating for a continuance of substance abuse prevention, harm reduction services, addiction treatment services and recovery support for Long Island's young people”

(<http://licadd.com/about/our-mission/>). These programs offer a lot of support to anyone in need.

Hotlines also offer support for anyone dealing with addiction and are in need. They provide a way for a person to reach out for help either when thinking about quitting drug use, for support to stop relapse from happening, or to search for treatment. “Various toll-free hotlines have been set up to provide 24-hour service emergency and other treatment information” (Sussman & Ames, 2008, page 258, paragraph 3).

“Long Island also has a Crisis Center with 24hr /7 days-a-week hotlines, located in Bellmore, a town in Nassau County on Long Island. The crisis center responds to users who have become victims to this epidemic and families who are at a loss on how to deal with it. These services are sought because people can call anonymously and there is no caller ID. There is such stigma and shame associated with the disease of drug addiction that many people are hesitant and afraid to ask for help” (Long Island Crisis Center). Many people do not know where to begin while others are in denial, or have gone to treatment and have relapsed over and over again. These are a few reasons as to why rehabilitation and treating addiction is challenging.

### **Reasons for Ineffectiveness of Rehabilitation**

There are many different reasons why one may think that rehabilitation is not effective on Long Island. A few reasons include things such as relapse, lack of education, cost of insurance, the medical establishment, unavailable treatment, the criminal justice system/drug policies, as well as laws and legislations. Governments have been flying blind in the war on drugs. Not enough laws, such as laws concerning doctor shopping, were available/being passed or enforced properly in regards to the growing drug epidemic and the distribution and usage of drugs on Long Island.

### **Relapse**

Rehab is sometimes not effective because drugs are readily available which makes it easier for an addict to relapse. Recovering addicts say people don't have to go to crime-ridden neighborhoods anymore to get heroin. They can use the internet. Because of anonymity, is hard for law enforcement to catch the sale of drugs over the internet. New and old websites can easily be created and because the internet is broad and sellers are almost impossible to reach. Investigations are too complex and resources are limited because some internet sites that are used to sell drugs can contain several different sites and links. Listings to purchase drugs on the internet are usually in described in code words such as "Tina" which could mean Meth. Because of these difficulties it is hard for law enforcement to be effective. Also because the drugs can be sold to anyone in the world this creates challenges for law enforcement at international, federal and state levels (Hubbard, 2004).

There are many levels to rehabilitation that are offered and available on Long Island. Although many rehabilitation and treatment programs are available in both Suffolk and Nassau Counties, depending on an individual's situation these programs may not always be effective

and may not help in decreasing the drug epidemic that is slowly killing our loved ones. What I mean by “situation” is that everyone’s story and journey to recovery is different.

**Education.** Education amongst families is of great importance. Family and friends can make a difference in the life of someone who may have an addiction problem. An addict’s family is likely to play a significant part in the effectiveness of rehabilitation. To know what signs to look for in a drug addict can be the difference between life and death. Family can play a critical role in motivating an individual with drug problems to enter and stay in treatment. Family therapy can also be important, especially for adolescents. Involvement of a family member or significant other in an individual’s treatment program can strengthen and extend benefits. Without becoming educated, you cannot suspect someone of using. Not knowing what signs to look for in an addict is enabling the person to use. This may allow the addict to continue to abuse drugs without even realizing. A drug addict is very manipulative and they know how to get exactly what they want.

However, when you love and care about someone who may be an addict you believe them and whatever it is that they say, not knowing that they are lying and manipulating you to get what they want. This is why it is important to become educated on drug addiction and how to deal with someone who may be close to you who may have a substance addiction problem. By becoming educated, you learn how to say “no” and how to not become an enabler. Also, most of the time without realizing it, families are affected by this drug addiction problem as well. They become victims to the drug as well because often they are suffering seeing a loved one suffer. Family Support and education are offered at many facilities on Long Island.

One facility on Long Island where families can seek help to support themselves and their loved ones is LICADD. “LICADD offers programs such as Family and Education Support and Prevention through education. Family Education and Support Series are professionally facilitated workshops designed for families who are living with someone who is actively abusing substances. These professionally facilitated workshops are conducted in supportive groups setting and they address the disease of alcoholism and drug addiction, the role of the family, and treatment for addiction” (<http://licadd.com/about/our-mission/>). The program encourages entire families to attend together because this could lead to a family intervention.

“Prevention through Education provides alcohol and other drug risk education for individual, family, and communities from kindergarten through adulthood. Its educational services include adolescent evaluations, elementary and middle school interactive modules, support services for children of addicted parents and parent-child communication workshops” (<http://licadd.com/about/our-mission/>).

**Insurance.** Insurance companies affect the success of rehabilitation. The coverage of rehabilitation differs from policy to policy. There are also medical criteria for insurance companies. According to the Substance Abuse and Mental Health Services Administration, “approximately twenty million Americans suffer from addiction. Forty percent are unable to access treatment because of high cost and lack of insurance” ([www.yourfirststep.org](http://www.yourfirststep.org)). The low cost or free rehabs that are available for those without insurance usually have waiting lists due to high demand and low bed availabilities.

In the past, the system has failed recovering addicts on Long island when it comes to treatment. Insurance companies play a role in how much care drug addicts receive. “According

to drug rehabilitation expert Jeffrey Reynolds, for years, insurance companies have long developed strategies to avoid paying for costly drug rehabilitation. If an addict is not suicidal or homicidal than he/she did not meet the criteria ([www.businessinsider.com](http://www.businessinsider.com)). There has been a medical criterion for insurance companies. Some companies have a "fail first" policy, which means an addict must try an outpatient treatment first and fail before being considered for inpatient care”(News12.com). Heroin withdrawals do not kill, however dependencies on alcohol or benzodiazepines can be fatal. Therefore, if you say that a person is using alcohol or benzodiazepines then they may be admitted right away. “Because heroin withdrawal is not directly deadly, most insurance companies will not pay for inpatient detoxification or rehab”, said Anthony Rizzuto, a provider relations representative at Seaford Center, a rehabilitation clinic on Long Island. The insurance company may say that the addict try outpatient rehab and “fail” before he/she can be considered for inpatient care ([www.businessinsider.com](http://www.businessinsider.com)). If insurance cannot be used most rehabilitations require payment upfront.

Many families who have found out that their loved one was addicted to a drug were desperately trying to get them help. They could not get help due to the hospitals turning them away because the addict was not going through withdrawal or because it was not covered by insurance companies. In addition to hospitals turning an individual away, it is hard to get into a detox program because some programs require phone evaluations beforehand. Some companies also have claimed that withdrawals from opiates were not life threatening (Finn, 2014, page 2).

Tammye Rawls of North Shore LIJ in Nassau County Long Island is an Admissions Officer. Her typical role is greeting the patients who come into the hospital and orienting them into the detox program that LIJ offers. She may do phone screenings or pre-assessment of a

potential patient that may be admitted to the program if they meet the program criteria. The final decision is made by the intake team as well as the insurance team of the hospital. North Shore LIJ's detox program has patients that are referred by other agencies as well as self and family - referrals. Patients may also be mandated by certain courts. After conducting the phone screening, typically if accepted to the detox program or rehab unit, the client will get the next admission date which could be anywhere between 3 days to a week. However, 3 days to a week is a long time to someone in desperate need of help.

Once a person is screened for either service their insurance information is then sent down to financial in which the determination is made. They often have med-pending admissions which essentially means, a patient's stay would be covered but if they do not go to a sober house after discharge, they will be referred to the Department of Social Services to re-apply.

“Rehabilitation can range in price dramatically and may determine whether or not a drug addicted person can is able to get the help they need. The cost is dependent on a variety of things, such as whether rehab is an inpatient or outpatient facility, if the program provides certain amenities, and what the program provides as far as detoxification and rehabilitation service. Some low-cost rehab options may charge as little as \$7,500 per month, whereas high-end luxury programs can cost as much as \$120,000 per month. A number of evidence-based, high-quality options exist in the \$18,000 to \$35,000 per month range. The four things that will affect the cost of rehab programs are amenities, length of the program, location, and type of program” (<http://www/rehabs.com/about/rehab-treatment>).

The cost of addiction not only comes with many financial costs due to price of the drugs, lost productivity of work, criminal fines and medical bills for health issues, it costs the addict in

other ways. It can cost an addict lost career goals, disintegration of relationships, and poor health (maybe even death), and overall unhappiness. Therefore, one should consider these other losses when letting the financial cost of rehab be a deterrent. (<http://www/rehabs.com/about/rehab-treatment>). Insurance is often accepted at drug rehabilitation programs however, this will vary depending on what facility you choose.

It is so important to check your plan before you enroll in a rehabilitation center because insurance may or may not cover a portion of rehabilitation. It is unfortunate for those who cannot afford treatment because some facilities require patients to pay upfront and then seek reimbursement from their insurance company. “Some rehabilitation centers actually may work with you and you can discuss other payment options with the facility such as a financial plan to make the cost more manageable” (<http://www/rehabs.com/about/rehab-treatment>).

Fortunately, in 2010, The Affordable Care Act also known as “ObamaCare”, was created in regards to insurance coverage and treating addiction. However, under The Affordable Care Act, there are many stipulations that may prevent individuals from receiving the proper care. There are many barriers that prevent full access to treatment underneath the Affordable Care Act. Although insurers cannot impose lifetime or yearly limitations on how much will be paid out for treatment, treatment must be diagnosed as being medically necessary (Two, 2014).

An addict is supposed to benefit from the ACA. If more health care providers are being reimbursed by insurance companies for services involving addiction, then this would result in more addicts having more access to treatment, if there are availabilities in treatment programs. However, not every plan covers the same services to the same extent. There are a lot of people who live under the federal poverty line that still struggle with addiction because some federal

and state funded Medicaid programs only provide a basic level of health insurance coverage (Ackerman, 2014). Certain plans dictate where an addict can receive treatment and they are forced to go somewhere that is not of their choice which could have an impact on the successfulness of treatment. The facilities that are covered by under insurance providers may not always be of good quality.

Under ObamaCare people can check themselves into treatment programs but some insurance plans may require some type of out of the pocket expense as well. In some instances, patients may have to undergo out-patient treatment before considering in-patient treatment. Some treatment programs require a co-payment and coverage is sometimes limited. Under the ACA rehabilitation centers do not receive support for housing expenses ([www.Obamacarefacts.com](http://www.Obamacarefacts.com)). Given the fact that under this act, an individual may have access to treatment, doesn't necessarily mean they will seek treatment. While some people have taken full advantage of treatment, others have not. Sometimes, it is not about the cost, but about the benefits and if the individual actually wants the help.

Although the state and federal Medicaid programs offer basic health insurance coverage to people living in poverty, the image of poverty is twisted. For example, under the ACA, it states that "a family of three living in New Jersey, must make less than \$25,000 a year to qualify as being poor" (Dahr, 2014). The ACA gave the state the option of expanding however, in certain states such as Louisiana, they did not agree to the expansion of Medicaid (Wells, 2014).

Finally, although the ACA offers coverage for addiction treatment one of the main barriers is that "at a federal level, the ACA has a rule that Medicaid funding is limited to institutions that have sixteen beds or less" (Weigel, 2015). This is obviously a huge issue

because sixteen beds are not a lot and if there is a shortage of beds then addicts will be turned away and will not receive the necessary help. This would defeat the purpose of the ACA. Time is essential when it comes to treating addiction and those entitled to treatment should not be turned away. Some treatment centers will only offer thirty days and will not extend the amount of time.

Because of the lack of capacity, treatment centers are fighting with insurance plans about the duration clients are in care because the law does not specify time or depth of treatment. “Some facilities have even had to shut down because of low daily rates they were required to change under ObamaCare” (Gibson, 2015). This is also a huge issue because if facilities are shutting down then treatment will not be available at all and again, this defeats the entire purpose of the Affordable Care Act.

*The medical establishment.* “The genesis of the prescription pill and heroin epidemic lies squarely at the feet of the medical establishment” ([www.drugabuse.gov](http://www.drugabuse.gov)). Access rapidly becomes an addict’s top priority. “It all begins with doctors. Not only are doctors overprescribing painkillers, but they are using drugs themselves. The total number of opioid pain relievers prescribed in the U.S. has skyrocketed from 76 million in 1991 to nearly 207 million in 2013 within the U.S. Suffolk County has seen 70 percent more prescriptions for oxycodone than the average for any other state”([www.drugabuse.gov](http://www.drugabuse.gov)).

Not all doctors are not drug tested. “Across the country, more than 100,000 doctors, nurses, technicians and other health professionals struggle with abuse or addiction. Their knowledge and access to drugs makes their addiction problems especially hard to catch. According to Lisa Merlo, a PHD researcher at the University of Florida’s Center for Addiction Research and Education, 38 (68%) out of 55 doctors who were a part of a study abused

prescription drugs. During the study these doctors were being monitored by their state physician health programs for problems relating to alcohol and drug abuse” (Reese, 2014).

People go to hospitals to get well. Hospitals should do more to protect patients such as improving security such as surveillance of drug storage areas, tightening the chain of custody on drugs, and better tracking of controlled substances. Hospitals should be required to perform random drug tests on all health care workers with access to drugs. “Medical centers should be required to call law enforcement agencies if they suspect a health care worker of stealing drugs and get addicted health care workers help” (Levinson & Broadhurst, 2014, page 1).

“In 2012, in Hauppauge which is a town located on Long Island’s Suffolk County, Suffolk County District Attorney Thomas Spota, blamed both physicians and pharmacists for the epidemic of prescription addiction in the past decade. 26 people were arrested and indicted in the connection with the prescription drug trade in Suffolk County. The Suffolk County grand-jury report says that authorities should directly challenge the motives and competence of healthcare professionals and drug makers” (James, 2012, page 1). “A small percentage of doctors and pharmacists knowingly sell the drugs illegally to addicts while some physicians and pharmacists often give out a month’s supply to patients when only a few days worth would be enough. Patients or their family members or friends can then become addicted and sometimes move onto heroin” (James, 2012, page 2). Spota said that “the rise in painkiller abuse in Suffolk County corresponded with a shift in thinking amongst doctors. Doctors who once prescribed powerful opiates like oxycodone and hydrocodone to ease pain at the end of a patient’s life have now more recently begun using these same drugs to treat something as small as sprains to root canals” (James, 2012, page 4). If given to them regularly, young children or adults who may be

misdiagnosed with disorders such as ADD or ADHD or that may be given benzodiazepines to treat anxiety or sleep disorders may become addicted to these drugs.

Because of the lack of laws concerning prescription drug in the United States, “In 2011 41,000 people died from prescription drug overdoses”. (50 State Survey of Doctor Shopping Laws). The types of laws that may have helped if Albany or Washington had enacted them were laws concerning doctor shopping. Doctor shopping is when a patient fraudulently gets drugs by visiting different doctors without each doctor having knowledge of the other doctor’s prescriptions (Park, 2010, page 1). Although doctor shopping is illegal and punishments for this crime vary from state to state depending on the severity of each case, an individual cannot be punished if there is no way of tracking this crime.

Different types of drug usage have led to overdoses because doctors are overprescribing powerful pain killers such as oxycodone and hydrocodone. Doctors are also using drugs themselves. This is also a problem because they have access to the drugs and are not monitored. Because of this, the genesis of the current prescription pill and heroin epidemic lies squarely at the feet of the medical establishment. (James, 2012, page 1).

### **Rehab Availability**

Another reason why one may think that rehabilitation is not effective is because of the limited number of rehabilitation slots available at any moment. This may have an effect on how many users get treatment. Some people give up on treatment because of the barrier of being put on a waiting list. An immediate appointment or start date results in better rates in which clients seek and begin treatment. This is a reason why they continue to use drugs. Most of the time if a substance user has to wait to be put on a list for rehabilitation they are likely to

not follow through with the treatment.” Studies evaluating the impact of waiting times on retention and on treatment outcomes have not been consistent in their findings. There is little evidence that either reduced waiting times increase retention or that longer waiting times would be associated with higher client motivation”(Addenbrooke & Rathod, 1990: Best et al.,2002). However, one may disagree and say that the longer the wait, the more time the addict has to use keep using which could lead to possible overdose, which could result in death. Most addicts who seek help want immediate treatment and if they have to wait, their motivation decreases.

Rehabilitation is not effective and cannot be successful in situations where it is not offered. Russia is an example of a situation where treatment is not available. The country’s state-run rehabilitation centers are very few and often fail. “More than 70,000 people die each year in Russia from drug abuse, 30,000 from heroin according to the Federal Drug Control Service. Since 2010 the number of addicts has skyrocketed to 2.5 million. No money has been allocated for state rehabilitation programs” (Quinn, 2014). The few centers that they do have are not effective because of the lack of psychological counseling and medication used.

**Treatment vs. Prison.** Another example where rehabilitation is not offered is when drug dealers and users are being arrested and thrown in jail when they should be seeking treatment or treatment should be an option. I have not discovered any evidence that drug dealers are also heavy users, however I do believe that dealers conduct their drug sales as if they were running an actual business. Using their own product of course would decrease their profit. The United States has received particular attention because of the size of the population incarcerated for drug offenses. “In 2005, the estimate was about 500,000 which is more than Western Europe imprisons for all criminal offenses” (“Drug Policy and the Public Good”,

2010, page 159, paragraph 2). “Since as early as 1985, Drug offenders have made up 80% of the overall increase in the United States Federal Prison population” (“The Anonymous People”, 2013). Sometimes when an addict may be on probation for previous crimes, a probation officer may offer an ultimatum. For example, if an addict has completed a detox program and finished a rehabilitation/outpatient program and they relapse from a drug, their probation officer may give the addict two choices. These choices include going to jail for violating probation or re-entering a rehabilitation program. However, there are situations where a recovery may seem hopeless because an addict with a criminal record has repeatedly relapsed and the alternative of receiving treatment over going to prison is no longer an option.

Treatment is more important than prison. “Over half of the two- million Americans that are currently incarcerated as of January 2015, are in jail for non-violent drug offenses. The United States criminal justice system could possibly save millions of dollars and reduce recidivism if low level offenders were offered treatment as an alternative to prison. According to the National Institute on Drug Abuse, research done over the last two decades has consistently shown that treatment has beneficial effects for drug abusers in the criminal justice system. Through monitoring, supervision and threat of legal sanctions, the justice system can provide leverage to encourage drug abusers to enter and remain in treatment. Community based drug abuse treatment can reduce drug use and drug related behavior.” (“Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety”, Volkow, 2009).

An effective structural response to addiction is Drug Treatment Alternative Programs (DTAP’s).” In 1990 the Kings County District Attorney’s Office in Brooklyn, N.Y. developed the Drug Treatment Alternative to Prison (DTAP). The purpose of this program was to reduce

drug use and recidivism by introducing felony offenders who are non-violent into high-level structural treatment and intervention programs” ([www.crimesolutions.gov](http://www.crimesolutions.gov)).

However, there are stipulations to the DTAP program such as: the defendant must have one prior felony or more, must be 18 years or older, in need of treatment from being addicted to drugs, and their addiction should be one of the reasons why they have engaged in criminal acts. This alternative has proven to be effective by a study that was conducted by researchers at RTI International. “The study monitored costs associated with the criminal justice system, the recidivism rates for six years, and the program itself. The study also determined that individuals who participated in the DTAP had lower recidivism rates than those in the group of individuals in prison with no treatment. Other benefits of the DTAP include reduced public assistance and reduced costs for prison and parole. It also showed that the drug treatment program saved the criminal justice system more than \$47,000 per person and savings of more than \$7 million to the New York City criminal justice system” ([www.rti.org](http://www.rti.org)).

The DTAP has been proven to be effective in one way or another. DTAP programs are great cost effective alternatives to throwing addicts in prison for low-level offenses, and because addictions could possibly be reduced, the amount of drug related crimes would decrease. With these programs, prisons would not be so overcrowded and prison cells would be kept available for criminals who are the most violent. As I mentioned before, DTAP targets drug addicted defendants arrested for non-violent felony offenses, previously convicted of one or more nonviolent felonies.

On Long Island, Nassau County has Drug Treatment Alternative to Prison Programs as well. The DTAP considers defendants based on their former criminal history and any

documentation provided by the defendant, showing that the crimes charged were drug motivated and that they are addicted to drugs. DTAP does not have any statutory guidelines, therefore if a defendant is ineligible for statutorily defined Judicial Diversion Court DTAP is an alternative option.

Similar to DTAP in Nassau County, Suffolk County has Judicial Diversion Programs. The Diversion Programs were designed to offer nonviolent felony drug offenders treatment to nullify criminal charges and to decrease the number of deaths due to the opioid epidemic. One program has been named “C.A.R.E”, which stands for Comprehensive Addiction Recovery and Education Program. Defendants must complete 90 days in drug/alcohol treatment and their cases will be sealed once they finish their treatment plan that will be determined by the Suffolk County Drug Treatment Team/case manager. This program is open to defendants with minimal or no criminal record and no history of violence or gang involvement. For example, they are eligible if they are charged with misdemeanor crimes such as petit larceny. These programs were created in August 2018. While being closely monitored by the judge, The Judicial Diversion Program will help a defendant stay in a drug or alcohol treatment program instead of jail or probation.

Other states that offer the DTAP include Maryland and California. “The highest arrest numbers and low prosecution rates in the United States are dominated by low-level offenders who are relatively easy to catch and whose incarceration has little impact on the prevalence of crime. To respond to a low-level crime with a punishment that is highly severe does very little to reduce further crime or help addiction” (“Drug Policy and the Public Good”, 2010 page 159, paragraph 3).

Drug related crimes/offenses and addicts are also prevalent due to drug dealers and drug traffickers.” Dealers are willing to lose four or five people to drug overdose deaths to maybe attract 30 or 40 new customers” (Martins, 2014, page 2). As long as there are drug dealers on Long Island with the supply there will always be addicts who are in demand. “The police of Nassau county on Long Island New York have recorded 500 heroin arrests in 2013 which is more than double the arrests in 2011” (Martins, 2014, page 2).” In Nassau County alone, there were more than 800 non-fatal heroin and opiate overdoses in 2013” (Martins, 2014, page 1).

Dealers, traffickers and refiners are all sources of drugs. Controlling sources can help to reduce drug problems. “Drug problems can be reduced by cutting off the supply of illicit drugs” (“Drug Policy & the Public Good”, 2010, page 146-147 paragraph 4-5). “It is easier to grow large quantities of illegal crop in places where the authority of central governments is weak. Colombia and Mexico are the dominant sources of foreign drugs to the U.S. Most illegal drugs consumed in most countries around the world are produced abroad and imported. Shipments of drugs may get hidden in fresh produce, cocaine in wooden furniture and frozen fruit pulp containers. People also stuff their bodies by swallowing up to 750 grams of cocaine and heroin wrapped in condoms. Source control should be for drug consuming countries such as the U.S. and a lot of Europe, to make these countries pursue traffickers and refiners more actively. Training and military equipment should be provided for these purposes” (“Drug Policy, and the Public Good”, 2010, page 146-147, paragraph 4-5).

Every nation should put emphasis on how important it is to penalize the major drug traffickers because they make the most profit from the drug trade.” However, investigations that lead to these types of arrests take a long time and are costly. Not all nations allow or have the capacity for electronic surveillance and undercover investigations typically needed to reach

major traffickers (“Drug Policy, & the Public Good”, 2010, page 155, paragraph 5).”The taxpayers cost of arrest and prosecution are not that expensive compared to the cost of a long term prison term, therefore it is worth it to invest more in police investigation to help focus expensive prison terms on dealers whose imprisonment is more valuable” (“Drug Policy & the Public Good”, 2010, page 156, paragraph 2).

***The criminal justice system/ Drug policies.*** Drug Policies are different amongst nations. There are some that focus all of their attention on education and prevention while others treat drugs as a problem for law enforcement. A few different countries where drug problems exist include China, India, Mexico, Nigeria, Sweden, the UK and the U.S. “In each country the drug problems differ in nature and the countries have responded in diverse ways (“Drug Policy and the Public Good, 2010”, page 230, paragraphs 1, 2 & 3). However, at an international and national level drug control efforts have been aimed at the user by criminalizing or otherwise punishing possession or use of illicit drugs.

It is accurate to say that countries such as China and Sweden represent opposites of the spectrum when it comes to balancing public health and criminal justice considerations. For example, Sweden’s drug policies are very lenient. “Sweden’s overall objective is to have a drug free society so their drug policy offers an alternative to harsh punishment. Therefore, they do not have a large prison population or long prison sentences. As little force as necessary is used to enforce laws. A test for positive drugs does not entail jail time. An individual who tests positive for a drug must pay a fine and if help, including treatment is wanted or needed, then it is provided. Compared to other nations, Sweden is distinguished by its low rate of drug use. The drug policy is restricted balanced and restrained. They believe in individual freedom. Therefore, in this case treatment is available but not forced. However, the above policy was

adopted after a 17-year old girl died from medically prescribed morphine. Between 1965 and 1967 Sweden's drug abuse policy was that addicts could get the drugs of choice by prescription from doctors. The hope of this old policy was that medicalizing drug use would protect drug users from black market and help wean them off of drugs"( Johansson & DuPoint, 2009).

In China rehab is available, but mostly utilized when drug users are sent by police. Although rehab is available, when it comes to drug related crimes, China has some of the world's most severe drug laws. In China, if you are caught trafficking drugs in mass amounts, you can face the death penalty. "Rehab in China can be more intense than labor camps. Heroin is also the most commonly used illegal drug among Chinese" (Levin, 2015).

The criminal justice system is important in playing a role in addressing drug addiction on Long Island and the effectiveness of treatment. "Criminalizing possession of drugs can be used as a tool for enforcing laws against suppliers because it is easier to catch a dealer in possession of drugs than to catch him/her at a moment of making a sale"( "Drug Policy and the Public Good", 2010, page 163, paragraphs 1 & 2). "In Suffolk County alone, driving while intoxicated incidents linked to prescription drugs rose from 48% in 2013, up from 15% in 2001"(James, 2012, page 5). "It is estimated that about one half of State and Federal prisoners abuse or are addicted to drugs, but relatively few receive treatment while incarcerated. Initiating drug abuse treatment in prison and continuing upon release is vital to both individual recovery and to public health and safety" ("The Science of Drug Abuse & Addiction", n.d., page 7).

As I mentioned earlier treatment should be an alternative to jail for low-level offenders, however depending on the circumstances, combining prison and treatment can also be another

option. “Various studies have shown that combining prison and treatment for addicted offenders may lower the risk of both drug related crime/behavior, drug relapse and recidivism rates”(“The Science of Drug Abuse & Addiction”, n.d., page 7).”A 2009 study in Baltimore Maryland, for example, found that opioid-addicted prisoners who started methadone treatment (along with counseling) in prison and then continued it after release had better outcomes such as reduced drug use and criminal activities than those who only received counseling while in prison or those who only started methadone treatment after their release” (“The Science of Drug Abuse & Addiction”,n.d., page 7).

Another valuable study was when “the National Institute on Drug Abuse conducted a meta- analysis of 78 comparison group community based drug treatment studies found treatment to be up to 1.8 times better in reducing drug use than other alternatives. In a meta-analysis of 66 incarceration-based treatments, therapeutic community and counseling approaches were 1.5 times more likely to reduce re-offending. Individuals who participated in prison-based treatment followed by a community-based program post incarceration were 7 times more likely to be drug free and 3 times less likely to be arrested for criminal behavior than those who did not receive treatment” (“Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety”, Volkow, 2009).

It is a challenge when having to decide on how tough to be when enforcing laws against drug use and drug related crimes. Assurance of punishment is more significant than how harsh the penalty will be. However, law makers do not agree with this notion. “Legislators continue to be attracted by the idea that a tough law will be a stronger deterrent, although it seems hypocritical. It seems as if it is better to appear tough and be soft. Apparent severity in some cases is better because actually imposing the threatened sanction is costly both to the defendant

and to society (“Drug Policy and the Public Good”, 2010, page 166, paragraphs 2-3). Harsh penalties are also more relevant to prosecutors when plea bargaining. Mandatory minimums deny them flexibility, but prosecutors can decide to charge defendants with lesser offenses as part of a deal. Therefore,” threatening to arrest, fine, or incarcerate drug users simply for processing drugs may cause people to cease or reduce drug use by raising the risks of buying drugs” (“Drug Policy and the Public Good”, 2010, page 164, paragraph 4).

The criminal justice system refers drug offenders into treatment through a variety of methods. These mechanisms include “diverting nonviolent offenders to treatment, stipulating treatment as a condition of incarceration, probation, or pretrial release, convening specialized courts, or drug courts that handle drug offense cases. The system can also reduce drug demand with rehabilitation of convicted drug-involved offenders, either through treatment in prison or by coercing offenders to enter and persist in treatment” (“Drug Policy and the Public Good”, 2010, page 165, paragraphs 4-5).

For example, they can use programs such as DTAP, which I have mentioned above, as well as drug courts. A reason for the creation of drug courts was because of probation departments complaining that they don’t have enough time or resources to provide successful services to their clients. They are then unable to appropriately address the needs of individuals with addiction problems or help them to stay away from the criminal justice system ([www.drugwarfacts.org](http://www.drugwarfacts.org)).

The number of people on probation continues to grow, therefore drug courts have become another solution and have helped in many ways. There are many jurisdictions that have drug courts. Since June 2015, there has been an estimated number of three thousand drug courts

operating in the United States. Today, all fifty states and the District of Columbia, Northern Mariana Islands, Guam and Puerto Rico have drug court programs that are operational. As of 2017 there are more than 3100 drug courts across the United States, half of which are adult treatment programs. “Drug courts mandate and arrange for treatment as an alternative to incarceration, actively monitor progress in treatment, and arrange for other services for drug-involved offenders” (“The Science of Drug Abuse & Addiction”, n.d., page 7).”The first drug courts were implemented in Florida in 1989. They provide an alternative to immediate incarceration of drug users. Drug courts adopt the idea that people that struggle with drugs have a disease that reduces their ability to control their behavior. These courts aim to be more therapeutic than anything. On a local level these programs offer a defendant an alternative to probation or short-term incarceration. Drug courts include regular drug testing, individual treatment and high levels of supervision. Completion of a 6 month to one-year program or maybe longer, entails being drug and arrest free for a specified period of time and to secure housing and employment. In cases where an individual fails to meet the requirements of the drug court such as recurrence of drug use, they will return to criminal court to face sentencing on the original guilty plea”(www.drugwarfacts.org).

The effectiveness of drug/treatment courts has led to their implementation in every state in the country. While there are many reasons drug courts may be effective, there are also reasons why they are not effective. “Although there are benefits seen amongst using drug courts, there are people that may express the fact that there are flaws in the relationship between addiction and the criminal justice system. Drug Policy Alliance states that when drug courts are successful, the rates are due to the fact that the courts pick and choose the people who are expected to do well in the system” ([www.drugwarfacts.org](http://www.drugwarfacts.org)). There are guidelines for drug courts on screening. An

effective screening and assessment system helps to integrate diverse information to form a comprehension of each individual. Screening and intake interviews are amongst the most important of all treatment services. The courts work best with first time offenders charged with the sale of drugs, possession for sale of drugs or other serious offenses. Funding under the Crime Bill excludes participation by an offender that has been charged with a violent offense or who has a prior conviction for a violent crime.

“Reasons drug courts are not effective are because sometimes offenders refuse to participate, the district attorney has discretion due to offender’s suspected major drug trafficking, the offender is a sex offender or the offender has a severe mental disorder” (www.drugwarfacts.com).” Unfortunately, even with drug courts being a means to reduce crime, between 1996 and 2011 the Suffolk County Drug Court treatment program still saw a 425 percent increase in heroin abuse, and a 1,136 percent increase in opioid pill abuse”. (“Suffolk County to Release Shocking Drug Report”, n.d.). “There aren’t enough drug courts to adequately serve the need of all who are arrested for drug-related charges. There are approximately 55,000 participants in drug court programs across the country compared to 1.6 million people arrested yearly for those charges. Drug courts are also ineffective because they focus on low-level offenders, therefore they are shutting out those that may face longer prison terms who may also need treatment” ([www.drugwarfacts.org](http://www.drugwarfacts.org)).

“The most effective models integrate criminal justice and drug treatment systems and services. Treatment and criminal justice personnel work together on treatment planning, including implantation of screening, placement, testing, monitoring, and supervision, as well as on the systematic use of sanctions and rewards. Treatment for incarcerated drug abusers should include continuing care, monitoring, and supervision after incarceration and during parole.

Methods to achieve better coordination between parole or probation officers and health providers are being studied to improve offender outcomes” (“The Science of Drug Abuse & Addiction”, n.d., page 8).

If we remove heroin from off of the streets and off of the internet then more people will be forced to go to rehab. “Recovering addicts say people don’t have to go to crime-ridden neighborhoods anymore to get heroin. They say the drug is just a mouse click away on the Internet According to the Long Island Council on Alcoholism and Drug Dependency (LICADD), on average heroin overdoses kill one Long Islander each day. “All I needed to do was pull up an Internet site such as craigslist, search and go,” says Goris. He adds that the listings to purchase drugs are often filled with code words” (News 12.com the first Amendment doesn’t prohibit bans on advertisements for illegal goods or services. Using code words makes law enforcement’s job harder because the seller may have plausible deniability. However, the first amendment which guarantees freedom of expression by prohibiting Congress from restricting the press or the rights of individuals to speak freely, makes it hard to force website to drop the ads. “Therefore, investigators have to go after each individual and bust the sellers one by one. Narcotics scan internet sites looking for internet crimes” (News12.com).

*Drug related crime.* Drug related crime contributes greatly to the rising drug epidemic and crisis on Long Island. It has been debatable whether or not the system is failing our addicts especially when it comes to rehabilitation. For example in 2011, in Medford, New York which is on Long Island, a gunman shot four people inside a pharmacy, killing everyone inside the store. “The killings were difficult to comprehend for local law enforcement officials, who pointed out that David Laffler, who is a former soldier, had no criminal background” (Eltman,

n.d., page 1) .Most of the time addicts are not criminals until they become addicted to a drug which causes them to commit crimes in order to get the drugs they are addicted to. In this case Laffler, the defendant was not a criminal, however he was so “strung –out” off of prescription pills that he would do any and everything to obtain these drugs, including committing murder. Again, addiction is a brain disease. Therefore, once you’ve become addicted to a substance all else in life becomes irrelevant. “Between 2006 and 2010, Suffolk County heroin arrests arose 170 percent, from 486 to 1,315. From 2008 to 2012 arrests for drug use, sale and possession increased up to 8.4 percent in Nassau and 15.6% in Suffolk”(Spota, 2012).

“Laffler who was an admitted drug addict, pleaded guilty to the murdering of two employees and two customers before fleeing with a backpack jammed with painkillers. For this, he is serving consecutive life prison terms. His wife Melinda Brady who also abused painkillers drove the getaway car and is serving a 25-year sentence for pleading guilty to robbery charges (“Suffolk County to Release Shocking Drug Report”, n.d.).

Another drug related crime on Long Island occurred on New Year’s Eve of 2011, where” a federal agent from the Bureau of Alcohol, Tobacco, Firearms and Explosives was killed when he tried to intervene in a pharmacy robbery in Seaford. The agent was killed by a retired police officer in a suspected “friendly fire” shooting. Since this shooting several doctors in the New York/Long Island area have been arrested on charges of improperly prescribing painkillers to patients in a practice (Spota, 2012). Laffler was described at his sentencing to have been guilty of “doctor shopping”. “Doctor shopping is where addicts learn of physicians willing to dole out prescriptions for painkillers with very few or no questions asked” (“Suffolk County to release shocking drug report”, n.d.).

Alcohol which is also a drug or substance that one may become addicted to has also played a role in the deaths of many on Long Island as well as alcohol related crimes. “Alcohol-related motor vehicle fatalities are escalating. There was an increase of 22.6 percent in Nassau and 13 percent in Suffolk from 2007 to 2011. Suffolk had the highest number of alcohol related fatal crashes (61) of any New York county in 2011. Nassau was the second with 38 alcohol related fatalities. In the past decade, Suffolk County has seen a 413 percent increase in arrests for driving while intoxicated where the driver was under the influence of a controlled substance. Police and prosecutors have said it is very difficult to recognize a person who may be high on prescription painkillers without performing a blood test. Under current law a search warrant is required to perform a blood test” (“Suffolk County to release shocking drug report”, n.d.).

Statistics show that people are increasingly being arrested for drug related crimes, however, is jail the answer to this ongoing epidemic? People who commit drug related crimes should be sent to rehabilitation to start their road to recovery. Many people sell drugs to make a living or take care of a family. For example “In a Hempstead a town located on Long Island the drug-war is a free market. Anthony Sherman is a young 22 year old man who has a baby on the way. He was recently released from prison for selling cocaine. An apartment building in Hempstead served as a primary location where the street gangs sell and stash crack, cocaine & marijuana. Anthony supervised “The Shop”, making sure that the crews that deal the drugs have enough to meet the daily demands” (“The Drug War in Long Island’s Hempstead Ghetto Is the Free-Market With Tec-9;s”, Deutsch, 2014).

As junkies walk up in down the blocks, which is something that even I have witnessed in my own neighborhood in Coram, Long Island, “Tony is bragging about how his newborn child will be spoiled from all the money he will be making from selling crack, cocaine and marijuana.”

(“The Drug War in Long Island’s Hempstead Ghetto Is the Free-Market With Tec-9’s”, Deutsch, 2014). Without thinking about what these drugs are actually doing to people with a substance addiction as well as the consequences, Tony is only worried about his self and his family.

“Sometimes free samples of drugs are handed out to junkies, while someone is always watching out for approaching cops or members from the gang’s rivals. Tony is the crew’s top street-level dealer and day-to-day manager. He answers to the leader of the Hempstead Crips who is known for either being the most ruthless, sadistic gangster in the New York metropolitan area or a gentleman hustler who runs his drug business more like Bill Gates or Scarface. While the drug dealers are worried about being at war with other dealers, we are worried about the war that’s going on amongst the drug addicts. Top cocaine is able to be bought directly from major traffickers at wholesale price. The Crips and the Bloods are able to keep out their drug selling competitors through brute force “(“The Drug War in Long Island’s Hempstead Ghetto Is the Free-Market With Tec-9;s”, Deutsch, 2014).

## **Laws and Legislations**

Rehabilitation may be the answer, however without the correct creation and implementation of legislations, rehabilitation cannot be fully effective. If law enforcement would crack down on the neighborhoods where drugs and dealers are more prevalent on Long Island, such as Hempstead, then that would take drugs off the street and addicts would be forced to go to rehab.

Some legislations have been passed concerning the ongoing prescription pill epidemic on Long Island. In response to the Medford Massacre on Father’s Day of 2011, “the I-STOP Legislation was created to curb Rx Drug Abuse. This law requires doctors to check patient

prescription history and pharmacists to update the database in real time. New York was the first to implement E-Prescribing of controlled substance and ending abuse of forged or stolen scripts. I- STOP has become a national model for fighting prescription drug abuse. The internet System for tracking over-prescribing act was set to become a national model for other states and Congress to follow to curb prescription drug abuse, which has not only become Long Island's fastest growing drug problem but the nation's as well" ("A.G. Schneiderman on Long Island to Detail Landmark I-STOP Legislation to Curb Rx Drug Abuse", n.d.).

"I-STOP's features includes it being mandatory that physicians must consult a database of a patient's prescription history before prescribing a schedule II, III, or IV controlled substance. The government's goal was to make sure that accurate patient histories and better training would help physicians detect "doctor shoppers" and better help patients who may have been at risk of addiction. I-STOP was created to mandate e-prescribing for controlled substances in December of 2014. The goal was to nearly eliminate the problem of forged or stolen prescription used both by addicts, and criminal organizations obtaining pills to resell on the street. Its purpose was to also end automatic refills for the highly abused drugs. I-STOP goal was to establish a safe disposal program providing a place for New Yorkers to get rid of expired and unneeded drugs to ensure that they were not left in medicine cabinets for children or addicts to have access to. Lastly, I-STOP was created to deter fraud against private health insurers and the state government. Taxpayers have been paying for a substantial portion of the over prescribed pills through the Medicaid program, each ring of collusive patients and prescribers" ("A.G. Schneiderman On Long Island to Detail Landmark I-STOP Legislation To Curb Rx Drug Abuse", n.d.).

While legislations such as I-STOP were being enforced, addicts found other substances to use in replace of prescription painkillers. “Experts, law enforcement, and former users confirm that the cyclical resurgence of heroin as Long Island’s drug of choice is partially attributable to crackdowns on the prescription drug black market that made painkillers pricier, resulting in a 44 percent increase in fatal heroin overdoses on Long Island from 2009 to 2016.” (“A.G. Schneiderman on Long Island to Detail Landmark I-STOP Legislation to Curb Rx Drug Abuse”, n.d.).

Overdoses have become prevalent in the past few years. Some addicts are lucky enough to survive while others are not. For example, “an 18 year old named Natalie Ciappa of Massapequa, Long Island fatally overdosed on heroin at a Seaford house party in 2008. Nassau and Suffolk counties were so outraged that they passed laws in her name launching heroin-arrest tracking websites to raise awareness of the opiate abuse epidemic. Natalie’s Law was created to map out heroin possession and sales arrests on the internet create a regional website that should be updated monthly with the date, time and location and defendant’s age. The ultimate goal of the website is to pinpoint heroin “hot spots” and inform concerned parents to make sure their kids avoid those areas”(“How Long Island is Losing its War on Heroin”, n.d.)

“Legislature David Mejias of Farmingdale stated that if Natalie’s parents had known that there was a heroin epidemic in the Massapequa’s (a town on Long Island), then she could have maybe done something about it. Mejias says the schools are more concerned with protecting their image than alerting parents about the issue. School denials combined with the fact that younger users snorting or smoking the increasingly potent, highly addictive opiate instead of shooting up, makes it more difficult for parents to notice. This pattern has proven deadly. Since the age has gotten younger and younger the system is not used to addicts at such a young age and

is having a hard time with finding solutions on how to deal with the growing heroin epidemic” (“How Long Island is Losing its War on Heroin”, n.d.).

“The talented singer, cheerleader and honor student who was about to graduate from Plainedge High School had become the poster child of the growing heroin epidemic, as Long Islanders realized that heroin was not just a urban problem. Her death and the new laws that followed came as a “wake-up” call to Long Islanders. However, if legislation is passed but not implemented correctly such as If people are not being educated or notified about certain things such as heroin busts then it is impossible the laws to be followed and for rehabilitation to be sought and effective. For example, a drug mapping index website which displayed online maps where heroin arrested have occurred hadn’t been updated for three years after Natalie’s death. This website also was supposed to notify school superintendents and educators when there’s an added need to teach students about the dangers of drug abuse. However, some of the presenters and legislators that voted for Natalie’s Law could barely remember the law’s namesake at a Press investigative series during a heroin presentation. It seemed as if people had lost interest when there needs to be more emphasis on using the tools that we have to help people” (“How Long Island is Losing its War on Heroin”, n.d.).

There are some incidents where laws are not implemented correctly and as a result they fail to do what they were set out to achieve initially. For example, “nearly 500 people have died of heroin overdoses on Long Island since Natalie’s Laws were passed according to statistics provided by medical examiners in both counties. That’s nearly double the number of people murdered on the island in the same time period (“How Long Island is losing its War on Heroin”, n.d.).

**Overdose/ disease prevention.** In order to prevent overdoses from happening, it is important that people are educated on this growing epidemic. Becoming educated will allow for people to be aware of treatment that is available. As I stated before, treatment has to be available in order for it to be effective. Mothers, fathers, brothers and sisters, aunts and uncles need to come together. Law enforcement and entire communities need to come together to become informed and educated. If Natalie's parents knew that there was a student arrested with 28 bags of heroin in Massapequa High School in October 2007, a fact that the school district was caught lying about, they would have been able to suspect heroin to be a possible cause of Natalie's troubles. They may have then been able to seek medical help for Natalie by sending her to rehab, where she could have begun on a road to recovery. Natalie's Law will mean nothing if people do not take action. Parents need to go onto the website and check it regularly. People should have every opportunity to save their children" ("How Long Island is Losing its War on Heroin", n.d.).

Before rehabilitation is even a thought in the mind, overdosing can be fatal. Proven strategies are available to reduce harms associated with heroin use, treat dependence and addiction and prevent overdose fatalities "These strategies include expanding access to the life-saving medicine naloxone and its associated training, enacting legal protections that encourage people to call for help for overdose victims; and training people on how to prevent, recognize and respond to overdose" (Ball, J.C., et.al, n.d.) as well as the creation of Live Drug Overdose Mapping Programs and the Long Island Syringe exchange.

Since spring 2018, an overdose tracking application/ tool (ODMAP) has been implemented by Nassau County's Police Department in order to track overdoses, both fatal and non-fatal, and to report to them to hospitals and both fire and police officials. This system

allows police to predict overdoses in order to prevent them as well as other crimes such as car break-ins. It targets both the users and the dealers. In Nassau county crimes numbers dropped 30% since 2010 by using predictive analysis based crime mapping. It is the first time in 5 years that there has been a decline in overdosing.

The ODMAP which was created by the Baltimore/Washington High Intensity Drug Trafficking Area is ran by the United States Office of National Drug Control Policy and can be accessed by police, medics, ambulance personnel, firefighters, police supervisors and investigators via mobile device. The tool identifies whether Narcon, the opioid antidote, was administered and if the overdose was fatal or non-fatal. Nassau Police Commissioner, Patrick Ryder wants hospitals to use this tracking system, however some hospitals are fearful they'll be violating health privacy laws. Suffolk County is also using this mapping system to help find dealers, overdoses, and overlay them with other crimes.

“Needle/Syringe exchange programs are places where IV drug users can obtain clean syringes for free. These programs often offer other services. They were created to reduce the transmission of HIV and other blood-borne diseases. Recent statistics show that one fifth of all HIV and HCV infections in the United States are due to IV drug use. IV drug users often share needles because they cannot afford to buy new ones. Many needle exchange programs also offer education to prevent the spread of illnesses” (Cattelle, n.d., page 1).

Why would an addict want to enter rehab when programs such as the syringe exchange program in some way promote the use of drugs? “Syringe exchange programs have been controversial because they are perceived as promoting drug use among clients who receive clean

syringes. Heroin addiction is not transmissible however, decades of research have showed that needle-exchange programs have been credited for helping to dramatically reduce the transmission of HIV. The programs have also been endorsed by numerous medical and public health organizations, including the Centers for Disease Control and Prevention, the Institute of Medicine, the Substance Abuse and Mental Health Services Administration and the World Health Organization” (Brownstein, 2014, page 1).

“Needle exchange programs gained attention with the discovery of HIV, which can be spread by reusing syringes. HIV was really the factor that drove creation and expansion of these programs. These programs are one of the most effective interventions of reducing HIV that are available to IV drug users” (Brownstein, 2014, page 1).

“The long Island syringe exchange began with the intent to offer an anonymous way for individuals to receive access to clean needles to reduce the risk of spreading infectious disease to individuals throughout the Long Island community. Needle exchange programs on Long Island may increase the incidence of disease but they do absolutely nothing to stop people from using drugs. They provide a safer way to administer drugs, but they also enable addicts to use the drugs, which prevents them from seeking help for their addiction problem”(Hamilton, 2011, page 3).

Syringe exchange programs may be cost effective, however are we trying to save money or are we trying to help addicts on their path to recovery? These programs may serve as harm reduction and as a solution to decreasing HIV rates in the meantime, but our society should be focused on long term recovery for addicts. Are these harm reduction programs effective in helping decrease the epidemic and get our addicts into rehabilitation? Seems as if these programs

act as more of an enabler than anything. “Up until a certain point in 2011 it was illegal to possess a syringe with heroin residue in it. This made people with dirty syringes to exchange, vulnerable to arrest as they tried to do the safer thing. Advocates were successful in changing the law so that people cannot be charged with possession for returning used syringes with a trace amount of heroin to a needle-exchange program. Reports have been made that police arrest people for loitering or trespassing now that they cannot make an arrest for syringe possession “(Hamilton, 2011, page 3).

While rehabilitation is available on Long Island, harm reduction as opposed to abstinence is not a new idea. For instance, another peer democracy that uses harm reduction is Portugal. “While some states in the U.S. have decriminalized marijuana, Portugal decriminalized the possession of all drugs for personal use in 2001. Because of this their drug situation has improved significantly, such as drug related deaths and HIV infections have decreased. Their reform has shifted towards a more health centered approach to drugs. Possessing drugs for personal use has been a violation that could result in a fine or community service and is no longer an offense. This has been in effect since 2001. Portugal expanded and improved treatment and harm reduction with the goal of tackling the severe worsening health of Portugal’s drug using population. Before 2001, HIV, AIDS, Tuberculosis, and Hepatitis C amongst people who inject drugs were rapidly increasing. After 2001 Portugal’s HIV cases amongst people who inject drugs decline drastically from 1,016 to 56 until 2012 and the number of people seeking treatment increased. The effects of decriminalization include increased amounts of drugs seized by authorities, reduced burden of drug offenders in the criminal justice system, and reduction in opiate related deaths and infectious diseases”(Murkin, 2014). Portugal also has needle/syringe exchange programs.

Needle exchange programs go back to the 1970's and drugs such as Naxolone are temporary fixes. "Naxolone, which is also known as Narcan is a drug that can prevent overdose deaths involving heroine and prescription opioids. In 2011, a year before the legislature enacted the I-stop law, which has helped access to controlled substances decline, Senator Kemp Hannon of Nassau County on Long Island recognized that heroin addiction on Long Island had increased nearly fourfold since 2011. He states that his legislation would ensure that families have access to Naxolone so that they can save their loved ones from tragic accidental overdose deaths" (<http://harmreduction.org/issues/overdose-prevention/overview/understanding-naxolene/>).

"On March 27, 2014, the senate voted unanimously to pass legislation to expand access to naloxone. This medication is called an opioid antagonist because it is used to counter the effects of opioid overdose such as morphine and heroin overdose. It is use in opioid overdoses to counteract life threatening depression of the central nervous system and respiratory system. This allows an overdose victim to breathe normally. I do not agree that replacing one drug with another drug can be effective in helping an addict on the path to recovery. However, Naxolone is one drug/prescription medication that is non-addictive and has no potential for abuse. It only works if a person has opioids in their system and has no effect if opioids are absent. Naloxone is a temporary drug and it wears off in 20-90 minutes' (<http://harmreduction.org/issues/overdose-prevention/overview/understanding-naxolene/>).

"Opioid withdrawal syndrome may occur in some patients given large doses of Narcan. Although everyone experiences opiate withdrawal differently, there is typically a timeline for the progression of symptoms. Different drugs remain in your system for different lengths of time. Heroin will be removed from your system faster, and symptoms will start within 12 hours. If you've been on methadone, it may take a day and a half for symptoms to begin. Early symptoms

typically begin in the first 24 hours after you stop using the drug and include muscle aches, restlessness, anxiety, lacrimation (eyes tearing up), runny nose, excessive sweating, inability to sleep, and yawning very often. Later symptoms begin after the first day or so, and can be more intense: diarrhea abdominal cramping goose bumps on the skin nausea and vomiting, dilated pupils, and possibly blurry vision rapid heartbeat high blood pressure. Although very unpleasant and painful, symptom usually begin to improve within 72 hours, and within a week you should be almost back to normal”(http://www.healthline.com/).

“Rapid detoxification can be done under anesthesia with opiate-blocking drugs, such as naloxone. There is some evidence that this method decreases symptoms, but does not necessarily impact the amount of time spent in withdrawal. Additionally, because vomiting often occurs during withdrawal, the potential of vomiting under anesthesia greatly increases the death risk. Because of this most doctors hesitate to use this method, as the risks outweigh the potential benefits” (http://www.healthline.com).

Witnesses of an overdose may be hesitant to call 911 because they don't want to be arrested or charged with any crimes. Fortunately, there are ways around criminal prosecution in order to save the life of someone who may have overdosed. “In 2011, New York enacted Good Samaritan protections for witnesses and victims of overdoses. By removing the threat of prosecution, this measure encourages witnesses of an overdose to call 911 before it becomes deadly. Ensuring that families have access to Naloxone is the next necessary step. This apparently was the single best action the legislature could take to immediately and directly reduce overdose deaths” (Curtis, 2014, page 1).

“Naloxone is a safe, easy-to-administer, and highly effective overdose antidote that has been distributed to people likely to witness opioid overdose in New York since 2004. The senate thought that b ensuring people’ who use drugs to have access to proper healthcare and supportive services such as naloxone , including naloxone overdose prevention kits, that clients would be more likely to reduce their dependence on illegal substances. So why have overdose deaths increased over the years? Overdose is still the leading cause of accidental death in New York. An increasing number of people have transitioned from prescription painkillers to heroin, which is leading to greater overdose rates” (Curtis, 2014, page 1).

Drug addiction is a deadly disease. The idea that drug addiction is a medical problem, rather than a lack of willpower or moral fiber used to be a radical view, but is now considered to be mainstream. Many may choose to seek help and there are some who may choose not seek help. Many treatment programs are available on Long Island to those who do choose to seek help before it is too late. For those who do not seek help the results could be fatal or they may end up committing drug related crimes or in prison. This is another reason why so many unsuspecting teenagers/adults are dying from overdoses. Becoming educated can help catch the problem and get treatment before it is too late.

***Demographic factors/ socialization process.*** There are also many variables that may cause someone to turn to the use of these drugs. It is important to look at an individual’s socialization process as well as the demographic factors. Socialization can be defined as “the process by which an individual acquires knowledge, language, social skills, and value to conform to the norms and roles required for integration into a group or community. It is a combination of both self-imposed and externally-imposed rules, and expectations of others

“(www.businessdictionary.com). Taking a look at one’s socialization process and demographic factors may help us to determine the reason why someone may have begun using drugs.

Demographics can be defined as “socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, marital status, occupation, religion, birth rate, death rate, average size of a family, average age at marriage” (dictionary.com). A census is “a collection of the demographic factors associated with every member of a population” (dictionary.com). According to the Long Island Council on Alcoholism and Drug Dependency (LICADD), on average, heroin overdoses kill one Long Islander each day. Tom Goris, who used heroin and other drugs for 15 years, believes the reason for the addiction is because heroin is not only an easy drug to find, but it’s also inexpensive. Goris says heroin is now cheaper than a six-pack of beer or a pack of cigarettes. One-dose bag of heroin costs between five and ten dollars. Analyzing the demographic factors and socialization process amongst several addicts can help to determine what variables an addict may have in common and can also show us how each situation may be different while rehabilitation centers are the common solution in each situation.

Taking a look at the demographic factors and socialization process amongst several addicts can help to determine what variables an addict may have in common and can also show us how each situation may be different depending upon the individual. For example,” according to Pete Baggs who is a normal 30 year old man/ ex-heroin addict of Suffolk County, Long Island, heroin filled a hole in him that he never knew existed. It made him feel complete, at ease and bursting with energy and flood of creativity all at once. Rehabilitation, dozens of Narcotics Anonymous meetings, out-patient care, counselors, monthly doctor visits and a lot of reflection has done little to help him with his addiction” (Baggs, 2011, page 4). Baggs was not only a

heroin user, but he was selling it to other young addicts to make money and support his own addiction. Baggs has named a few local towns on Long Island in both Nassau and Suffolk counties and says that “the growing number of kids that make up these town populations are attracted to this” low life“, until there is no way out” (Baggs, 2011, page 4).

“Dr. Robert Z. Goldstein, one of Long Island’s addiction experts said that heroin and opiate painkillers are available all around us and have become a major problem in the region. The best heroin is coming into the island from the different boroughs of New York City. This epidemic is much worse than most people think. Not enough is being done about this problem on Long Island and it is getting progressively worse. Pete Baggs states that all the rehab, therapy, ultimatums and interventions were ineffective for him. No addict will stop until they are ready to “(Baggs, 2011, page 6).

I had the opportunity to interview Gianna, a female from Mastic Long Island, who is now 22 years old. During the interview Gianna stated she started smoking crack when she was young, at the age of 14. At that age she also started smoking marijuana and drinking. Later on at the age of 16 and 17 she started experimenting with all different kinds of pills and cocaine because one of her best friends were doing it and her boyfriend were doing it. She was just willing to do these drugs because her friends were doing it. She fell in love with cocaine because it gave her a “rush”. It made her more upbeat and all over the place. Her friend’s boyfriend’s dad introduced her to crack because it was cheaper. Because it was cheaper, it was easier or Gianna to get her hands on it. Around the age of 18 when she was living with her dad in Mastic she got kicked out of the house because she was stealing from him to buy drugs.

She then moved in with her grandmother who knew there was something up with her. She was just a different person and her grandmother knew it. Gianna then got kicked out of her grandmother's house because her grandmother knew she was doing something and tried to get her help. Gianna like many other addicts denied that she had a problem. She truly did not believe that she had one. After moving in with her best friend and her boyfriend, she started dating her friend's boyfriend's friend. Her new boyfriend was into drugs heavy, including heroin. Clearly Gianna was always surrounded by drugs wherever she went so it became a lifestyle for her. People were offering her the drugs and she was doing the drugs because it was "spontaneous" and "in the moment". Soon after using drugs became an everyday thing. She started to feel like she needed the drugs. She thought that if she wanted to stop she could, but at that point she did not want to. She loved getting "high".

Gianna and her boyfriend moved into his parents' house when she was 18 and she lived there for about a year. There is where her boyfriend (who is now her ex) introduced her to heroin. Before that she was only smoking crack, popping pills every now and then, doing cocaine. One night they were doing a lot of coke and he offered her the heroin to come down off of her cocaine high. Gianna's reasoning for trying the heroin was because she was sick of the high that she was getting from cocaine. Once she tried heroin she did not want to do any other drug. She described Heroin as being her number one love". She was in a relationship with it because she put heroin before anything else in her life. Heroin was her boyfriend. If it didn't have to do with heroin she didn't want to have any parts of it. She describes heroin as a demon. It takes over you. She lost jobs because she would steal from her job. She pawned stolen jewelry to get money to buy heroin. She even tried to sell drugs, but that never worked because she would always use them instead.

Gianna always lied to her mom and told her that she didn't have a problem. She told her mom she was using Xanax. Little did she know she was shooting heroin. Her relationship with her boyfriend became abusive because he was using every drug. Gianna called her mom and said "I need help". Her dad knew she was using, but didn't push the issue. After Gianna admitted to using heroin and all of the other drugs her parents made some calls to get her into rehab. Within a week of her parents calling Places they found a rehab called phoenix house. It is harder to get into a detox then to a rehab.

She started at Phoenix House November 11<sup>th</sup>, 2013. Now she is 2 years sober thanks to Phoenix House. Some people have to pay out of pocket, however Gianna's insurance covered the rehab for 45 days and then she had to go on Medicaid. Phoenix house is a drug and alcohol addiction treatment program for men, women, and mothers with young children that treat the whole person, addressing medical, psychiatric, and vocational needs -.She hated Phoenix House because she was miserable and hated life, but she admits that they did their best to try to help her out. It was her that was very defiant. However, Gianna had underlying issues that she needed to deal with and she says that that is what Phoenix house tried to help her do. They tried to get her into NA which is Narcotics Anonymous (a 12-step program) Or AA which Alcoholics Anonymous and she didn't want anything to do with it. Gianna was at Phoenix House for 14 months. Phoenix house is a 6 to 9 - month program, but while she was there for the 6 to 9 months she did not "work on herself". There were different phases that you had to go through to want to do more for yourself and it took her longer to want to do that. She would stay in trouble and break all of the rules. She left the program for a day, 6 months into the program and when she came back she was ready to work on her. She wanted to stay and better herself. Her counselor helped her to pin point underlying issues that may have led her to start doing drugs that Gianna

could not come to terms with on her own. She had to work on her relationship with her dad in order to love herself more. She had a lot of abandonment and neglect issues because she was adopted so she never felt accepted by her parents.

Doing drugs took her away from all of the pain that she felt. Gianna admits that without rehab she would have never been able to actually take a look deep inside of herself to figure out what her true issues were. Rehab had a lot of groups such as a care and concern group where they point out negative behaviors and how they affect other people. A Journaling group was offered.

Gianna says that all rehabs do the same things only in different ways. Rehabs are effective in the sense that they get “you to look at yourself”. It is a matter of if you are willing to change or not. Gianna says it depends on each individual person. She is grateful for Phoenix House because she would have never been able to look deep within herself and probably would not be sober today. To stay sober Gianna goes to meetings every night she sponsors girls and anyway she can help out other addicts she does.

Lastly, Gianna says that rehab is a selfless program and once you’re clean you have to give back to maintain your soberness. Advice that she would give somebody who is on their path to recovery is to grab a hold to some type of faith that is going to eventually make you want to change and become a better person and to never want to go back to that lifestyle. The blind faith that you gain from rehab continues to steer you in the right direction. Those people that lose that blind faith are the ones who relapse.

When an addict relapses the brain starts the addiction process all over again. Like other chronic diseases, addiction can be managed successfully. “Treatment enables people to counteract addiction’s powerful disruptive effects on the brain and behavior and to regain control

of their lives. The chronic nature of the disease means that relapsing to drug abuse is not only possible but also likely, with symptom recurrence rates similar to those for other well-characterized chronic medical illnesses, such as diabetes, hypertension, and asthma” (“The Science of Drug Abuse & Addiction”, ,n.d., page 5).

Unfortunately, when relapse occurs, one may deem treatment a failure. However, this is not the case. “Successful treatment for addiction typically requires continual evaluation and modification as appropriate, similar to the approach taken for the other chronic diseases. For example, when a patient is receiving active treatment for hypertension and symptoms decrease, treatment is deemed successful, even though symptoms may recur when treatment is discontinued. For the addicted individual, lapses to drug abuse do not indicate failure, rather, they signify that treatment needs to be reinstated or adjusted, or that alternate treatment is needed”(“The Science of Drug Abuse & Addiction”, n.d., page 5).

The goal of treatment obviously is to stop drug abuse. Treatment may in some instances be costly, however its purpose is to return people to productive functioning in the family, work place, and community. “According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social and psychological functioning. For example methadone treatment has been shown to increase participation in behavioral therapy and decrease both drug use and criminal behavior. However, individual treatment outcomes depend on the extent and nature of the patient’s problems, the appropriateness of treatment and related services used to address those problems, and the quality of interaction between the patient and his or her treatment providers”(“The Science of Drug Abuse & Addiction”, n.d., page 3).

“Substance abuse costs our Nation over \$600 billion annually and treatment can help reduce these costs. Drug addiction treatment has been shown to reduce associated health and social costs by far more than the cost of treatment itself. Treatment is also much less expensive than its alternatives, such as incarcerating addicted persons. For example, the average cost for one full year of methadone maintenance treatment is approximately \$4,700 per patient, whereas 1 full year of imprisonment costs approximately \$24,000 per person” (“The Science of Drug Abuse & Addiction”, n.d., page 5).

“According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also stem from fewer interpersonal conflicts; greater workplace productivity and fewer drug-related accidents, including overdoses and deaths” (“The Science of Drug Abuse & Addiction”, n.d., page 5).

Addiction often changes a person’s behavior which can also affect all aspects of his or her life, including work and relationships. Rehabilitation is truly effective depending on an individual’s desire to be there and to change his or her addictive habits. According to Tammy Rawls, the Admissions Officer at Long Island’s North Shore LIJ’s detox/rehab program in Nassau County, detox and rehabilitation, are both services that are a beginning (a stepping stone) to treatment. When asked if detox and/or rehabilitation programs offered a sufficient amount of help to those in need she replied saying that these programs are pre-contemplation stages into an individual’s new life, a preface to their story. She says that you cannot judge a book by its cover. The title of the book may be awesome, interesting, or boring, but you must read the story to see for yourself. In other words, you cannot judge a book by its cover. As far as detox or

rehabilitation offering a sufficient amount of help to those in need, any one client/patient will have their own separate view of the service, but until they go through it and see for themselves and follow the correct protocol for themselves the story can have a great or terrible ending.

Tammy says that detox and/or rehabilitation will never permanently lower the amount of addicts that we have here on Long Island but it can and has curtailed a lot of use. For everyone person that goes to these services there are five that are still out there. It is simply the nature of the disease.

Tammy also implied that due to the increase in prescription drug abuse she wouldn't agree that the drug epidemic on Long Island is getting better or worse. She believes that it is just a different kind of dynamic. Addiction, especially heroin has been around since the turn of the century, but when the addicts can no longer get pills they go for the nearest fix that resembles the feeling which is currently Heroin. Heroin is very big amongst the age group between 19 and 27. The crack epidemic in the 80's put heroin (Dope) on the back burner, but since the I-stop law and the decrease in the availability of the prescription painkillers, the heroin epidemic of the 70's is back to the forefront.

Watching someone who you love and who you grew up with in the same household struggle with the disease of addiction is a very emotional and painful nightmare. The feeling of waking up every day and not knowing whether or not that person is going to overdose and take their last breath is unexplainable. The worst part is not being able to help or not knowing exactly what to do because you feel as if you've tried everything and you have nothing left to give. Someone who I love and who I grew up with in the same household has an addiction to heroin. Up until a certain point, I had no idea. When I did find out it was devastating and I did not know

what to do. The erratic behavior, the mood swings, the sickness, being in and out of jail and the selling and using of drugs were all signs that this person truly needed help and they were not in any frame of mind to want to seek it on their own.

There are without a doubt a lot of underlying issues that make up a drug addict. There are issues that they are not able to face on their own that they bury deep down inside of them and turn to usage of drugs as a way “out”. I too am a victim of drug addiction because I was allowing this other person’s life to affect my own life in a lot of ways. Addiction can take over lives. I never expected this person so close to me to be an addict. Upon entering the first rehabilitation, I was too young to even understand how serious this issue was. However, I was able to be supportive in every way possible. At this point I believe the drug of choice was pain pills.

After completing a 30 day program, I had high hopes that this issue would be resolved not knowing that addiction is a lifelong battle. This person started working and getting his life back together so I was happy, but he could not keep a job. I was confused as to what the problem was, I mean after all, he did go to rehab and seemed to be doing better. However, this was not the person I knew, he wasn’t happy and he wasn’t himself. Soon after, he relapsed and went to Phoenix House which again, I was supportive still not giving up hope. After completing his second rehabilitation program (60 day program at Phoenix House on Long Island) he came back home. Things were okay for a little while, but then they started to get even worse than before. I believe that this is when heroin became his drug of choice. He was killing himself slowly. Two rehabs in, no car, no job, no money, stealing from me and other people in the house, things were getting bad. He did not want help because he did not think he had a problem.

At what I believe was his lowest point, if he did not seek help then he was going to die. By the Grace of God, his probation officer gave him a choice to complete another detox and then live in a sober house afterwards or go to jail. He chose to do the detox at Long Island's Nassau County (LIJ) Hospital and afterwards a sober house. Today this person is on his path to recovery, he is working and living on his own. They say that in order for a person in recovery to be able to live in the real world again they must not be put back into the same environment as they were while they were using.

It is very important to be educated on the disease of drug addiction and to know its true meaning. I attended group meetings that provide support for families, or friends who were in the same situation as me. These meetings taught me how to deal with an addicted person and to never give up hope because there is a light at the end of the tunnel. I was able to tell this person how I truly felt about them and how much they meant to me and that I know that they could beat this horrible disease. He was able to see how much he has not only hurt himself, but how much he has hurt the people around him that care about him the most. He told me that as an addict, you do not truly know what you are doing to yourself until you no longer are clean from whatever it is you are using. If anyone has a loved one who suffers from an addiction problem you must understand that an addicted person cannot be recovered until they truly want to help themselves.

With that being said, the number of people dying from drug overdoses and drug related crimes have been rapidly increasing here on Long Island. In rehabilitation patients do their best to regain their normal lives in a safe and healthy way. Families are continuously losing their loved ones because of this deadly epidemic. Analyzing different variables such as an individual's socialization process and demographics has helped us to determine how and why an individual may choose to do drugs in the first place, which later may lead to addiction. One's socialization

process can include their education or lack thereof, or a dramatic incident that may have occurred in one's past that has led them to the usage of drugs. Interviewing clients and counselors in rehabilitation centers and participating in things such as town meetings or family counseling group sessions has helped me to better understand why the drug epidemic is prevalent in the first place. These things have also helped me to understand whether or not rehabilitation on Long Island is effective. Rehabilitation is available all over Long Island. The help is there, however it can and will only be effective if an individual wants the help. Some rehabilitation may seem to be better or more effective than others in a sense that they have better counselors, or more harsh/strict monitoring but overall it is up to an individual to seek and stay in treatment. It all starts with the person with the addiction problem and whether or not they want to be on the road to recovery or continue to live the lavish lifestyle of a drug addict until death. More importantly drug rehabilitation also depends on the legislations and if certain laws pertaining to drugs and drug related crimes are being implemented properly.

Since incidents such as the Medford pharmacy shooting and the overdose death of Natalie Ciappa stricter and harsher laws have been enforced. If these laws are being enforced properly then our neighborhoods and schools could be protected from this epidemic. If prescription drugs continue to be monitored with laws such as "I-Stop", then prescription drugs will continue to be one less thing that we have to worry about on Long Island. Family members must be educated on how to deal with a family member who may be a substance abuser because once they are exposed to this they too become victims. Also, we must continue to educate ourselves that way if our loved ones have a substance abuse problem we know the warning signs and what to do from there on out. Rehabilitation centers must continue to administer the proper treatment and counselors must be available through the whole process. Although treating

addiction is a challenge, the help is available and it can be done. Rehabilitation is available and in many ways has been effective in decreasing the drug epidemic in both Nassau and Suffolk Counties on Long Island. What is also important is to keep getting more substance-abusing people into rehab. Strategies include increasing access to treatment, achieving insurance parity, reducing stigma, and raising awareness among patients, healthcare professionals and families of the value of addiction treatment. Healthcare professionals should also do their best to assist physicians in identifying treatment needs in their patients and making appropriate referrals. “NIDA is encouraging widespread use of screening, brief intervention, and referral to treatment tools for primary care setting. SBIRT, which evidence shows to be effective against tobacco and alcohol use and increasingly, against abuse of illicit and prescription drugs, has the potential to not only catch people before serious drug problems develop, but to also identify people in need of treatment and connect them with appropriate treatment providers”(http:www.drugabuse.gov).

Rehabilitations on Long Island are mostly effective when patients remain in treatment for an adequate amount of time. This is critical. The appropriate duration for an individual depends on the type and degree of the patient’s problems and needs. Research indicates that most addicted individuals need at least three months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with long durations of treatment. Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted. Despite the new laws and access to many different types of treatment programs decades of drug-warriorism is not going anywhere unless the individuals facing addiction actually want to be helped.

This researched has explained what rehabilitation is and the depths of it as well as analyzed the question of whether or not rehabilitation has been effective in decreasing the drug epidemic on Long Island. It has also reflected on how the drug epidemic arose. It has shown all the variables that may have contributed to the creation of the addict and why rehabilitation centers on long island are effective and ineffective and what structural and individual-level factors affect the success of drug rehabilitation. This research has taught what other solutions are successful in decreasing the drug epidemic on Long island. This thesis has included a variety of information that relates to the drug epidemic on Long Island. The central contention of this thesis was to figure out whether or not drug rehabilitation has been effective in decreasing the drug epidemic on Long Island, New York. In Conclusion, rehabilitation may not diminish the drug epidemic completely, however the help is available to decrease it. Whether or not individuals want to be on their road to recovery is for them to search deep within themselves and decide.

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