“Sometimes our research proves to be more than merely academic and takes us into the dark corners of the soul.” - Dr. Mark Naison

Thank you so very much for your constant encouragement and unwavering support through this process.

A special thank you to everyone who allowed me to interview them - this would not have been possible without your help.

For all people working to overcome their inner demons - the road will be long, hard, and dark at many times, but the life that you will achieve after you travel on this road is so very worth the struggle.

For all people dealing with the heartbreaking affects of addiction, may you find everlasting peace.

For the Starke & Troccoli families, who allowed me to share their story.

Especially Cody, March 10, 1994 - March 24, 2016, who allowed me to ask the most invasive questions and gave me eyes into the deepest and darkest experiences of his life, may you find everlasting peace.
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Introduction

This thesis is a case study of the current heroin epidemic affecting upper Westchester County, specifically the area around the Hendrick Hudson School District, which has experienced a massive outbreak in heroin overdoses, both fatal and not, in the past four years. Not only does being from the area and knowing many people who this has personally affected in numerous ways drive me to research this topic, but this is also a rapidly increasing issue in the region as more and more instances of heroin overdose are reported almost every week. In July of 2014, a 54 year old man was arrested just minutes down the road from Hendrick Hudson High School for the possession of 49 bags of heroin in the parking lot of an A&P, the local supermarket. It would not come as a surprise that this is where many of the young people in town go to purchase drugs of this sort. An article published on Lohud, a part of The Journal News that specifically focuses on Westchester County and the Hudson Valley, reported that there have been “more than 230 heroin-related deaths in Westchester, Rockland and Putnam since 2010 and more than 170 deaths attributed to painkillers.”

Westchester County Executive Rob Astorino was quoted saying “The deaths of young adults in northern Westchester from heroin overdoses in the last year or so were a tremendous tragedy for their families and their communities. These deaths were a stark reminder that the fight against the distribution and sale of heroin is literally a fight for the lives of our children.”

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Astorino created a multi-agency task force to respond to the tremendous spike in heroin sale and use in the county and “since its formation a year ago, the task force has made more than 125 arrests across northern Westchester of persons who were selling heroin on the street or from their homes.”

Many people believe that, although this is a very important piece of combatting the issue, there is more that can be done in terms of assistance for those already addicted. For example, more Alcoholics Anonymous and Narcotics Anonymous meetings could be extremely helpful - but there is no way to ensure that people actually attend those meetings. Some have said that there are serious issues with health care and insurance when family members seek help for addicted people, a subject I will discuss later in the paper.

In a statement released in August of 2015, Westchester County District Attorney Janet DiFiore quoted a CDC report from that July saying “heroin use in the US has more than doubled since 2007…And because the street drug is cheaper than prescription pills, the CDC reports heroin-related deaths nearly tripled between 2010 and 2013. These alarming numbers have caused health leaders to call this lethal trend a ‘drug epidemic’.”

DA DiFiore also reported about “two critical developments in New York: the “911 Good Samaritan” law and the encouraged use of naloxone, an opioid overdose reversal drug being carried by more and more police departments.”

The Good Samaritan Law allows people to call 911 for someone who is overdosing from alcohol or drugs without fear that they will get in trouble and naloxone, if administered in time, may help save lives. Although these are steps in the right direction, there is still a huge heroin problem in northern Westchester County.

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3 Ibid.
5 Ibid.
The main objectives of this thesis were to find out when this heroin epidemic started to become a visible issue in this community, find out how it infiltrated this community, discover who got into it and why, and what, if anything, can we do to stop it or help the people being affected. The stories are told from the perspectives of the very people involved at every level, from law enforcement to the addicts themselves to members of the addicts’ families. To give this case study weight, I interviewed many people who have been touched by the epidemic in varying capacities. I have interviewed New York State police officers, and a Westchester County police officer who is assigned to the FBI to work with the local Heroin Task Force. The administration and faculty from a variety of departments at Hendrick Hudson High School were very open and willing to speak with me. I also spoke at length with a former classmate who struggled with heroin addiction and was on the road to recovery. Unfortunately, close to the end of this thesis this young man passed away due to an overdose. I was also able to speak with his mother about the issues that she faced as the parent of an addict. I really wanted these interviews to be more like conversations as I knew that I had much to learn on the subject. I asked different types of questions of each interviewee depending upon their position and involvement with the broader issue, hoping to get a full picture of this issue from many perspectives, which I feel I have been able to accomplish.

Aside from these interviews, I have looked at numerous articles and publications relating to the subject matter covering arrests made in Westchester, especially in proximity to Hen Hud High School, interviews with heroin addicts and their families from across the county, accounts of the road to addiction and the road to recovery; and unfortunately many interviews with families that have lost a loved one to heroin addiction. The online extension of The Journal
News, Lohud, has proven especially helpful. I have also referenced scientific journals that explain the causes and effects of heroin addiction, and offer great insight into what is happening inside the body of a heroin addict, along with many sources that discuss possible causes of the epidemic. I realize that this is not an isolated issue that is just affecting Westchester County. I hope that with this case study will allow people to gain multiple perspectives of the issue in a condensed version.

It is my sincere hope that this will reach someone at risk of becoming addicted and prove to them that this is not a way in which they want to live their lives, in a constant battle with their inner demons. I wish to give people hope, by sharing some heartbreaking stories, to know that there are people able and willing to help. Although addiction has taken many lives, it does not have to take more - there are ways to overcome it. The road will be long, hard, and dark at many times, but the life that you will achieve after you travel on this road is so very worth the struggle.
Prologue

With my sociology background I was very interested in the social and economic climate of the area. I was curious what, if any, effect it has on this growing issue. The current economic climate in low-middle income, predominantly white, neighborhoods fuels this emerging tragedy. We have seen this same scenario play out in many northern communities where industry was once booming, like in Maine and New Hampshire for example. The deindustrialization of these areas, and subsequent decline in job opportunities for those who are not highly educated, has caused a massive increase in unemployment leading to feelings of alienation and hopelessness. This breakdown in solidarity opened the floodgates for crisis. A report by two Princeton economists, Angus Deaton and Anne Caswe, shows a decline in the life expectancy of middle class white Americans. Analyzing health and mortality data from the Centers for Disease Control and Prevention and from other sources, they concluded that “rising annual death rates among this group are being driven not by the big killers like heart disease and diabetes but by an epidemic of suicides and afflictions stemming from substance abuse: alcoholic liver disease and overdoses of heroin and prescription opioids.”

However, not all causes of this epidemic are economic. One suggested cause that is consistently cited and discussed is the crackdown on prescribed painkillers by the Drug Enforcement Administration. The Controlled Substances Act, enforced by the DEA, is the statute prescribing federal U.S. drug policy under which the manufacturing, importation, possession, use

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and distribution of certain substances is regulated - and opioid based painkillers fall under this. The DEA, with the Centers for Medicare and Medicaid Services (CMS), proposed a series of changes to the regulations of many prescription painkillers in 2015 that would hopefully give the agencies new powers to help prevent prescription fraud. Doctors, as well as pharmacies, are now required to use the Controlled Substances Database which eventually will be a nationwide database that will document every prescription and dispense of controlled substances. This database will allow doctors and pharmacies to view controlled substance prescription history for a patient, prescribers to detect pharmacy errors or fraudulent use of their DEA numbers, and prescribers to find out which prescriptions for controlled substances were attributed to their DEA number. When preparing for new patients, practitioners with access can search for prescription information on a new patient they will be seeing at a future appointment which allows them to check on a patient’s controlled substance drug history prior to the appointment. “The ABC-MAP provides an important tool to healthcare professionals. It is intended to serve as a means to promote and improve patient wellbeing through better coordination of care, and to reduce the risk of addiction, diversion and overdose. It is not intended to interfere with the legitimate medical use of controlled substances.” I believe that these are very good procedures moving forward. It is no secret that there has been a flood of prescription painkillers into the market and the general population over the last ten years and that this has directly contributed to the current heroin epidemic that we are experiencing across the nation.

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8 Ibid.
9 Ibid.
Availability is also a very large component of this issue. Heroin is everywhere, and it’s cheap. According to the Office of Drug Control Policy of the White House, the international heroin trade is running rampant.

Opium production occurs in three source regions – Southeast Asia, Southwest Asia, and Latin America – creating a worldwide problem. Historically, most of the world’s illicit opium for heroin has been grown in the Golden Triangle of Southeast Asia. However, over the last decade, opium production in the Golden Triangle has declined while cultivation and production rates in Southwest Asia have increased considerably. In 2010, Afghanistan, as the world’s largest opium supplier, accounted for nearly 80 percent of the world’s opium, according to UN estimates. Opium poppy cultivation in Mexico remains high, and Mexico continues as the primary supplier of heroin to the United States. Estimated cultivation of opium poppy reached 10,500 hectares in 2012.¹⁰

There are certain Mexican drug cartels responsible for bringing enormous amounts of heroin over the border into California, Arizona, New Mexico, and Texas. The smuggling of these illicit drugs, usually by car or by foot, has reached extraordinary proportions. “Most is taken to stash houses in cities near the international line — San Diego and Los Angeles; Tucson and Phoenix; and El Paso, Laredo, McAllen and Brownsville, Texas. From there, operatives drive loads along interstate freeways to destinations across the country. The operations are highly compartmentalized, said Douglas Coleman, special agent in charge of the Phoenix Division of the DEA. ‘Nobody knows each other. Nobody knows anything. The transporters, they only know they’re supposed to go to Detroit, and when they get to Detroit, they’re supposed to call a phone

number and await instructions,’ he said.”\textsuperscript{11} Lessing economic opportunities for young white males specifically in deindustrialized areas, as well as decreasing life expectancy of middle-aged white Americans, has come up multiple times in preliminary research. Let me be clear - I do not believe that addiction has anything to do with race. Addiction knows no boundaries - this disease does not see ethnic/cultural identity, gender identity, sexual orientation, age, religious identity, socioeconomic status, political identity, etc...the list goes on and on. However, there is something to be said for the fact that “half a million people are dead who should not be dead,” according to Angus Deaton, the 2015 Nobel laureate in economics; he added, “about 40 times the Ebola stats. You’re getting up there with HIV-AIDS.”\textsuperscript{12} Although we cannot be sure that any of the aforementioned are the exact cause alone, we can see that these subjects come up time and time again in research and literature and that a combination of these things have caused this epidemic. We must also recognize that for each individual there can be many different reasons why someone would make a decision to do drugs.

\textit{Chasing Heroin} investigates the rapidly growing heroin epidemic with a specific focus on Seattle WA where a pilot program called Law Enforcement Assisted Diversion (LEAD) is in its 5th year.\textsuperscript{13} This heartbreaking documentary takes its viewers into the world of heroin addiction and shows its most horrible effects. Following the stories of a few addicts and law enforcement officers, the viewer gets a clear picture of the struggles of drug addiction from multiple perspectives. The documentary includes interviews with these addicts, the law enforcement


officers that deal with them, their LEAD case managers, as well as many highly regarded doctors that will be mentioned below as the directors of their respective fields and organizations, and even the United States Attorney General, Eric Holder. This documentary attempts to explore what would happen in a society where addiction is treated like a public health issue as opposed to a crime. Although, in theory, LEAD seems to be a program that could help addicts and the communities that they live in, I believe that its structure and philosophy needs some revisiting. *Chasing Heroin* is very difficult to watch, but does give an accurate account of what people addicted to heroin feel, physically, mentally and emotionally, on a day to day basis. It presents drug addiction as a terrible disease, which many would agree it is, but also in a way that removes the ‘criminalization’ of drug offense. Doing drugs and selling drugs is illegal, as set forth in the New York State Penal Code section 220, and it is very important to keep that in mind.

The LEAD website offers a Recidivism Report completed in March of 2015 by members of the University of Washington Harborview Medical Center’s Harm Reduction Research and Treatment Lab. This report provides various statistical information, some statistically significant and some not, about the results of the LEAD program. The report claims that the LEAD group had 58% lower odds of at least one arrest subsequent to evaluation entry when compared with the control group,¹⁴ but contains no statistics whatsoever about LEAD participants’ treatment outcomes or anything regarding their addiction, improvements or digressions. However, this report is highly misleading when one actually researches the LEAD program and discovers it’s nature. The LEAD website has this to say about its goals and how it functions:

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LEAD is a pre-booking diversion program that allows officers to redirect low-level offenders engaged in drugs or prostitution activity to community-based services instead of jail and prosecution. LEAD participants begin working immediately with case managers to access services. LEAD’s goals are to reduce the harm a drug offender causes him or herself, as well as the harm that the individual is causing the surrounding community. This public safety program has the potential to reduce recidivism rates for low-level offenders and preserve expensive criminal justice system resources for more serious or violent offenders.\footnote{LEAD - About LEAD. \textit{LEAD - About LEAD}. N.p., n.d. Web. 21 Feb. 2016.}

Although this is all true, and accurately depicted in \textit{Chasing Heroin}, there are facets of the program that are not publicized, but do appear in the documentary. Any addict that is referred into LEAD and accepts the program is in for life, but they never have to stop doing drugs. These addicts can go through treatment programs as many times as they want, at no cost to them, and are never taken out of the program. It seems that LEAD really does not work or, in the least, has not achieved its goals at all. LEAD is a privately funded program; funders include the Ford Foundation, Open Society Foundations, Vital Projects Fund, RiverStyx Foundation, Massena Foundation, and the Social Justice Fund Northwest.\footnote{LEAD - About LEAD. \textit{LEAD - About LEAD}. N.p., n.d. Web. 21 Feb. 2016.} It is not using taxpayer money, but in my opinion it is doing a disservice to the entire community, addicts included, by allowing addicts to live on the streets and use and sell heroin without fear of any repercussion.

When heroin enters the brain it is turned into morphine and binds to opioid receptors. In addition to being in the brain, these receptors are also found in the brainstem which is responsible for all critical life processes. Opioid based medication, like oxycontin, reduce pain,
but heroin, because of its potency, actually slows brain function. Heroin overdoses frequently involve a suppression of breathing which affect the amount of oxygen that reaches the brain, a condition called hypoxia. Hypoxia can have short- and long-term psychological and neurological effects, including coma and permanent brain damage.\(^\text{17}\) Heroin is one of the most addictive, and therefore most dangerous, drugs of choice today and because of the nature of opioid based drugs dependency is matched with tolerance. In other words, people become dependent on these types of drugs more quickly than any other and they easily build up a tolerance. This means that a person who is addicted to heroin will, over the course of their addiction, need increasing amounts of heroin every couple of weeks or months to continue to feel its effects. The director of the National Institute on Drug Abuse, Nora D. Volkow, M.D., released a statement saying “the medical and social consequences of [heroin] use—such as hepatitis, HIV/AIDS, fetal effects, crime, violence, and disruptions in family, workplace, and educational environments—have a devastating impact on society and cost billions of dollars each year.”\(^\text{18}\)

According to the Center for Disease Control and Prevention addicts that are dependent on prescription opioid painkillers are 40 times more likely to abuse or be dependent on heroin than a person with no dependence on any substances. Addicts that are dependent on cocaine are 15 times more likely to abuse or be dependent on heroin. Those who are dependent on alcohol are 2 times more likely, and those who are dependent on marijuana are 3 times more likely to abuse or be dependent on heroin.\(^\text{19}\) In a statement released by the CDC, Director Tom Frieden, M.D.,


M.P.H. says that “heroin use is increasing at an alarming rate in many parts of society, driven by both the prescription opioid epidemic and cheaper, more available heroin. To reverse this trend we need an all-of-society response – to improve opioid prescribing practices to prevent addiction, expand access to effective treatment for those who are addicted, increase use of naloxone to reverse overdoses, and work with law enforcement partners like DEA to reduce the supply of heroin.”

A report released by the American Society of Addiction Medicine in 2014, estimated that 28,000 adolescents, those 12 to 17 years of age, had used heroin in the past year, and an estimated 16,000 were current heroin users. Additionally, an estimated 18,000 adolescents had a heroin use disorder in 2014. This is simply shocking, and this issue is in dire need of attention.

**Chart 1**

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20 Ibid.

The three charts above are from the website of the National Institute on Drug Abuse and were produced in 2015. The first shows the overdose deaths as a result of prescription opioid painkillers such as oxycontin, oxycodone, percocet, and vicodin, which are main ‘gateway’ drugs into heroin addiction. The second chart shows overdose deaths as a result of benzodiazepines, nicknamed ‘benzos’ in the streets, which are pills such as xanax, klonopin, and valium, also very common ‘gateway’ drugs into heroin addiction. Although all three charts show an upward, increasing trend, the chart that shows overdose deaths as a result of heroin use is the most dramatic increase. In 2010 there were less than 4,000 deaths per year and just four years later in 2014 the death rate more than doubled to over 10,000 deaths.

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The Road to Addiction

For some people the road to addiction is a long and winding road filled with uncertainty, but for others it can take only one day and their lives are changed forever. For Cody Troccoli, 21, it was a long road. I started off the first conversation by asking “why do you think you became an addict? Were there certain things that happened that triggered your use or was it a combination of things?” I apologized for being blunt and explained that I did not really know where else to start. He laughed and said “it’s alright, definitely not the first time I’ve been asked that question,” he continued “for me looking back it started with some experiences as a kid - I witnessed a lot of abuse and I guess I was also the victim of a lot of abuse. And there is definitely a lot of genetics involved in my case like my dad, my uncle, my brother, and some other people in my family, too.”23 This is something that we would return to time and time again over the next couple of months, but would never get any easier to listen to. When asked what some ‘warning signs’ of addiction are a source that deals very closely with students dealing with addiction told me “there is something to be said for the fact that there is a genetic component to this, but some things we look for are early onset of use like 6th or 7th grade, using multiple substances, having trouble academically, but this is not always the case, co-occurring issues like depression and anxiety, past history of trauma which could be a wide range of things, parental involvement and attitude, mentors in the building and their attitude towards drug use, peer group, dropping extra curriculars, behavioral issues, community that they are in, it really can be so many things.”24 Cody fit into so many of these categories, and we spoke about this often. “When you’re in rehab

23 Cody Troccoli and Interviewer. 23 January 2016.
24 Respondent B and Interviewer.
they try to teach you a lot about different factors that add to your likeliness to be an addict. One thing that they talked about a lot in this one program I was in was like mental health stuff and I don’t mean that addiction is a mental health thing I mean that it usually comes with mental health issues. And like when I was little I didn’t think I had mental health issues, but now after hearing and learning a lot I feel like I might have. Like I would rewrite my homework again and again until it was perfect like OCD, you know, like a perfectionist control freak. And I was and still am super impulsive, I started taking medicine for that in like middle school I think.”

“Can you describe to me your progression with drugs?” He paused for a minute and finally said, “the first time I did a drug was in 6th grade - I would pick up cig butts outside the deli and pretend like I was smoking them to try to look cool. Then I mean I didn’t really start drinking until 8th grade and then smoked pot a couple times too. But in high school is when I got really bad with all that stuff I was smoking pot a lot, drinking on the weekends, taking klonopin because I was prescribed it. Also all this time, since like 7th grade, I was obsessed with porn, hats, gambling - it was ridiculous. But actually, you know let me break it down by year I think that will be easier for me.” He took a deep breath and then talked for what seemed like an eternity. “Ninth grade was not horrible, but not good. My mom and grandfather decided that seeing a therapist might help me - he was a great doctor not a fraud at all, prescribed me the klonopin and adderall. I hated the adderall, I’m not really sure why, but I just didn't like it. But fell in love with all of the anxiety stuff because I forgot about a lot of things, it made high school better for me honestly - I felt good, I had a job, I was doing okay. I was taking those as prescribed for like 6 months. Then I said let me take 1 extra and on top of that, and at the time I

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was smoking weed daily. Xanax and weed was my stuff for the whole freshman year. I was also
was playing varsity lax as a freshman so I started hanging out with older kids. You get an
automatic blackout when you mix alcohol with xanax/klonopin which are called ‘benzos.’ Dude,
I was so fogged every day being on that stuff, but I still kept good grades, and played so well, so
I didn’t really think anything of it. Then in 10th grade I was smoking a lot of weed like 5 or 6
times a day, I did some cocaine, definitely still into the benzos, smoking cigarettes, drinking all
the time. I sold weed to smoke more weed. The chaos of the lifestyle was what I was attracted to.
And you know I always tried to have a girlfriend that wasn’t like this, like I wanted so badly
someone to just pull me out. But my grades were still good and I started to be recognized across
the country for lacrosse, I was getting a lot of looks from colleges. I was having a lot of sex with
many different girls to fill the voids and I had a pregnancy scare. It was true and we decided on
an abortion and that was a huge loss I was in love with her but we really needed to go our
separate ways. Then in 11th grade this is where it starts to get bad. I was on pain pills, drinking,
benzos, weed, cocaine, anything I could get my hands on at the time. My drug of choice was
‘more’ - more of whatever. And I started to realize that drugs are a symptom, too, of a lot of the
things I wasn’t dealing with. But I didn’t want to deal with those things. Eventually heroin was
cheaper than the pills, and went straight to shooting it up…my life quickly went downhill from
there. I was stealing, lying, manipulating, doing anything I could to get it. I’m going to call 12th
grade the year of hell; I went downhill fast, it was the worst year of my life. At this point my
brother was a full blown heroin addict, attending a methadone clinic every day to try to deal with
the issue. I was in a relationship, but it wasn’t good. I overdosed 4 times and had to be brought
back. I became a monster. I was doing heroin, cocaine, crack...anything. I got arrested a lot. My
mom kicked me out. I went to rehab, it was 3 weeks halfway house. I lost everyone and everything. I was still stealing and robbing to feed my addiction. I wanted to kill myself numerous times, but I was too big of a coward to do it.”

I could not believe what I was hearing. I could not believe that all of this was going on right in my hometown. I had gone to school with Cody for eight years and while I knew that he was involved with and ended up having a hard time with drugs, I did not know the extent of it at all. I was really at a loss for words. I actually had to mute the phone at times because I did not want him to hear me crying. I could not even begin to imagine what he had been feeling and been dealing with over the past six years since he became addicted to heroin. I felt so oblivious, asking myself over and over how could I have not noticed? I later expressed these feelings to him. Cody said “a lot of people don’t know how bad it is, especially if you’re not into that kind of stuff. I would never have expected you to know all of that.” I asked him if he thought it would have helped if more people knew. He responded “I’m really not sure. Maybe, but I really don’t know. I started out thinking I was so cool, but later got so embarrassed by what I was doing. I knew that people talked about me because I was on the news and in the papers and stuff. I didn’t want to come to school and face people. I think it is important that people know it’s in our area though. Like maybe if someone would have stepped in earlier...you know what no - they did. So many people tried. It was me, I didn’t listen. I should have listened.”

A police officer in the area also commented on the progression saying “we see the young kids in the streets on their bikes late at night on weeknights, then we see them hanging out in the alleyway between the deli and that building there, then we see them down at the river or at the

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26 Cody Troccoli and Interviewer. 23 January 2016.
27 Cody Troccoli and Interviewer. 20 February 2016.
quarry. We know the kids and it’s sad. It seems like their parents don’t care, just really don’t know, which is hard to believe, or just don’t know what to even do.”28 There has been such immense scrutiny of law enforcement in regard to drug issues in the area. Many of the officers that were interviewed pointed to the early 2000s as a time when a lot of heroin started showing up in the area in enormous amounts. Although many also stated it had been around for a while, the early 2000s was when there started to be a visible issue. People were overdosing and dying nearly every month, usually a few people around the same time. Two officers talked about the change in the potency of the heroin that is widely available in the area today; that it has dramatically increased. They also commented that heroin is increasingly being cut with fentanyl which is an anesthetic administered in hospitals for patients undergoing surgery - this is what they call ‘bad heroin’ or a ‘hot load;’ this is the heroin that kills people. A local officer stated that “there is no real structure with heroin like we are used to with weed or something like that, it’s really just anyone that can get their hands on it. The sellers are usually a little older than you might expect. I mean it makes economical sense why people are doing it - it’s $40 or $50 for a pill and it’s 10 bags of heroin for $100 around here. I’m not saying it makes sense for people to do drugs, but if they are going to why not go for what’s available, cheap, and gets you real high real quick.”29 Many of the officers made it very clear that the current problem in Westchester County is one of hundreds. This is happening everywhere - Upstate New York, New Hampshire, Vermont, Maine, Cape Cod, MA, Ocean County, NJ, Seattle, WA, just to name a few.

It is very difficult for faculty and administration in the local high school. “We see them every day, but we can’t go home with them or take them home with us. We can do our best to

28 Respondent K and Interviewer.
29 Respondent A and Interviewer.
control their behavior while they are in the building and we obviously know what’s going on outside of school. What can we really do? A lot of people blame the school nicknaming it ‘Heroin High,’ but do they really think we condone this kind of behavior? Well we certainly do not and we try to do everything within our power to care for these kids. Ultimately it is up to their parents or guardians to get them into rehab, and sometimes that is the hardest step. I can’t imagine a parent that wants to go through this or see their kid go through this, but we have to all be honest - this is so very difficult.”

Many of the respondents in the high school agreed that there is no ‘type’ of student that could end up getting involved with drugs. They felt strongly that it can happen to anyone and talked about the vast differences in socioeconomic status in the district as lending a hand in this epidemic. “We have kids that are living in a trailer park dealing with really tough issues and then we have kids that get $50,000 cars for their sixteenth birthdays in the same school district. I don’t want to sound pessimistic, but we have a really interesting dynamic that’s conducive to this type of drug problem. We have the availability of it and the money for it right within 10 to 15 minutes of each other.” Many of them also commented on the social acceptability, or lack thereof, in talking openly about addiction. One said “it’s just not dinner party conversation. If your child has diabetes, you can talk about that at dinner and people listen and try to understand and support, but if your child is addicted to heroin - forget it - people don’t even want to hear about it.”

Another professional in the high school had a very interesting analysis to share. When asked “what societal issues, if any, do you think need to change in order for this to get better? In other words what do we need to address as a society to help with this epidemic?” The respondent replied “we have created a society that worships materialism -

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30 Respondent E and Interviewer.
31 Respondent C and Interviewer.
32 Respondent F and Interviewer.
money, fame, excess - a society that runs at the extremes. You don’t have one beer you have twenty. We are anxiety ridden, stressed, and angry. Drug addiction is something that, societally, we do not talk about or spend money on. We have really lost touch with what could, and should in my opinion, be valued in life. I do believe in the human capacity to want to become better and come to recognize that we are not in a good place.”

The suggestion that there has been a societal breakdown, a disenfranchisement of people everywhere, is an idea that has come up time and time again in this research.

What’s certain, although each road may be filled with very different obstacles, the road is long. I asked “what would you change if you could go back in time, if anything?” Cody said, “I’m really not sure. Maybe my confidence. Maybe my sense of self-worth. I mean that’s so hard as a kid, both of those things really. I’m really proud of myself where I am right now. I think this long, hard struggle has taught me a lot about life, about myself, about God, about the power of love and forgiveness. I would like to change a lot of things, but I can’t live in the past wondering what could have been. I just have to deal with today, and then deal with tomorrow, and then the day after that. That’s where I’m at right now - a day to day struggle and commitment to staying clean.”

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33 Respondent I and Interviewer.
34 Cody Troccoli and Interviewer. 20 February 2016.
Cody: “I’ve overdosed 5 times and been brought back. I have a horrible memory from it all, like I really just can’t remember things. I’ve been arrested 10 or 11 times for all different kinds of things, I have a terrible record. I lost everything - my family, my friends, my education, sports, everything. It’s been really difficult.”

Interviewer: “If you can pick something that has been the hardest to deal with what would that be?”

Cody: “I’ve disappointed everyone. I broke my mom’s heart. I’ve destroyed our family. But through it all my mom and my grandpa still love me so much and literally would do anything for me. I don’t know stronger people than them. They both have been through so much, first with my uncle, then my brother, and me. It’s crazy and I really feel terrible for it.”

Interviewer: “I can see how that can be hard. What about outside of your family? Are there things you regret?”

Cody: “I’ve done some horrible things - I’ve robbed and stolen, I’ve been violent, I’ve broken into people's homes, I’ve carried a gun, I’ve sold - I’ve literally seen and done everything that drugs can make people do. Some things I don’t want to tell you, some things I’ve tried to forget, some things I just can’t remember. It’s like I know I did it but it wasn’t me doing it - it was the drugs.”

Not every addict has it as tough as Cody did, and if you can believe it some even have it worse. I felt that I needed to understand more about what addiction physically does to the brain

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35 Cody Troccoli and Interviewer.
in an attempt to understand what Cody was often referring to as his ‘drug brain’. At this point I was really grappling with one question: is addiction a disease? I have asked every single person I interviewed and only few can give a definitive yes or no answer. “I don’t know that I can say that addiction is a disease - I mean the guy down the street with cancer, now that’s a disease. There is a conscious choice with going and purchasing drugs and doing them. I mean maybe at some point when the drugs have taken over then it’s a little different, but it starts with that choice. Don’t make that choice and you don’t end up an addict - it’s that simple.” 36 There is no denying that this respondent is correct; addiction absolutely starts with a choice. The respondent added “honestly, doing heroin is like putting one single bullet into a revolver, putting the revolver to your head, and pulling the trigger. You literally never know what’s going to happen, and you never could. There’s no way to tell. These guys are putting fentanyl in heroin now, that stuff is used in anesthesia - it’s what we call a ‘hot load’ or ‘bad heroin’ - it’s killing people everyday.” 37 I couldn’t help but agree with this respondent. It was very hard for me to wrap my head around why anyone would choose to do something they know, without a doubt, will harm them. Another respondent offered this food for thought: “if one can believe that a disease is curable, then yes addiction is a disease.” 38 It is very hard to think about and understand from the outside. I asked so many questions and I read so many articles, but I still felt lost.

Yet, I wanted and felt that I needed to understand addiction at a deeper level. I looked at various scientific sources to try to be as educated as possible before making up my mind, and one from Harvard Health Publications helped me to understand the effect that drugs have on the brain. “Drug addiction has been a stubborn problem for thousands of years, but only in the last

36 Respondent A and Interviewer.
37 Respondent A and Interviewer.
38 Respondent I and Interviewer.
generation have scientists come to understand clearly one of the reasons: It causes lasting changes in brain function that are difficult to reverse."\(^{39}\) The brain is physically altered in a testable way from repeated drug use.

When a human being or other animal performs an action that satisfies a need or fulfills a desire, the neurotransmitter dopamine is released into the nucleus accumbens and produces pleasure. It serves as a signal that the action promotes survival or reproduction, directly or indirectly. The system is called the reward pathway. When we do something that provides this reward, the brain records the experience and we are likely to do it again. Damage to the nucleus accumbens and drugs that block dopamine release in the region make everything less rewarding.\(^{40}\)

Cody often spoke of feelings of being emotionless and numb, but that he remembered a time when he was not like that. He also talked about his impulsiveness as the only time that he was really feeling anything - the need to get high. Things that used to make him happy he could care less about - lacrosse, getting good grades, having true friendships, winning a video game. Everything revolved around the drug; “where am I going to get it, when can I get it, when can I do it, where am I going to do it - I would obsess over it. I couldn’t get it out of my mind for a second. It drives you crazy. It’s the only thing that makes you feel better, feel normal. Isn’t that sick? Everything I did was for my addiction.”\(^{41}\)

In nature, rewards usually come only with effort and after a delay. Addictive drugs provide a shortcut. Each in its own way sets in motion a biological process that results in

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\(^{40}\) Ibid.

\(^{41}\) Cody Troccoli and Interviewer. 20 February 2016.
flooding the nucleus accumbens with dopamine. The pleasure is not serving survival or reproduction, and evolution has not provided our brains with an easy way to withstand the onslaught. In a person who becomes addicted through repeated use of a drug, overwhelmed receptor cells call for a shutdown. The natural capacity to produce dopamine in the reward system is reduced, while the need persists and the drug seems to be the only way to fulfill it. The brain is losing its access to other, less immediate and powerful sources of reward. Addicts may require constantly higher doses and a quicker passage into the brain. It’s as though the normal machinery of motivation is no longer functioning; they want the drug even when it no longer gives pleasure.\textsuperscript{42}

This is how I became to understand the \textit{need} for heroin that Cody spoke about, not just the want. He would say that it was a physical feeling, first one of enjoyment and satisfaction then as time went on one of survival. Cody explained that it was very scary to know that he was absolutely addicted to this drug, but that his ‘drug brain’ would not let him get over it. No matter the rehab, no matter the program, no matter the people - this drug was the only thing that mattered to him.

A local police officer had this to say about the road to addiction: “You know what comes along with this stuff is bad - it’s stealing, robbing, sometimes it gets violent, it can turn into selling to feed their own habits. It escalates quickly and it feels like they are just so far down the road or so deep in the issue. Sometimes we know their parents, maybe we grew up with them here in town. We never want to be the ones to knock on their door at 3 a.m. or make that horrible phone call telling them that their kid is in jail or even worse, that their kid is dead. Can you imagine what that’s like? I mean, granted, by this time the kids probably been in trouble with us once or twice

\textsuperscript{42} Ibid.
or maybe 10 times, but let me tell you it never gets easier to look a parent in the face and tell them that their child is gone forever.”

“We start to see kids slip away. We try to do everything to keep them in our reach - we’ll call to wake them up and try to get them here, we’ll refer them to the counselors and check if they go, we’ll make sure they are in class, we try to make sure they are taken care of while they are here in the building. But we have to think about the other 500 students here, too. If someone is putting them in danger then we have to deal with it in a proper way” said a member of the high school. Many of the respondents with roles in the high school expressed feelings of helplessness, not in that they did not know what to do or how to handle situations of this capacity, but that they feel like the kids are not listening. Many are of the variety that you give and give until you cannot give anymore. The faculty and administration play a huge role in the formative years of high school for these students. I can say, with the greatest confidence, that every single respondent truly cares about the students that walk through the front door every day. They will do most anything to help them, but at some point, as many commented, it’s also about helping yourself. “I tell the kids all the time, and I’ve worked with so many of them - like 16 of the kids I have had have passed away. Don’t do it and you won’t miss it. It’s so simple. But the kids they think they are invincible. They see the older guys or older kids that are addicts and think ‘well if they have lasted this long I definitely will, too.’ They think they are so smart, that they know what they are doing. It’s maddening.” Many expressed similar feelings in that it seems like the students are looking through them during conversations about drugs. One commented “it’s very hard to know that you are just not making a difference at all to a student.

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43 Respondent A and Interviewer.
44 Respondent E and Interviewer.
45 Respondent C and Interviewer.
You know that when they leave, even though you just talked to them for 30 minutes about not getting high, they are just going to get high. It’s sad and it’s hard.  

The loss of a child is not just a loss for a family, it is a loss for a whole community and every person in the community feels it in some way. For Cody, the loss was gradual and started early on. Going back to his childhood, Cody experienced loss at a large scale. The loss of the relationship with his father, then the loss of his uncle whom he was very close with, the sight of his brother struggling with addiction was very difficult for him and even though he did not lose his brother, he felt a loss there. When he started his involvement with drugs it took some time to experience loss of other things. He lost the desire to go to school, which didn’t allow him to play lacrosse. He lost many friends along the way. He lost respect from his peers. He lost his dignity. He lost support. Eventually he would lose something much more important. There have been an overwhelming amount of deaths in this area and it is devastating, and it does not get easier. I remember being in high school and hearing about people that graduated years ahead of me dying from overdosing, but it never hit me as hard as when the first classmate of mine passed away when I was a sophomore in college. Although we were not necessarily friends, I was overwhelmed with emotion when I heard the news. I was heartbroken for his family and his friends. He had a wonderful smile, one that many people will never forget. Unfortunately, this would not be the last time I would hear news that hit so close to home.

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46 Respondent B and Interviewer.
Recovery is a long and hard journey that involves so many people; most importantly, the addict, but also their family, sometimes their friends, professionals in the facilities or programs, and anyone else supporting them along the way. “Recovery and rehab are a process, and relapse is most usually also part of that process. It’s a sad reality, but it’s the reality. It takes multiple times for treatment to work. Heroin specifically will usually be an inpatient process. I mean sometimes they get locked up and they have no choice but to detox”47 said a student assistance counselor. Cody experienced both of these types of detox, and although many things in his life were not constant one person was - his mother, Kelli. For Cody’s mom, this was a heart wrenching and extremely long process that was very difficult. She shared some frustrations with me early on in the process:

First - it is so frustrating that in the State of NY you cannot mandate substance abuse treatment even for minors. That is the first obstacle parents face. Second - the insurance system is maddening! The behavioral health portion of insurance which covers substance abuse does not communicate with the regular part of your insurance which covers doctors and pharmacy. So every time you call the insurance for treatment you have to tell the whole story again and again! From the moment a child seeks psychiatric treatment (in Cody's case it was ADHD and then depression/anxiety) there should be a “chart” started to document every medication and every type of mental health professional that person sees so when you call for insurance coverage they see the big picture. Third - insurance

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47 Respondent B and Interviewer.
companies don't want to give substance abuse users the proper treatment in the beginning before they become full blown addicts and even then it's a joke. The first time Cody ODed and was technically dead and I had to give him CPR, the insurance company approved two weeks of inpatient treatment only after I had to have him moved to a psych ward (because in NY you CAN mandate mental health treatment not substance abuse treatment with the help of a doctor). *Two weeks* is the treatment they gave him after he had died and had already had a documented history of depression and anxiety. If they would have approved and paid for long term treatment then we might not have been on an almost 5 year journey. What they have spent in the last five years is a million times more than what they would have spent if they treated him properly in the beginning.

Fourth - Most addicts get arrested for various things during the course of their addiction and even as minors police departments and newspapers are allowed to print stories about them before they are ever convicted of anything!! This day in age with the internet that is a life sentence for these young “kids” because even if their records are sealed as minors in the courts (which Cody's was) all you have to do is Google the person and the exaggerated stories of reporters and police documents are there forever! This makes it very difficult for people who are lucky enough to overcome their addictions to escape their prior lives and the things they did as addicts.48

As a parent, Kelli wanted to help Cody in any and every way possible. Cody often spoke of how loving and supportive his mother was, even in the toughest of times. Her unconditional love helped him through many dark moments. In December of 2013 Cody, with help and support

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from his mother, made the decision to go to Florida for rehab. He found a strong community and support system in an Alcoholics Anonymous (AA) program. AA is one of the many ‘12 Step’ programs available to people who are addicted to a variety of things that want to recover from their addiction. “You have to do the 12 Steps fully and completely every single day. That’s the only way you’ll get better. It’s what you do in the time that you’re in there that changes you and makes you a better person.”49 Not knowing much about the 12 Step process, I felt it necessary to question Cody more heavily when he mentioned it. It wasn’t until after a relapse that he finally started to really explain what the program meant to him.

“It is a way of life that takes time to learn. The 12 steps are focused on all different levels of understanding yourself and understanding God as you see him. Like the first one is admitting that you have lost control, the second one is believing that a higher power can help you through it, and third you have to turn it all over to God and let him take control. I always believed in God, but this made me really believe. Like I had to find it within myself and know that if I was honest about all that shit and my feelings and everything that God would help me.”50 Around the end of January Cody had been sober for almost 9 months, and he was doing well and feeling better than he had in a long while. “This program really helped me, but you have to go to the meetings, be honest and want to change. That’s been the hard part for me, just being completely honest and wanting to come to terms with my feelings. Like if you want to bury your emotions for 3 hours to get a buzz your emotions are still going to be there 3 hours later and really until you deal with that sober you will never get clean.”51 In early February Cody entered a sobriety maintenance program. In late February when I spoke to him he was worried about how a very new and

49 Cody Troccoli and Interviewer. 5 March 2016.
50 Cody Troccoli and Interviewer. 5 March 2016.
51 Cody Troccoli and Interviewer. 5 March 2016.
different life for him was approaching very quickly. He was just a few months away from
becoming a father for the first time and he was so excited, but so nervous.

*Interviewer:* “What are you doing to stay sober?”

*Cody:* “I go to meetings 5 times a week and I have given all control to God. The 12 Steps have
really worked for me, I have a sponsor who holds me accountable and I am a sponsor for
someone, too. But you’ve got to do it completely every day. It’s what you do in the time that
you’re sober that changes you and makes you a better person. Being spiritual and finding that
within myself helped me 100% - it’s like this you pray to something, for me it’s God, to get the
thoughts out of your head because this disease is really between your own two ears. I’m going to
think things that are wrong and I have to get over it first of all, then impulse control is absolutely
crucial and if you can’t deal with your fears and emotions you will never get clean.”

*Interviewer:* “How hard is it? What do you feel physically, emotionally, mentally?”

*Cody:* “This is literally the hardest thing I have ever had to do in my life. I can’t even explain
how I feel. Until you want to change a million dollars, the hottest girl in the world, parents that
are begging you to stop, seeing friends die, it just does not matter. The drugs are so powerful.
You obsess about it, you imagine doing it, then you actually do it. Until you can have the power
to change that first wrong thought you’re not going to get through it. If you give it some time the
thought will go away and then you just have to thank God for another day clean.”

*Interviewer:* “How does it feel to be sober? Is it worth it?”

*Cody:* “It feels good. I can call my mom or my grandpa just to say thanks and tell them I love
them and not ask for money or ask them to help me get out of some bad situation. I mean it’s
tougher than anything, but definitely worth it. I mean I deal with the damage I’ve done every day
- my memory is horrible, I really can’t focus sometimes, I don’t know it’s just a lot. But it is
definitely worth it”\textsuperscript{52}

Just days after his 22\textsuperscript{nd} birthday Cody and I talked about his future. He spoke of how he
was feeling God as such a strong presence in his life. He was feeling really good and that things
were finally looking up. He was excited about the arrival of his daughter and the prospect of
having a family. He thought he was going to be able to make it work. Even though his girlfriend
was going to be living with her mom and he was going to be in his own place for a while, they
were going to stay together and eventually they were going to be able to live together. He felt
that they both had things to prove to each other, but that the love they shared and the love they
already felt for their child was going to overcome all obstacles. Unfortunately, there had been
many bumps in the road along the way. They were both dealing with really deeply rooted
addiction problems throughout this pregnancy. This was a big point of contention between Cody
and his girlfriend and it caused immense stress for both of them. Recovering addicts usually have
so much emotional baggage to deal with, as was the case for both of them. There are
relationships that need to be mended as part of the healing and recovery process. All of the
already present stress is heightened to new levels when there is new life coming into the picture.
Most new parents are worried and stressed - but for these two it was a very different experience
than normal. He was very hopeful for what lay ahead and he was determined to stay clean and be
present for all of it.

\textsuperscript{52} Cody Troccoli and Interviewer. 14 March 2016.
The Constant Struggle

As a way to try to combat the start of drug use, professionals in the high school explained that while preaching abstinence and scare tactics do not work, they hope that honest education will. “What we try to do here now is show them the healthy brain. We know scare tactics just don’t work. So we show them that healthy brain, fully functioning. Then we show them the effects of alcohol on the brain, marijuana on the brain, pills, cocaine, heroin. We let them see the brain dying.” Another professional commented that “the community response needs to improve tremendously, it seems that the police let kids go because they don’t want to do the paperwork or screw the family over and the parents allow it to happen in their homes which condones it. Those high school parties - that is the source of all of this. That’s where a kid might drink first, or smoke pot for the first time, but that’s also where they will take a pill for the first time or try cocaine for the first time. It has to stop. This culture has to stop.” I could not agree more with this respondent. I saw this happen in high school. There needs to be a conscious and concerted effort by parents to talk honestly with their children about these things and be parents, not friends. It is so vital that children know how easily drug use can transform into a serious problem. This is our sad reality. I hear of young people dying every week from this horrible drug. It does not come out of nowhere. It starts in the high school basement parties, where kids are just having beers. Then it graduates to beers, smoking weed, maybe some pills. After that, you can never predict what could happen. Some kids will stop there, but others will not.

Preaching moderation nods to acceptance - the ‘I would rather have them do it in my home so I

53 Respondent D and Interviewer.
54 Respondent H and Interviewer.
can make sure they are okay,’ parent; we all know that parent. It is not okay. Tough love has to be part of the equation when it comes to these issues, and so does honesty from all participants.

Kelli spoke to this, as well. As a person who is not a parent, I cannot imagine how hard it is to balance all of this. If you’re too strict, your child might rebel, if you’re too lenient your child might take advantage. In my eyes parenting could be the most rewarding, most happy, and most wonderful job that a human could ever take on, but it could also be the most difficult, most heartbreaking, and most overwhelming. Undeniably, it is the most important role a person could ever play regardless of situation.

As a parent, learning the lesson of enabling is the hardest lesson to ever learn. As the parent of an addict you get destroyed emotionally, financially and physically...you can never be the same person. You start out enabling and you don't even know it, to you it's love and trying to save your child...it is not until after you have been lied to, stolen from, perhaps had to save your child who was overdosing, had to sit in court time after time, had to visit your child in psych wards or jail cells, had checks forged and credit cards taken, been verbally assaulted by the child you have given your whole too (whom you know loves you more than anything but can't help themselves) it is not until years of that that most parents if they are lucky can recognize enabling. I have sat through countless family sessions in countless rehab centers as the mother of two addicts. I have heard every story, I have seen the “face” of addiction and it is black, white, brown, Asian and it is poor, rich and everything in between.....there is no one who is immune to this disease. I have seen success stories and I have seen people in treatment for the 25th time! I have seen people who are sober for a day and sober for 30 years who relapse, once an addict
you are always an addict and you can never let your guard down! As a parent of addicts who were good looking, athletic, popular and smart kids I use to have dreams for them. Dreams of watching them play college sports (both could have), dreams of them becoming successful and having families. As the parent of an addict you have to mourn the loss of those dreams and your new dreams become all about sobriety - obtaining and maintaining sobriety. I have grieved the loss of my dreams for my children. And I pray every day that my new dreams for them come true.55

This has been a very long and hard journey for Kelli. Most people cannot begin to imagine what she has gone through with not just one, but both of her children. Many people say that once you are an addict, you are an addict for life. Like Kelli mentioned above an addict can be sober for years and pick up the same bad habits again. It only takes one minute of weakness to break.

Interviewer: “Do you still experience temptation?”

Cody: “Yeah, for sure. It’s a struggle everyday to stay clean. I have to stay on top of myself, my sponsor helps, my mom helps, thinking of my daughter helps. Thinking of my journey helps, too, it hurts and it’s hard, but it helps.”

Interviewer: “How often would you say you experience temptation?”

Cody: “Well I used to wake up and think about it immediately and all day and it would take every ounce of strength I had to keep those just thoughts and not actions. Now I maybe think about it once or a couple times a day. It never goes away. I try to keep myself busy, work is picking up again and I have people supporting me. I think about GG

the most and my mom, too. I have to keep thinking about them and keeping busy or I’m afraid of what will happen.”

Cody articulated that this was a very scary reality that he lived and dealt with every day. With one minute of weakness or second guessing, his life could be thrown off balance once again. He went back to talking about the 12 Steps, that he recognized that he had lost control over the drugs. He began to talk about his brother and how different they were, but still similar. They were both addicts, but Cody was actively trying to get better and, in his opinion, his brother was not. Kelli commented on this, as well. “I’m in a twofold situation Cody and [his brother] have the same disease but they are very different about it, they are very different addicts. Cody always felt bad about what he did, he felt so guilty, he would lie and then come back in a couple days and say ‘Mom, that’s not really how it happened.’ He couldn't live with himself, he never stopped trying to get better - treatment after treatment. Cody just was so...I'm not sure what the right phrase is, was so susceptible to overdosing. [His brother] will look you in the face and lie and never think about it again. All the time he’s been in this situation he has never overdosed, he has never been to treatment. Many addicts as long as they have a little bit can get through their day and no one would ever know - it’s until they don’t have what they need that’s when you know. If Cody was high you knew instantly. [His brother] could pull the wool over anyone’s eyes and if he could live like that, do a little bit and go about his day, he would be content.”

Cody’s brother also just became a father for the first time and as of right now the state of New Jersey has custody of his child.

56 Cody Troccoli and Interviewer. 14 March 2016.
57 Kelli Starke-Troccoli and Interviewer. 24 April 2016.
Interviewer: “What do you imagine for yourself in a year? Where do you see yourself and what does your life look like?”

Cody: “Well the biggest change is that I’ll have a daughter. I want to be the best father that I possibly can be. I know I have issues, but I am trying so hard to do the right thing. It’s so hard. I want full custody of her, and I’m doing an outpatient program to prove my sobriety for it. I am going to give her the best life. I am never going to let her do what I have done. I know how badly I’ve hurt my mom, my grandpa, everyone really, but they have always loved and supported me no matter what. They have taught me what it’s like and how to love unconditionally. I want to be a good father - I get up every day and go to work then go to my meetings, I pay my bills, I have my family back. It’s better than any high ever.”

Unfortunately, Cody will never get to hold his baby girl. Cody lost his battle with addiction on March 24, 2016 - just two weeks after his 22nd birthday. This was an absolutely heartbreaking loss for his family, for his girlfriend, for friends of his, for me and my family, and for our community at home. I had gone to school with Cody since 6th grade. My father and Kelli, Cody’s mom, had grown up together and attended school together. I was in such disbelief when I woke up to the news that Cody had passed. I tried to call him and was half expecting him to pick up the phone. Walking into his wake days later was the moment that it really hit me. My father introduced me to Cody’s dad, whom I had never met. I was very lucky to have my parents there with me because looking at all of the pictures of him growing up with family and friends brought

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58 Cody Troccoli and Interviewer. 14 March 2016.
me instantly to tears. There was even a picture of him and I from our 8th grade dinner dance on the slideshow - needless to say I lost control for a minute. I turned to walk up to his mother. I had been thinking about all of the things I wanted to say to her, but I struggled to find those words. I hugged Kelli and told her that Cody loved her so very much and was so thankful for everything that she had done for him. And then it was time - time for me to say my final goodbye. I knelt down, put my hand on his, and bowed my head. Immediately I was replaying all of our conversations in my head. I never fought him on anything that he told me, I just let him talk. But at this moment I wanted to shake him and just scream. I was overcome with emotion. On the way home I couldn’t stand to listen to the radio, I wanted complete silence. I started to pray and then started to talk out loud to myself and to Cody. I just needed to get it all out. I yelled at him and asked questions I did not get to ask him - questions I will never get answers to. We had another conversation scheduled for after his daughter was born. He really wanted me to meet her and his girlfriend.

Giovanna Grace Troccoli was born on April 9, 2016 and she is beautiful and healthy. Although I still have had no contact with Cody’s girlfriend, I pray for her and for baby Giovanna every day. I was recently able to speak with Kelli for a while on the phone. We talked about everything. She told me about how Cody had come to stay with her the weekend before his death. “The weekend before he passed he came and stayed with me and we really had an amazing weekend. We watched basketball, grilled steaks...we just had a great time and I’m so thankful for that. I will never forget the happiness I felt those two days.”59 She expressed so much gratitude that people took time to come to his services, to write to her, and to call her. “I

have been so overwhelmed with love and support since Cody passed. I have been just so touched by the messages and really the outpouring of love that I’ve gotten from everyone - teachers of all grades, coaches, administration in the high school, friends, random people...it’s just amazing. I am so grateful that so many people never lost sight of what I want to call ‘my boy,’ not Cody the addict, but Cody in his real form, that beautiful, caring kid.”

There is tribute after tribute on Cody’s FaceBook wall. People writing from all over, all with the same message - that Cody had touched them in a way that they will never forget. Kelli also talked about her granddaughter ‘GG,’ and that she was going to be meeting her soon for the first time. I asked how she thought that was going to be for her. “It’s going to be very, very emotional. For me and for [Cody’s girlfriend]. He loved her and I know she loved him. But I’ve needed some time to deal with my loss and that meant I had to wait to meet GG and that’s fine. I’m going to see Cody in her, I just know it.”

Kelli reminisced about Cody’s early high school years and how well he was doing. “He went into ninth grade and was just doing awesome. We had everything sorted out with his ADHD, he was doing so well academically, he made varsity lacrosse and was great, and everyone loved him. Plus this was coming off [his older brother] not even finishing at the high school. Cody was so hurt by [his brother’s] behavior, just really devastated. I really thought Cody wasn’t going to give me trouble and it was really hard when he started to act up because I thought he was my reward for the hell I had gone through with [his brother].”

Towards the end of our conversation Kelli said something that just struck me to my core. “One surreal thing, to be honest, I’ve played out this scenario in my head. I really thought I was prepared for this having been through two very serious overdoses with Cody, like with him on

60 Ibid.
61 Ibid.
62 Ibid.
life support. I mapped out Cody’s funeral in my head, I knew the music I wanted...everything. I really did think I was prepared, but let me tell you there is no preparing for the loss if your child. You cannot possibly imagine how it feels; it is unfathomable. I’ve felt physically ill multiple times. There is a gaping hole in my heart that will never heal.”63 I felt like I could feel her at that moment - that she was looking into my soul and sharing something so deep and real with me. It was heartbreaking to listen to her voice - it is the voice of a strong, caring, loving mother who did everything in her power to save her child. A word that she kept using also stuck with me: journey. This had been a journey for Kelli; a long 22 year journey and she was there every single step of the way. “I choose to live my life as positively as I possibly can - the glass is half full. It will take some time, but I will get through this.”64

At this point, there is a pending investigation into Cody’s death. There is suspicion that the heroin that killed Cody was cut with fentanyl and if this is proven true with a toxicology report from the autopsy the man that sold it to him could be indicted on federal charges. From here on, all that I can do is pray that people in our community, and across the nation, learn from this and continue to realize what heroin is capable of. It takes over your life in ways that you cannot imagine. It robs you of all dignity, of all control, of literally everything.

I would be lying if I said that telling this story was easy. I have written most of it through tears. I never could have imagined the turn of events that would take place and how close I would feel to the situation after just a few months. I never thought this would have affected me as much as it has. I am grateful that Cody trusted me to tell his story and confided in me in a way that I never thought was possible. He put it all on the table. May he find everlasting peace.

63 Ibid.
64 Ibid.
Appendix A: Interview Questions

Questions for All Respondents

1. When do you believe that heroin became a visible issue in our community?

2. How do you think it infiltrated this community?

3. Which people seem to be getting into this?

4. Why do you think that is?

5. From your position what has been the biggest issue to deal with?

6. What do you think can be done to help people affected by addiction whether it be the addicts themselves or their family and friends?

7. Are you aware of the law in regards to sentencing of drug addicts and drug dealers?
   a. If yes, what is your opinion on them? Are they too lenient or too strict?
   b. If no, I am going to provide an overview and ask your thoughts.

8. How do you feel that drug addicts and drug dealers are treated differently in terms of the law?

9. Which do you feel is a worse ‘offense’?

10. Do you think that addiction is a disease?
    a. Please explain your answer.

11. Do you see/understand how people could think the opposite?

12. Do you think that there should be mandatory treatment programs for addicts?
    a. If yes, to what extent? ie: how many times should an addict be allowed to attend, when is enough enough?

13. Are you aware of the LEAD program in Seattle, WA?
a. If yes, what is your opinion on it?

b. If no, I am going to provide an overview and ask your thoughts.

14. What do you think the most important thing to know about this issue? ie: what do you feel like you need more information on/where are there disparities in information or complete lack of information?

Additional Questions By Category of Respondent

Addict

1. Please give a brief life history
   a. Are there addicts in your family?
   b. When did you start using drugs and what was the progression of your drug use?
   c. Why do you think you started using drugs? What do you feel like it did for you?
   d. Why heroin?
   e. Have you been through treatment before?
      i. If yes, please explain - where, how many times, what do you feel worked/didn’t work?
   f. Do you feel like the treatment has helped you in any way?

2. How does it feel to be a drug addict physically, mentally, and emotionally?

3. How has your addiction affected your personal life and relationships?

4. Is there anything that you would like to say about addiction whether it’s about your specific situation or about addiction in general?

5. What are your hopes for the future?
6. How are you working on getting there?

Family/Friends of Addict

1. How has this addiction affected you?
2. When did you notice there was an issue?
3. What did you do to help, if anything?
4. Why do you feel this is such an issue in our community?
5. What do you feel can be done to help stop or slow this issue?
6. It is said that there are many issues with treatment facilities and rehab in a broader sense, what are your thoughts on that?
7. It is also known that there are issues with insurance/health care in regard to addiction, what are your thoughts on that?

Law Enforcement

1. What is your position and assignment, and how long have you been on the force?
2. What do you feel is the biggest issue from your position?
3. What do you encounter more often - dealers or users?
4. Where are these drugs coming from?
5. Can you explain a little bit about the ‘reasoning’ behind the sentencing laws?
6. What is your impression of family members/friends/community regarding this issue?
7. What is your impression about government in the same regard?
8. What do you think about Obama/Cuomo’s plan to release ‘non-violent drug offenders’?
School Administration and Faculty

1. How long have you been in the Hen Hud School District?

2. When did you notice that heroin started to become an issue among students here?
   a. for clarification - when did you notice that there started to be multiple people having an issue with heroin?

3. If you feel that you can pick out a type of student that might be more prone to be involved with these kinds of issues, what would that student be like? Grades, family life, friends, etc?

4. What is the most difficult part of this for you?

5. What do you feel like you do about it or can do about it?

6. Do you feel like your hands are tied in helping students?

7. Can you explain what the alternative high school is and what provides to students?
   a. Do you find that it helps students struggling with these kinds of issues?

School Counselors

1. How long have you been in the Hen Hud School District?

2. Can you explain what your role in the school is as a counselor of this type?

3. If you feel that you can pick out a type of student that might be more prone to be involved with these kinds of issues, what would that student be like? Grades, family life, friends, etc?
4. Do you feel as though there is a good percentage of people that do respond to treatment and overcome their addiction?

5. Do you see any kinds of trends or patterns about specific drugs or about the addicts themselves in our community?

6. Why do you think that these kinds of drugs are so accessible to high school aged kids?

7. What are your opinions on the drug sentencing laws from your position as a counselor?

8. What is the most difficult part of this for you?