

Pill crackdown opens door to heroin in suburbs

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By Ian Kullgren

An influx of Mexican black-tar heroin is causing a deadly wave of addiction in central Ohio and across the state, fueled by drug dealers looking to profit from growing demand for prescription-painkiller alternatives.

A concerted state effort to curb rampant prescription-pill use in recent years shut down “pill mills” and prompted doctors to cut the number of doses.

But many medical and law-enforcement experts in central Ohio and across the state say the strategy has inadvertently led to increased heroin use.

Meanwhile, drug dealers have expanded distribution rings in Columbus suburbs, making heroin cheaper and more-accessible. Over the past three years, increased demand for opiates has attracted more dealers, who bring larger and larger shipments, federal prosecutors say.

Columbus’ central location between border crossings — the Mexican border, Miami, Detroit and New York — has made it a hub for foreign drug traffickers. Multikilo shipments arrive daily, some worth more than \$1 million, said Assistant U.S. Attorney Michael Hunter, who serves on the Organized Crime Drug Enforcement Task Force for Ohio’s southern district.

Dealers reap profits of double or triple the wholesale value while keeping street prices well below prescription pills’ in an effort to attract new users.

One pill can cost \$80 on the street. Because of increased supply in the Columbus area, users can buy about a gram of heroin for as little as \$5 — less than a pack of cigarettes, said Orman Hall, director of the Ohio Department of Alcohol and Drug Addiction Services.

“The vast majority of people start out on prescription opiates, and once they get addicted, opiate addiction is an incredibly expensive habit,” Hall said. “The move is almost, I think ... inevitable.”

Dealers generally target teens and young adults, most of whom start with prescription pills and graduate to



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A homeless woman holds what she said is about \$30 worth of heroin. The opiate is surging across Ohio.

heroin. Chemically, the two are virtually identical and give users the same relaxed, euphoric high.

Ashley, a homeless addict who lives in a tent camp near Downtown with about 10 other heroin users, said she began using Percocet four years ago for migraine headaches. Like thousands of others in Ohio, she grew addicted and switched to heroin for a cheaper fix.

Ashley, who said she grew up in a rural community near Youngstown, has lost touch with her parents. She doesn't speak to her children aside from an occasional phone conversation.

On Wednesday, Ashley planned to celebrate her 26th birthday with three hits of heroin and a pack of Newport Red 100s. As the sun began to set, she emerged from her tent carrying a plastic tackle box filled with needles, syringes and a crushed soda can she uses to melt the black tar and inject it into a vein with a syringe.

She unwrapped a tiny black pebble and cradled it in her palm. It was just enough to last through the night. Ashley, who asked that The Dispatch not use her real name to avoid legal consequences, said she became infected two years ago with hepatitis C, transmitted by a dirty needle. She tries to treat her disease with children's gummy vitamins.

"You hear a crack addict saying, 'I can't wait till my next hit,'" she said, tugging down the sleeves of her oversized Buckeyes sweatshirt to hide track marks on her wrists and knuckles. "Most people around here, they just want to be normal."

Suburban scourge

The suburbs are not immune. In some, heroin has outpaced alcohol and marijuana for substance abuse by teens.

"If we deal with drugs, it's usually heroin," said Pickerington Police Officer Nathan Fries, the department's newly appointed drug-interdiction officer. "We're seeing it pretty much across the board. ... There's no economic divider."

Officers with the Drug Enforcement Administration, the Franklin County sheriff's office and the Columbus Division of Police raided eight trafficking houses in June, seizing 11 kilograms of heroin and \$115,000 cash, and arresting 16 Mexican nationals for operating a drug ring in Hilliard, the Far West Side and Grove City.

Court records detail a system in which dealers received shipments in suitcases from Mexico and then sold large amounts to local distributors. Law-enforcement officials tracked the group for four months, observing transactions and recording phone conversations.

Alonzo Torres, a dealer suspect who used the alias Van Helsing, discussed a transaction set to take place behind an Aldi grocery store near West High School, authorities said. In transcripts of phone records, he and others talked about adding fillers into a shipment of black tar. By the time heroin reaches users, it often is diluted with caffeine or allergy and cough medicines, to make inventories last longer.

"It's probably easier for kids to get heroin than it is to get beer anymore," said Shawn Dysert, a school-resource officer with Worthington police. "It's everywhere."

Black plague

During the past decade, doctors unknowingly made central Ohio the ideal market for heroin dealers, state health officials say.

Black-tar heroin — a black, sticky substance that looks like coal — is made exclusively in Mexico and started appearing in Columbus in 1998, said Sam Quinones, a Los Angeles Times reporter writing a book about heroin in the Midwest.

Around the same time, some doctors began prescribing painkillers more frequently, according to Ohio Department of Health and Addiction Services data. In 1999, about 18,000 grams of prescription opiates were distributed for every 100,000 people, according to Gov. John Kasich's opiate action team. The overdose death rate at the time was 2.88 per 100,000 people.

By 2010, nearly 92,000 grams were distributed for every 100,000 people, and the death rate had exploded to 15 per 100,000.

In Franklin County, the number of unintentional overdose deaths rose from 36 in 2000 to a record 209 in 2011.

That year, the state began an aggressive campaign to close down “pill mill” doctors who overprescribe pain medication. Kasich signed emergency legislation to enhance the Ohio Automated Rx Reporting System, a database doctors can use to track patient prescriptions, strengthen licensing and law enforcement of pain management clinics, limit prescribers' ability to furnish certain drugs and create a statewide prescription take-back program.

Pills became scarcer. Addicts turned to heroin to get their fix.

“What remains is a population of individuals who have gotten addicted to opiates, and their preferred drug is no longer available,” said Joan Papp, medical director for Project DAWN, an Ohio Department of Health program aimed at distributing the overdose-stopping drug Naloxone. “The heroin market really just took over.”

Some health experts say they were surprised by the magnitude at which heroin grew as a result of pill mills closing. But addiction specialists agree that cutting back prescriptions was a necessary first step to fight opiate addiction.

“Your average policymaker or your average citizen had no idea this is what the outcome would be,” said Marcie Seidel, director of the Ohio Drug Free Action Alliance. “The problem of dealing with this is always messy, and you just do the best you can.”

Paul Coleman, president of Maryhaven clinic in Columbus, said closing pill mills had a “huge impact” on the heroin market, but he agreed the move was necessary.

Attorney General Mike DeWine, who led the effort to close the pill mills, said the link isn't that clear.

“It is a business, and the cartels create their own market,” DeWine said. “They're pushing it just like a business would push their own product.”

There are some signs of progress in the fight against opiates, a category that encompasses both prescription pills and heroin.

After more than a decade of increases, the number of pills prescribed fell by almost 1 percent between 2011 and 2012. And although the death toll continues to rise — Ohio had a record 1,765 overdose deaths in 2011, the most-recent data available — the percent increase in deaths was about half of what state officials expected.

“I’m optimistic that over time we’re going to be able to turn this around, and we’re going to get through this crisis,” said Hall, state Alcohol and Drug Addiction Services director. “But we didn’t get here overnight, and we’re not going to solve this crisis overnight.”

ikullgren@dispatch.com

@iankullgren