



# HEROIN: Perspectives of Destruction

Series originally published by



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United Way of Jefferson &  
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## INTRODUCTION AND ACKNOWLEDGMENTS

“Heroin: Perspectives of Destruction” was originally published as a series of columns contributed to the Daily Jefferson County Union newspaper in Fort Atkinson, Wisconsin, edited by Christine Spangler. The series ran from November 2015 to March 2016. The Watertown Daily Times subsequently printed the series as well.

Jude Hartwick was concerned about the impact of heroin on the people of our community when he conceived of “a series of articles to cover what to look for about heroin abuse from a teacher’s, parent’s, child’s, friend’s, police officer’s, treatment facility, and personal perspective.” Hartwick—who is a Fort Atkinson City Council member as well the Crossroads Alternative High School teacher—wrote the first story in the series and lined up contributions from other writers.

After the series ended, Fort Atkinson resident and Daily Union reader Cynthia Ficenec felt that the columns deserved to be gathered in a more enduring format and shared more widely. She applied for and received funding from the local United Way chapter to cover printing costs, and volunteered to reorganize the series for booklet format. Tim Garant of J.B. Kenehan helped prepare the booklet and printed 2,000 copies for distribution at locations throughout the area served by the United Way of Jefferson & North Walworth Counties.

The individual essays as formatted here and the entire booklet are also available as PDF files for online distribution. PDF files can be found online at [OurUnitedWay.com](http://OurUnitedWay.com). The original stories are also available, archived by newspaper publication date, at [dailyunion.com](http://dailyunion.com).

The stories have been reordered from their original chronological order of publication for this booklet. Some titles and introductory notes from the editor have been changed for clarity in their new context. The authors’ words or punctuation have in some cases been very minimally edited for clarity.

The authors of this series, both named and anonymous, did the hard work of committing their stories to print in the hope that their experiences could help others. They have granted their permission to reprint. No copyright is asserted. Permission to share this material for non-commercial purposes is freely granted.

*Thank you to all the authors who had the courage to contribute their perspectives in hopes of helping our community. Thank you to the Daily Jefferson County Union and Chris Spangler for publishing the series and allowing this reprint; to Jude Hartwick for coordinating the series; to Tim Garant and J.B. Kenehan for printing the booklet; and to the United Way of Jefferson & North Walworth Counties for their Pillar Grant that covered the printing costs.*

*As this series’ authors point out, knowledge and understanding are essential to countering the heroin epidemic. Empathy is important, too. These stories help us empathize with the priorities, needs, and emotions of family members, friends, first-responders, and others affected by someone else’s addiction. We also gain empathy for those pulled in by addiction themselves.*

*Having empathy for an addict is not the same thing as making excuses. Everyone has made bad choices sometimes; not all of those bad choices have had consequences as harsh as addiction. And while choices play a role both in getting hooked and in getting clean, addiction has a biological component that means recovery is not just about willpower.*

*Heroin continues to make headlines in local and national news. We read about new impacts (for example, the increase in babies born addicted), new threats (even more dangerous drugs such as fentanyl being sold as heroin), and new addiction treatments (such as the Naltrexone implant that blocks opioid effects for six months). As our understanding of the disease of addiction advances, our community will need to continue the conversation about the most effective ways to reduce availability of dangerous drugs, to treat pain from surgeries and injuries without creating addiction, to prevent drug abuse and addiction, to reduce harm among active users, and to make effective recovery resources easily available.*

*—Cynthia Ficenec, reprint project coordinator, January 2017*

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## A MOTHER'S PERSPECTIVE

*Everybody knows heroin addicts, although they might not realize it*

*This essay originally appeared in the Daily Jefferson County Union on December 9, 2015, as the fifth piece in the series "Heroin: Perspectives of Destruction." After reading the second piece in the series, written by the father of an imprisoned heroin addict, a community member asked to help by writing about the heroin addicts among our friends and family. Here is her story.*

Grab a pen and list everyone you know who is a heroin addict. What? You don't know anyone other than actors and pop stars? Philip Seymour Hoffman, maybe? Well, that's where you're mistaken.

Everyone in southern Wisconsin knows at least one heroin addict and most of us know many more. If you are reading this, you know somebody who is a heroin addict, trying to live a normal life in between shooting up.

I was born in Fort Atkinson, grew up in the Town of Cold Spring, bought my prom dress in Watertown, graduated from the University of Wisconsin-Whitewater, got married in Jefferson, took my kids to the Fort Atkinson Family Aquatic Center frequently. Salamone's pizza is the best ever, my wedding cake was from Mike's Bakery, I hike in Aztalan State Park, and every time I'm at Sandy Beach in Lake Mills, I think of those pyramids that just might be under the water.

I'm one of you, and this is what's happening to me and my family. This is what's happening in our little communities all over Jefferson County, as well as in Walworth and Dane and Rock counties.

Two years ago, I wouldn't have named anyone if I'd been asked about knowing heroin addicts. But then my daughter told me that my son is an addict. I was aware that he had dabbled in drugs (he was 20), but the idea of my precious blue-eyed boy with a needle in his arm was ludicrous. I have never used drugs myself, never even smoked a cigarette.

My kid as an addict remains completely unbelievable to me. And when he got arrested, spent a week in jail, and a month in rehab, I learned an awful lot about heroin very quickly and very painfully. I learned that many of his friends were heroin addicts, young men who were bright and funny and outgoing. Young men and women from "good" homes, with parents who love them and pets who run to meet them and grandmas who look forward to seeing them at Christmas. Normal kids. My kid. And your kids—your nieces, nephews, neighbors. Your friends' kids. The kids of our wonderful little communities, our hometowns.

I was an officer on a school board when I learned about my son. These are the children of police officers and teachers and business-people and truck drivers and farmers and mail carriers and your best friends. This drug does not discriminate, and right now, it is sweeping through our Wisconsin communities like the black tar plague.

And it's killing our young people. My son spent more than six months clean before he overdosed on my bathroom floor. Every day,

I'm grateful that we found him in time—he wasn't breathing, but he still had a pulse.

Six young people in the area overdosed on that same batch within 48 hours; two died. Five days later, we attended the funeral for one of them, a young man who grew up with my children and overdosed from this batch; a very bad batch—or a very good batch, depending on your perspective. The funeral was standing room only. Local officials, parents, and teachers consoled each other, as well as the addicts who were among this young man's friends, the ones still alive.

It was a strange mix of people, and it was a loud reminder that this drug is taking over too many lives. Lawmakers and lawbreakers consoling each other; financially struggling people comforting some of the wealthiest members of the community, as we all recognized kids we knew among the addicts who showed up to pay respects to this young man and his large family. We all saw that these are our kids, our community's youth, and they're addicted.

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***Some of those people you see are addicts.  
Some are the family members of addicts.  
You know them. They are ours.  
The only way to end this is for us to  
bring the epidemic into the light.***

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One of the local dealers attended the funeral, slinking in late. He grew up with the dead boy; their lockers were together since middle school. Another dealer was in jail for contributing to this death, and the third was headed there shortly. None of them denied involvement. Their friend was dead and they were in mourning. But they were, by the code of addicts, helping him out when they sold heroin to him on his 25th birthday. He needed it. They had it. They may have even given it to him as a birthday gift.

Because they're addicts. They need this drug—that's what addiction is. This rewires the brain. It causes someone who has a job, an education, hopes, dreams and loving family to make decisions they would never otherwise make. They're desperate. They're suffering and dying. And they're ours.

These addicts, these dealers, these criminals...I know them all. They are normal small-town kids, nice kids. One of those dealers is a talented mechanic. Another is my son-in-law's former best friend. The third one, the dealer who sold the lethal dose, has roots in our community that go back to the 1800s. Many of them are people I've known since they were small. I was their Scout leader, their field trip chaperone, their chauffeur when they needed a ride after school or to the library.

And you know the same sorts of young people, whichever town you live in. They are normal kids, demonized for being addicts, used

by politicians to gain political points. But this isn't a political or criminal issue. It's a health issue and a community issue.

Take a moment when you're at Festival Foods in Fort or at Walmart in Jefferson or at Mullen's in Watertown. Some of those people you see are addicts. Some are the family members of addicts. You know them. They are ours.

The only way to end this is for us to bring the epidemic into the light. We can't pretend that we don't know these people, so it's not our problem. We do know them. They're living among us. We must make the decision to ignore the stigma. Believe me, when it's your child on the bathroom floor not breathing, you'll do anything just to keep him alive. Forget about the stigma or the judgment of others; say to the 911 dispatcher, "I need an ambulance. My son overdosed. He's a heroin addict, and he's not breathing."

In those moments, I would have done anything, screamed to the entire world about his addiction, to keep him alive. Because I want my kid to live. And I want your kids to live. I want this epidemic to be eradicated from our communities, and for that to happen you must understand this. You know a heroin addict. You probably love an addict. They and their families need you desperately.

So look around with new eyes. Speak up. Ask how you can help. Because if we don't band together as community members, heroin is going to destroy some of the best people of this generation. And then what will we have left?

My son spent three hours in the hospital after his overdose, before they took him to jail. He cried for three hours straight, strapped to the bed as a criminal, as I wiped his tears. He repeatedly said, "I don't want to be an addict. I don't want to live like this."

Nobody wants to be a heroin addict, and nobody wants to live like that. And their families shouldn't have to be ashamed. My son needs help, understanding and support. Are you willing to step up and become part of the battle against this drug?

The best weapon is knowledge. Please learn more about the addicts in your life. We can no longer hide from the judgment of others and demonize addicts. We must learn about this within our communities, join together, help those already addicted, and prevent any more from becoming addicts.

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***My kid as an addict remains completely unbelievable to me. And when he got arrested, spent a week in jail, and a month in rehab, I learned an awful lot about heroin very quickly and very painfully.***

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This drug leaves behind a wake of casualties. Let's make sure that nobody else buries their child because of heroin, that nobody else finds their loved one in the nick of time. And let's all realize and admit that the next overdose could very well be that of someone who is yours. Because everybody knows somebody who is a heroin addict.

## **ADDICTION HELP RESOURCES**

- **Behavioral Health Treatment Services Locator**

<https://findtreatment.samhsa.gov>

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**

<https://www.samhsa.gov/recovery>

- **See page 17 of this booklet for additional resources.**

## A TEACHER'S PERSPECTIVE

*Where is outcry about heroin?* by Jude Hartwick

*This story originally appeared in the Daily Jefferson County Union on November 11, 2015. It was the first in a periodic series of stories, written by people with different perspectives, focusing on the heroin epidemic that has spread throughout the nation, including Jefferson County. Jude Hartwick, a School District of Fort Atkinson teacher in charge of the Crossroads Alternative High School, coordinated the series and kicked it off with this story, his perspective as a teacher.*

Over the past few months, four people who, according to friends and family, were abusing heroin, have died. The exact cause of death usually takes months to determine based upon toxicology reports. Even then, it might not be divulged publicly due to ongoing criminal investigations or family choice.

Statistics can never reveal the full impact of heroin use within a community. Its impact is felt on so many levels—loss of friendship, parenting, work and school performance, criminal activity, etc. Last year, it was the death of a former student in April that shook our community and spurred me to action.

Heroin is hurting our city and killing our citizens.

Enough. Where is the outcry? What are the solutions?

I wish to start by having a series of articles written to help make people aware of the signs of drug use and where to get help. My thought for our community is to do a series of articles to cover what to look for about heroin abuse from a teacher's, parent's, child's, friend's, police officer's, treatment facility and personal perspective. In my opinion, the more discussion and openness about heroin, and addiction in general, the better our community will be.

I am a teacher. I teach at Crossroads Alternative High School in Fort Atkinson. Personally, I think I have the best job in our school district. Most Crossroads students (82 percent) turn their educational lives around and graduate. The few who don't often are too involved in alcohol and drug issues, or school is just not important to them. To me, the scariest thing is that students are (or anyone is) still willing to try heroin. Addiction can occur very quickly, sometimes even immediately.

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From a teacher's point of view, these are things that I look for concerning heroin: First and most obvious, are physical symptoms: drowsy looking, general malaise, becoming thinner or gaunt, eyes bloodshot, circles or bags under eyes, or anxious, edgy, fidgety. All of these physical symptoms are from use over time, not just from coming to school high. It's easier to tell when a student is high: look

at pupils in eyes, speech, edginess, etc.

Secondly, what's happening in their life? Is the person missing school, or when at school, appears unmotivated and out of touch? Do they appear anxious at times? Often, their homework is not done, or done quickly and sloppily. In general, their grades and school performance drop.

Thirdly, their appearance could be wildly fluctuating. They might have more money one day and have fancy new clothes or jewelry. They might sport tattoos. Or, their clothes might be ragged, haggard and unkempt. Their appearance might not matter. They also could smell musty or unclear. Their teeth may become ugly or broken (this happens more with methamphetamine). They also could start sporting long-sleeved shirts to hide needle tracks.

Lastly, they might become fixated on their phone, getting out of class, or meeting up with someone, or talk about travels to other cities (particularly our neighboring bigger cities).

All of this is because the drugs are taking over. They're getting lost. What is the saying? "You don't take heroin; it takes you."

Many young people addicted to heroin turn to it because prescription drugs—the most commonly used illegal substances among teens, besides marijuana—have become more difficult to obtain and abuse. Heroin is cheap and its increasing popularity and demand have made it easier to get. Heroin is highly addictive and can be smoked, sniffed, or injected.

### Here are the signs of heroin use:

- **Paraphernalia:** Burnt spoons or small metal containers used to melt or "cook" the heroin; Bottles of water—because water is needed to add to the heroin (or crushed pills) to "cook" it; little balls of cotton; tiny baggies; tan or whitish powdery residue; dark, sticky residue; small glass pipes; syringes; rubber tubing, belts, sweatshirt strings.

- **Appearance:** Tiny pupils; sleepy eyes; tendency to nod off; slow breathing; flushed skin; runny nose; needle marks on forearms, tops of hands, neck, feet.

- **Actions:** Vomiting, scratching, slurred speech, complaints of constipation, complaints of nausea, neglect of grooming, failure to eat, covering arms with long sleeves.

Nar-Anon Family Groups ([www.nar-anon.org](http://www.nar-anon.org)), an organization that supports those affected by someone else's addiction, offers the following advice concerning what to do: confront, get help, and be prepared.

- **Confront:** Speaking openly about drug use is huge. It has a stigma in our society and community, but that doesn't mean it doesn't happen. It just hides it from plain sight. Instead, we should

be talking about the perils of drug use directly.

I ask simply, “Do you do heroin? Do you do other drugs?” Students know I’m worried and concerned. It’s a direct confrontation that in a couple of instances has helped students realize that others notice, someone cares, and to shape up.

- **Get help:** This is a twofold issue, one for the student/person and the other for the teacher. The teacher needs to seek out help for the student. Let others know. Hiding the issue will only enable the student to sneak about and continue to use. A school counselor or administrator should be apprised of a student’s situation.

Know where to turn for help. In Fort Atkinson, we have a new nonprofit called the Dave Gallup Foundation that supports women’s sober living; it is located at 314 Madison Ave. The sober living home helps women begin a new life in sobriety while helping them develop the skills necessary for successful reintegration back into their families and their communities.

There are multiple 12-step meetings at the Dave Gallup Foundation and all are open to people seeking recovery in the community. Narcotics Anonymous meetings are currently held on site on Monday and Thursday nights at 7 p.m. Nar-Anon meetings (for those whose loved one is an addict) are on Thursday nights at 7 p.m. There also is a Women’s Al-Anon meeting on Saturday nights at 8 p.m. The Dave Gallup Foundation can be reached at 262-470-8269, <http://www.davegallupfoundation.org>, or by email at [davegallupfoundation@gmail.com](mailto:davegallupfoundation@gmail.com).

Other places to turn for help are on the Jefferson County Human Services webpage at <http://www.jeffersoncountywi.gov>. There, go to the “Heroin and Other Drugs” links.

On Fort HealthCare’s website, <https://www.forthhealthcare.com/>, go to “Behavioral Health,” which also has loads of information to help individuals find help.

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***I’ve had students die before in car accidents, diseases, or suicide, but nothing triggers the pain like death from heroin or other drug use. It’s such a waste.***

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The Fort Atkinson Police Department—(920) 563-7777—also is a resource as officers continue to respond to, and attempt to save, heroin-dependent people who overdose.

Lastly, you can always call me. I don’t have all the answers, but I will try and help you figure out what to do (contact me at [hartwickj@charter.net](mailto:hartwickj@charter.net) or (920) 568-0626). If we help one another in our community, we’ll be a much better place.

- **Be prepared:** This is so hard to write. I have just heard of another death of a young person. If we read the newspaper, we see that imprisonments from heroin sales are growing and mortality rates are increasing.

In the early 2000s, Wisconsin averaged 29 heroin overdose deaths a year. Today’s numbers are closer to 200 a year. These num-

bers include a number of cases right here in our own county and Fort Atkinson. The numbers reveal a growing epidemic. The number of heroin-related deaths in Wisconsin has risen over 50 percent in the last 12 months. Not all are reported; they can’t be. Often, there are criminal investigations into the death of an individual.

When I say “Be Prepared,” it’s because intervention doesn’t always work well. Heroin is extremely addictive—sometimes after the first use.

The reality is that all your caring and help will mean nothing unless the person wants to change. Heartache and sorrow follow heroin and other drug use.

I’ve had students die before in car accidents, diseases, or suicide, but nothing triggers the pain like death from heroin or other drug use. It’s such a waste.

No one grows up wanting to be an addict. It happens because of a series of choices. The worst part is you can see their life unraveling. The potential of that individual is lost to all of us. Keep trying. If it doesn’t work today, maybe tomorrow. The lives we save are worth it. The goal is to prevent the potential first-time user from making a potential deadly mistake, as well as helping the current heroin-dependent users from continuing down their path of destruction.

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- **See page 17 of this booklet for additional resources.**

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Find and share a PDF of this story or the whole booklet, plus up-to-date addiction help resources at  
[www.OurUnitedWay.com](http://www.OurUnitedWay.com)

## A YOUNG ADDICT'S PERSPECTIVE

*Fort grad recounts her struggle with heroin addiction*

*This story originally appeared in the Daily Jefferson County Union on January 21, 2016 as the ninth in the series "Heroin: Perspectives of Destruction." Jude Hartwick, Fort Atkinson High School Crossroads teacher and coordinator of the series, noted, "I am very grateful to my student for volunteering to write about her addiction. I also am very proud of her, and see, as I always have, the potential she has. Life is full of many twists and turns, but heroin is a dead end."*

I awoke in a holding cell, handcuffed to a ceramic table that had a good ten hours' worth of drool on it. I was told by a deputy that it took five different deputies to contain me, and at this time I was a very small girl. I was 15 years old, only five feet tall and weighed only 75 pounds.

All I knew about the reason I had gotten arrested was what I later had to read in the paper. This was the first of many arrests to come. This was the beginning of my addiction.

Many people believe that an addict is a person who has no morals. Someone who knows right from wrong, but chooses to do wrong, or that they were never taught the right things because they came from bad childhoods.

Yes, it's true that having a terrible childhood can be a huge contributing factor to a person's addiction, but an addict can be anybody, good or bad.

For example, through the course of my active addiction I have met lawyers, doctors, and even government officials who are making some of the most uplifting changes to our society, but even some of these good people are controlled by drugs. Personally, I did not have a terrible childhood, and my parents are not terrible people.

Every family has their own share of dysfunction, and mine certainly had its problems, but I was given no reason outside myself to engage in such unethical behavior. But what can I say? I was a rebellious teenager, as well as an angry one.

I didn't actually start small like many kids do. I did my first drug, cocaine, at age 14. It was fun, while it lasted, but this quickly spiraled out of control and I ended up moving up to Wisconsin, in with my dad, at age 15. But I didn't stop there. I headed straight for the cool kids—the addicts.

I was a straight-A student, but I got bored easily with the smart kids. I was lucky that I even finished out my sophomore year in high school. I started skipping school a lot. At one point I got caught doing drugs out in the parking lot of the high school and got put on probation at school where I was drug-tested.

Well, I wasn't having any part in that. I ended up dropping out. Actually, I dropped out of quite a few different high schools, mostly online schools. A few years later, by some miracle, I actually graduated high school while on work release from jail. It was an alternative program for pregnant women and kids like me called Crossroads.

But it wasn't long after this that I started shooting up heroin. And it was love at first sight. And to be quite honest with you, the next few years are mostly a blur, save for the time I spent in jail while forcibly sober. The only coherent moment I can remember during that time of my life is when I awoke one morning, withdrawing, and with no means to get money for more drugs, when I realized my whole life had gone by and I had done absolutely nothing with it.

I had nothing to show for myself. I'd had many jobs by then, none lasting more than two weeks. I had dropped out of college twice. I had a giant court record. Every cop in town knew me by sight. I had no friends that cared about me, any more than they cared about getting their next fix. I still lived with my dad, who should have thrown me out years ago. For the first time, I wanted to change.

I went through many treatment programs, mostly outpatient. I tried 12-step meetings, but being from such a small town was turned off by them. I started on a Suboxone program. I believed, at the time, that Suboxone was a miracle drug.

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***It seems that treating the addiction was not enough for me, but when I was finally able to treat all the chaos that was going on inside my head, I was finally able to start to recover.***

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For those of you who don't know, Suboxone is an opiate blocker, meaning if I were to take opiates, I wouldn't get high from it. But it is also an opiate in itself. It is meant to stop the withdrawals. So it is like prescribing alcohol to an alcoholic. I am an opiate addict, and they were prescribing me opiates.

Of course I liked it! But it didn't work for long, because it, of course, was not getting me high the way I wanted it to. And, quite frankly, it was a trigger for me to want to get high. So I sold my Suboxone and used the money to get high. This was my new income.

But like I said, I genuinely did want to change. I wasn't proud of myself, and this wasn't high school any more. Life got real. But I couldn't quit. And I couldn't understand why. I eventually got so depressed that I just could not handle it anymore. I wanted to die. I didn't want to live like this anymore.

One day, after doing as many drugs as I could get my hands on, I got in my car and tried to drive it off of a bridge. To my surprise, it didn't work. All I managed to do was drive into a guardrail and total my car, but it sure got people's attention. I remember getting out of my car and walking to Walmart and crying in their bathroom for what seemed like hours.

Of course the police were called, and I was arrested for felony reckless endangerment and felony escape (which happened later). For these charges I was put on a forensic commitment to the state (which basically just means you are criminally insane) and sent to Winnebago Mental Health Institute for 10 months.

I never thought I would say this, but that was the best thing that had ever happened to me. It seems that treating the addiction was not enough for me, but when I was finally able to treat all the chaos that was going on inside my head, I was finally able to start to recover. After all, addiction is a brain disorder that affects your thoughts, which is why you need to address mental health in order to achieve long-term sobriety.

I'm now in a sober living house and have more clean time than I've ever had. For the first time in my life I'm confident that I can keep it this way.

# A FRIEND'S PERSPECTIVE

*A letter to heroin by Hailey Firkus*

*As part of Alcohol and Other Drug Awareness (AODA): Personal Analysis, Fort Atkinson teacher Jude Hartwick asks his students at Crossroads Alternative High School to write a letter to a drug. Hailey Firkus wrote this letter as a 17-year-old high school junior and then expanded it when Hartwick invited her to share it in the series, "Heroin: Perspectives of Destruction." It appeared in the Jefferson County Daily Union on November 24, 2015, as the third column in the series.*

Dear Heroin: Stay away from me and everyone I care about! You ruin lives and take away the freedom of people. I've seen firsthand what you do to a person. You took my friend's life, and destroyed him as a person. No, you didn't kill him, but what you did was worse. He gave up on his own life.

He was such a great person: never stole, had a good job, went to school every day, was honest and caring. Then he started using you. At first, no one could tell he was using; it was still the same Kyle we all knew. After a while, he began doing it more and more. This caused him to work less and be out of it all the time.

The first time I asked him about what was going on with him, he told me in these exact words: "I've just been smoking too much; don't worry about me." I guess you could say I wasn't thinking too hard about it because I just figured that he had been talking about weed.

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***He looked pale a lot, he had dark circles around his eyes, and he would fade in and out of consciousness. I could be talking to him and he would fall asleep.***

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He eventually stopped going to school and work, causing him to be fired. He started coming around less and hanging out with people who are known for drugs, especially heroin...

After about a week of barely seeing him, he was knocking on my door asking if he could stay for a few days. Of course, I said "yes," and he had told me that his parents kicked him out, but never told me why. After some time of him staying with me, I started catching on that Kyle wasn't OK. He looked pale a lot, he had dark circles around his eyes, and he would fade in and out of consciousness. I could be talking to him and he would fall asleep.

Now after seeing all this for a few days, I got very curious as to why he was acting this way. So, he was showering one day and curiosity got the best of me, so I went in his room and looked in his box where he keeps his weed and pipes. As I opened the box, my jaw instantly dropped. I was looking at four items: a pipe, weed, quite a few needles and a plastic bag full of white powder/chunky stuff. As he got out of the shower, I looked at his arms and saw the track marks he had. I confronted him about it and he said it's not a problem; this caused us to get into a huge fight. He left my house later that night and didn't come back.

I hadn't heard from Kyle for two weeks and I was starting to worry a lot. My mind raced with a million different places he could be, but only one image wouldn't leave my mind, and that was Kyle lying face down on the ground, dead. A few more days passed, and still nothing. I woke up to pounding on my window at, like, 2:30 a.m.; it was Kyle. I went to my front door and opened it up. Kyle was crying and kept saying, "I'm sorry," over and over again. He told me he wanted help and that he couldn't continue to live the way he was.

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***He fought a battle against you and he won. I will thank you, though, for not taking his life.***

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The next morning, we woke up and we went to talk to someone and they found him help. Three months of rehab has helped him a lot. He came home happier than ever. A year later and he's still sober. He fought a battle against you and he won. I will thank you, though, for not taking his life.

## WHERE TO TURN?

Who is an appropriate first contact at school for a student or parent with concerns about a student's drug abuse or addiction?

The consensus of school nurses in our area is that a student should go to an adult they trust, whether it is a teacher, guidance counselor, social worker, principal, nurse, etc. In response to that conversation, the adult should refer on to the pupil services team which is comprised of all of the above adults.

Parents should approach a member of the pupil services team as well. They will know what resources to offer the parents and how to get them the help they need.

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Find and share a PDF of this story or the whole booklet, plus up-to-date addiction help resources at  
**[www.OurUnitedWay.com](http://www.OurUnitedWay.com)**

## A SISTER'S PERSPECTIVE

*Sister shares family's harrowing journey with heroin addict brother*

*This story originally appeared in the Daily Jefferson County Union on December 2, 2015 as the fourth in the series. Its author had read the first story and asked to help. Her brother, "Kyle" (not his real name) is an addict. As his sister, she volunteered to tell his and her story of his addiction and how it affected their family.*

I am the oldest of three children, the only daughter. I have two younger brothers; we are all three years apart. My parents were married until my youngest brother was 17.

We had the idyllic childhood. My mom was a stay-at-home mom and my dad had a 9-to-5 office job. We ate dinner together every night and had family day every Sunday. We went on family vacation up north every summer and celebrated all of the major holidays. Our dad was a Boy Scout leader, soccer coach and baseball coach; our mom was a Girl Scout leader and PTA member. They were both very involved in our lives.

My youngest brother, Kyle, is college-educated, owned his own business, married the love of his life and created a family. He has a daughter and a son, who is autistic. He has had the same best friend since sixth grade, he cries at sad movies and cheers when the underdog wins. He put himself through college while having a family and starting his business. He plays fantasy football with the guys he grew up with, hosts poker game nights in his garage and goes on his kids' school field trips.

In March of 2013, I received a phone call from my mom saying that she was cutting her vacation short and flying home from Florida. She usually spends winters in Florida and doesn't come home until April. My kids and I had just flown home from a 10-day vacation with her and I was very surprised to hear she was headed home. When I asked her why, she hesitated. "Kyle is addicted to heroin. He has asked me to come home and help him detox," she stated with fear in her voice.

I asked her to repeat herself several times because I was pretty sure I misunderstood her. A million thoughts flashed in my head, but the most prevalent one was, "this doesn't happen to people like us." Then the only thing I could envision was my baby brother in a filthy drug house on the north side of Milwaukee with a tourniquet wrapped around his arm and a needle in his skin. That thought made me physically ill. She asked me not to tell anyone and that we would discuss it when she got home.

My mom stayed with Kyle for three months at his house. She never left his side. She fed him Gatorade and chicken noodle soup, and laid on his bedroom floor. She watched him withdraw from heroin. He would shake violently, cry out in his sleep, vomit without any notice and sweat profusely. He fell into a deep depression riddled with anxiety. When I visited the house, everyone spoke in hushed tones and the shades were drawn. I felt as though I were visiting a hospice patient.

He was gaunt-looking, weighed maybe 140 pounds (he is over 6 feet tall) and mumbled when he spoke. I would sit on his bed next to

him and try to make him smile. Nothing mattered to him anymore. At one point, both of my parents were staying at Kyle's house with him and his family, trying to get him through the detox stage. We realized that in between detoxing, he was also using. My parents were at their wits' ends and nothing was working.

My Dad finally decided it was best to send him to a facility. Kyle went to Rogers Memorial Hospital in Oconomowoc for a week and entered the detox program. Kyle was released from Rogers and went directly to St. Clare Hospital in Baraboo for inpatient treatment (Rogers only detoxes people and St. Clare does the rehab part). We stupidly believed that he was better.

He told us he was, so why wouldn't we believe him? For a few months, he was better. He was showing up at family functions again and being present in his own life. Then last December, things changed. My Mom had contact with him every single day; if she didn't hear from him, she would either call his wife or drive to his house and check on him. She was terrified that he was using again and was going to overdose and die. She texted me that she had a very strong feeling Kyle was using again; she couldn't prove it, but it was just a feeling she had.

We had our Christmas dinner with our Dad a few weekends before the actual holiday. Our other brother hosted it at his house. I went in his bathroom and when I opened the door, Kyle was sitting on the edge of the bathtub with his sock and shoe off. I only saw it for a split second before I backed out of the room and shut the door. My brain wouldn't register what I had seen. Why would Kyle have his shoe and sock off in the bathroom in the dead of winter? I didn't say a word; I just went back to the dining room and sat down.

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***A million thoughts flashed in my head, but the most prevalent one was, "this doesn't happen to people like us."***

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Later that night, I text-messed Kyle and said, "Do you want to talk about the elephant in the room?" He responded, "You mean that I own a construction business and had to bandage the foot that I hurt on a job site?" I ignored it. I didn't tell anyone. I knew deep down that he was injecting himself with heroin between his toes, but I wanted to believe him. It was Christmas and I didn't want to cause a fight. I believed him. He said he was fine and not using.

January 19th, 2015. That was the day my brother was arrested for three counts of armed robbery. I was at work when he was arrested; he had been followed by the drug task force and was apprehended in Beloit. I received a frantic telephone call at work telling me what had happened. I immediately went online and looked up the article about the man that had just robbed three gas stations. The police didn't know who he was and had asked the paper to post his

photos. As the photos downloaded, I couldn't breathe. I kept whispering to myself "please don't be Kyle" over and over again.

The photos were grainy, but it was very clear to me that the man was my baby brother. In my head, I was screaming. I felt a rushing sensation and was gulping for air. I walked outside and had to make the most difficult phone call of my life. I had to call my mom (who was in Florida at the time) and tell her she needed to fly home. I stayed at work for the rest of the day and on my way home, my sister-in-law called me. She said that a police officer was at their door with a search warrant and she didn't know what to do. I told her to let them in the house and to get the kids out. They didn't need to see this.

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***The addiction to heroin is stronger than a father's love for his children, his love for his mom, and stronger than his will to live his own life.***

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I drove as fast as I could and got to the house right after the police left. My niece and nephew were in the living room and hysterical. They had no clue what had happened. My sister-in-law was in no shape to tell them, so I told them. I showed them the article online with the color photos of their dad. I watched my niece lose her innocence in that moment, and my autistic nephew just kept asking me when he could see his dad.

Kyle was convicted of three felony counts of armed robbery on Sept 24, 2015. He apologized to the court for his actions. He didn't actually have a gun on him, but in the State of Wisconsin, if you say you have a firearm, it is the same as having one.

I am not condoning what he did; I never will. I just want people to know he never intended to hurt anyone. The Kyle I know (and love) would never have done this. I believe it was the addiction. I will always believe that. The addiction to heroin is stronger than a father's love for his children, his love for his mom, and stronger than his will to live his own life.

We were lucky. Yes, you read that correctly: We were lucky. I was told once that you never see an old heroin addict. That is because they don't live very long. I thanked Judge Randy Koschnick for saving my brother's life; I was very sincere in that statement. Without incarcerating him, I would be visiting Kyle at a cemetery rather than a prison.

Loving a heroin addict is incredibly difficult. Loving any kind of addict is difficult, but loving a heroin addict will break your heart. The biggest piece of advice I can give anyone that loves a heroin addict is this: don't believe a word they say. They will lie to you about anything and everything. They only care about one thing: getting their next fix. If you don't believe this, then you haven't ever known a heroin addict.

## Getting help

Here's where to get help: Long-term inpatient care is the way to go if you can afford it. The problem in Wisconsin is that if you don't have excellent health insurance or the money to afford this, you won't be able to utilize this option. There are no scholarship funds or help for this sort of thing.

Another problem is the age of the addict. If the addict is 18 or older, your hands are tied. You can't do much for them if they don't want to do it for themselves.

Detox is a great start. You need to call your insurance company (if you have insurance) and ask if this is covered in your plan. Kyle went through Rogers Memorial in Oconomowoc.

<https://rogershospital.org/locations/oconomowoc>

Finding a rehab facility that has a bed available proves to be very difficult. It took my mom days to find a place for Kyle to go that would take him. He stayed at Hope Haven in Madison during another one of his rehab stays and this was self-pay; it cost around \$2,000 a month. This is cheap compared to some facilities.

<http://hopehavenhelps.org/>

Another good facility is St. Clare Hospital in Baraboo. This is a small facility and very hard to get into; you must be detoxed to get into it and they have a waiting list. They accept a lot of insurance plans. Kyle stayed here for two weeks; that is as long as his insurance would pay for.

Lastly, NOVA drug treatment in Oshkosh is a great long-term treatment facility. This is cash-pay and not cheap, but much more affordable than places in other states. <http://www.novaoshkosh.com/>

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## ADDICTION HELP RESOURCES

- **Behavioral Health Treatment Services Locator**

<https://findtreatment.samhsa.gov>

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**

<https://www.samhsa.gov/recovery>

- **See page 17 of this booklet for additional resources.**

## A POLICE OFFICER'S PERSPECTIVE

*Heroin epidemic here in Fort, officer says by Dan Hefty*

*This story originally appeared in the Daily Jefferson County Union on December 16, 2015, as the sixth story in the series. The newspaper's editor noted then: "As part of his series, "Heroin: Perspectives of Destruction," Jude Hartwick, of Fort Atkinson's Crossroads program, asked police and emergency personnel to write articles from their perspectives. Heroin impacts everyone. It increases the need for public services, which increases taxes. It creates fear and anxiety, just because it exists locally. The general public probably can't imagine what it must be like to have to deal with heroin on a daily basis. Here's the police perspective."*

Where to start? That seems to be the general question when we discuss heroin. Where did it start? Should I have seen the signs? Did I miss something? How did I not notice?

In some addicts, it starts with a surgery or medical procedure. During the painful recovery, a prescription was filled for an opiate pain reliever. The prescription was used and it made you feel good. You wanted more. At some point, the refills ran out and now you need it. Heroin was the substitute.

Others simply live the lifestyle that leads to addiction or have an addictive personality. The reality is no one makes a decision to become addicted to heroin. It usually starts with something else. Heroin is here.

My name is Dan Hefty and I am a police officer with the Fort Atkinson Police Department. Over the course of my 12 years here on the job, I have seen different drugs come and go through our city. There has always been marijuana. For a while, methamphetamine was big; cocaine was also a popular choice for a while. I am telling you right now, I have never seen a drug so crippling on every level of humanity as heroin. Unlike the other drugs I referenced, heroin has not moved on. It is here.

As a police officer, I have seen heroin rob mothers of their children, husbands of their wives, and users of their jobs. It steals an addict's dignity and pride. No act is out of the question if it means you will get your next fix. A heroin addict will literally do anything if they need it bad enough. Heroin is here.

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***Heroin steals an addict's dignity and pride.  
No act is out of the question if it means  
you will get your next fix.  
A heroin addict will literally do anything  
if they need it bad enough.***

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Yes, it is here. Even in the little city of Fort Atkinson. We are nestled nicely between Milwaukee, Madison, and Rockford. It comes from all sides. I have been informed during investigations that Fort Atkinson is the place to go for heroin.

What have we seen on the job? We have seen a parent dead in the bedroom of an apparent overdose while their young child was

in the home. We have seen children taken by CPS (Child Protective Services) while Mom was transported by ambulance for an apparent overdose. We have seen the same addict overdose and be brought back to life more than once. We have seen car accidents where, upon police arrival, the driver is unconscious with a needle still in their arm. We have seen bank robberies and car thefts. We also have seen the drastic upswing in overall property crimes. These are just a few of the calls I can recall. I could go on and on. Heroin is here.

Recently, we began carrying Naloxone, or Narcan. Yes, all Fort Atkinson patrol cars are equipped with Narcan. Narcan can reverse the effects of heroin. It literally saves lives. I never dreamed of the day, as a police officer, that we would be dispensing prescription medications to save people's lives. Most jurisdictions in Jefferson County now carry it for good reason, because heroin is here.

Now let's talk about rehabilitation. If an addict is able to get into a treatment facility, it is a long road to recovery. I have heard of addicts going through several rounds of rehab, only to relapse and have to start over. Actually, one of the most dangerous times for an addict is either immediately after rehab or fresh out of incarceration. When addicts relapse or just get out and decide to use again for the first time in a while, they use the amount they are used to. If they haven't used in a while, this can cause an overdose because their tolerance is lower.

Heroin does not discriminate. It can take over anyone. I have seen successful adults, moms, dads and young adults all addicted. The simple truth is heroin will turn your life upside down, as well as everyone else's around you.

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### ADDICTION HELP RESOURCES

- **Behavioral Health Treatment Services Locator**

<https://findtreatment.samhsa.gov>

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# A PARAMEDIC'S PERSPECTIVE

## *EMT says everyone in fight against heroin monster by Josh Weber*

*This story originally appeared in the Daily Jefferson County Union on December 23, 2015, as the seventh story in the series.*

My name is Josh Weber. I am a born-and-raised citizen of the City of Fort Atkinson. This city is my safe haven. I graduated from Fort Atkinson High School in 2003. I am a critical care paramedic (CCEMT-P) and firefighter, and enjoy being able to work in my hometown often. Through all my years working with people, and in medicine, you hear and experience a magnitude of different, difficult and life-altering situations. One topic and situation that, for a lack of better words, has exploded onto the scene of major concern for everyone (the patient, family, dispatcher and responding units) is heroin.

My very first call containing the words PNB (pulseless not breathing) came as a solo medic working here in Fort Atkinson. It was apparent right away what the cause of this emergency was. The very first thought that goes through any medical professional's mind is to solve the problem. This time was no different. The call had a positive outcome due to the early recognition of the family, to the early call for help, to the quick response and, ultimately being able to reverse the effects of the opioid with Narcan. The patient began breathing and regained a pulse. He lived!

You would assume that administering a "lifesaving" medication and being there to see a person who was not breathing, be able to take that first breath post-administration, would bring joy and happiness. But you're wrong! While assisting someone who is in this condition, you also need to be aware of the negative repercussions.

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### ***Why are you putting the weight on my shoulders to look at your family in the face and tell them that all my medical interventions are not working?***

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Patients often wake up angry, violent or sick. This drug (heroin) should only be referred to a monster. I was fortunate enough to not have the violent patient wake up, but I had the sick patient. The first reaction of my patient was to deny, and ask why I was seated next to them in the bedroom. I turned the question around, thinking I would turn the table and ask them to answer their own question, but I was met with denial. They claimed they didn't know. When they were informed of what happened, anger set in.

I was lucky enough to be able to establish a rapport with my patient early on and continue this relationship. After checking over my patient and convincing my patient to go to the hospital to be checked out due to unknown downtime, they agreed to go to the hospital. It was then that the reality, not only with me, but to my patient, set in. The emotions, the feelings, all of them ran through my head in a short amount of time, knowing my patient had a family, children, spouse, parents, and siblings. It is easy to allow yourself to succumb to the feelings and let them boil over, to get angry and have a negative attitude toward your patient. One thing I learn every day, and continue

to learn, is that you achieve more with honey, than you do with vinegar.

This individual denied any wrongdoing...until I was alone with them. Then the story changed. Their reasoning behind the situation that led to allowing the monster to take over came through. It wasn't that I was asking or trying to preach, but I was able to listen. Listening to someone will always garner more information than asking a question, in my experience. People who are asked about something, especially this topic, tend to not want to talk about it. If you listen, more times than not, your questions are answered before you can ask them. This case was no different. Beyond any questions I could ever ask a person who has taken heroin, the biggest feeling I have is confusion.

As a medical professional, I can do my best to treat what has happened; I can reverse the poison and assist you in regaining life, but how did it come to this in the first place? Why did you put something into your body that you know has a high probability of killing you? Why are you putting the weight on my shoulders to look at your family in the face and tell them that all my medical interventions are not working? Why are you making me wear the burden of writing a report, seeing your picture and all the wonderful things that everyone around you says about you in an obituary?

I am taught how to assist in medical emergencies. There is no book on how to tell a family that their loved one is dead. Four letters, one word—dead—that is all your family will recall in the moments after I tell them that we (as a team of professionals including dispatchers, police, firefighters, EMTs) were unable to help and save your family member. All this over something that is avoidable.

This is not something that occurs naturally. You, as the patient, have done this. You have made the decision to put this poison into your body and, yet, it is everyone around you who is left with the everlasting effects.

The feelings are not spared because we have not met before. The feelings are there and are powerful. We always go 100 percent for you. But the fact is we should not ever be placed in a situation where we need to.

This topic is horrible. I recall sitting in DARE and learning about the dangers about heroin. I know you (the person who has taken this drug) also had a class; I know you are aware of the ramifications, and for what? I will never understand why you did this, I will never understand why you would put something into your body only to get a "high," knowing it could be your very last action you ever do. Your life is worth more.

That is exactly why we, from the protective service standpoint, will always give 100 percent in attempting to help, save and rescue you from the monster that has not only consumed you, but also your family because of the lasting effects it will leave.

Everyone is in this together. Everyone can help eradicate this monster. I hope one day it will be gone from being a topic of conversation, and that no family will ever have to live in, or around, the fear of this monster destroying their family.

## A SURVIVING RELATIVE'S PERSPECTIVE

*Gallup Foundation helps addicts fight heroin attraction by Sue Madecky*

*This story originally appeared in the Daily Jefferson County Union on January 4, 2016, as the eighth story in the series. It appeared anonymously as a contribution from "a relative of the late Dave Gallup," but author Sue Madecky expanded her article and put her name to it for this reprint. Sue is a co-founder and the executive director of the Dave Gallup Foundation.*

Addiction is a chronic brain disorder, not merely a behavioral problem or simply the result of making the wrong choices, according to the American Society of Addiction Medicine (ASAM). When most of us witness compulsive and harmful behaviors in family members and friends, we tend to focus on the use of the substance and the addict's behaviors as the problem—but these behaviors are actually symptoms of a disease involving several areas of the brain.

Dr. Michael Miller, former president of ASAM states: "At its core, addiction isn't just a social problem or a moral problem or a criminal problem. It's a brain problem whose behaviors manifest in all these other areas." <http://www.asam.org/quality-practice/definition-of-addiction> Research shows that the disease of addiction affects neurotransmission within the reward circuitry of the brain, leading to the obsession to use (thoughts/cravings) and the compulsion to use (drug seeking behaviors/drug use).

Neurons that fire together wire together, creating strong neural pathways that, if uninterrupted, lead to three major outcomes for most addicts: jails, institutions, or death. The disease of addiction creates distortions in thinking, feeling, and perception that drive people to behave in ways that are not understandable to those around them.

While the neurobiology of choice is still poorly understood, and despite the obsession and compulsion of active addiction, personal choice still plays an important role in an addict's recovery. Mere abstinence (either voluntarily, due to the individual entering treatment, or involuntarily, due to incarceration) is only the beginning. Once the drug has cleared the body, the "compulsion" has technically been removed—but the obsession remains, and if not treated, will eventually lead the addict back to their drug of choice—and the compulsion begins again.

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***Once the drug has cleared the body, the "compulsion" has technically been removed—but the obsession remains, and if not treated, will eventually lead the addict back to their drug of choice—and the compulsion begins again.***

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I know this from personal experience, as I am in recovery myself and am an affected family member. My brother Dave Gallup was a talented graphic designer, a loving father, and a pretty awesome guy who fought long and hard after a back surgery, and a subsequent ad-

diction to opiates, to regain his sobriety. It took six years with multiple overdoses, multiple treatments, and lots of heartache before he lost his life to an overdose in 2008. He was a resident of Jefferson County and that is why my partner (an addiction specialist) and I (a nurse) saw Fort Atkinson as the place to start helping individuals struggling with addiction.

The Dave Gallup Foundation is dedicated to raising awareness about the disease of addiction and its devastating effects on individuals, their loved ones, and society as a whole. Our mission involves community education, prevention, intervention, advocacy, and fundraising to provide support-based services for men and women recovering from addiction. We also support an eight-bed modified Therapeutic Community (TC), within a sober and supported living environment.

In 2010, the Journal of Substance Abuse Treatment published research results that showed former residents of sober living communities were significantly less likely to relapse at six-month intervals ranging up to 18 months post treatment. One of the key findings of this study, and a major factor in the improved outcomes for the subjects, was the large and mostly positive community of support that was established in the early days of sober living. Supportive people providing motivation and hope help individuals in early recovery make choices that lead to positive change. (Polcin D.L. et al. 2012).

When describing addiction and early recovery the "super highway analogy" is often used. During active addiction, the thoughts, behaviors, and actions become so powerfully ingrained it's like driving on a freeway at high speeds with no stops. If we do manage to catch an exit (recovery), old friends, old places, and stressful situations can prove to be easy on-ramps, and we can find ourselves right back in our addiction (the super highway of addictive thoughts and behaviors).

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***Research results showed that former residents of sober living communities were significantly less likely to relapse.***

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Early recovery is difficult. Recovery concepts, ideas, and behaviors learned in treatment, in 12-step groups, or from counselors are hard to internalize, and early recovery often feels like we are hacking a path through a jungle with a dull machete. When individuals are confronted with the wreckage their drug use has created in their lives (legal, financial, family, and personal), that on-ramp back into addiction seems awfully close and easily accessible.

The good news is that the longer one is sober, the easier it gets, and one day we look up to find that we have created a small path with room for other supportive people to walk with us on our journey. The addictive freeway eventually becomes overgrown and we find it's not as easy to get on it anymore as we begin to value all the progress we've made in our recovery.

There are many ways for addicts to blaze their own recovery trail. Some use a combination of tools that may involve medication, different forms of treatment, 12-step groups, or individual counseling to name a few. Consistent positive recovery messages, serious work on ourselves through 12-step programs, and professional and/or spiritual assistance are all ways we can begin to rewire our brains.

The Dave Gallup Foundation is a Peer-Run Recovery Organization that actively supports and promotes recovery via a Modified Therapeutic Community (TC), which is an evidence-based model supported by the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The Therapeutic Community is distinguished from other approaches by the use of the community as the primary method to bring about positive pro-social and psychological changes in individuals with substance abuse and co-occurring disorders.

The men's and women's supported sober living utilizes a modified TC to engage the whole person in the recovery process and challenge individuals to have a full, positive life with healthy, supportive relationships and satisfying work. Peer Support is the foundation of a TC and the key to building hope and trust. The sharing of each other's experience, strength, and hope through personal stories utilizes lived experience in the promotion of recovery.

We concentrate on "recovery in real life," where individuals can experience all the stressors and triggers of early sobriety, within a safe and supported space where they can learn and grow from them. Basic living skills are addressed, and coordination with other community agencies may occur to provide individuals with a variety of options to obtain the services they need. Residents experience a supportive family-like atmosphere that allows them to heal emotionally while changing their lifestyles and self-identities.

A TC is a structured method and environment for changing human behavior in the context of community life and responsibility. The motto is "each one, teach one," which implies that individuals assume responsibility not only for their own recovery, but also for the recovery of their peers. The TC theory is that change is possible and the whole person must be treated. The beauty of the system is that it is the community itself that creates, builds, and maintains community. People come in, begin to change/grow/mature, and then give back. It is a wonderful and effective cycle.

Residents recognize that the recovery of each member is related to the recovery of all and conduct themselves accordingly—this, in turn, reinforces their own recovery. Residents are expected to observe the behaviors and attitudes of their peers and take action to promote change. Senior residents teach by example and provide instruction and leadership. They act as mentors to newer residents and show them how to work, encourage them, reach out to them, "pull them in," monitor them, and redirect negative behaviors. As they progress through the stages of a modified therapeutic community, their attitudes and behaviors change while their responsibility, accountability, and self-worth increase.

Attendance at local 12-step meetings is encouraged, as they can be an effective way to work through the personal wreckage created by the disease of addiction. Narcotics Anonymous Meetings are held on-site Mondays and Thursdays at 7:00 p.m. and anyone with a de-

sire to stop using is welcome to attend.

As addiction is also a family disease, a Nar-Anon meeting is held on Thursdays at 7:00 p.m. and a women's Al-Anon meeting is on Saturdays at 8:00 pm. Anyone affected by the disease of addiction is welcome to attend. We are located at 314 Madison Avenue in Fort Atkinson and can be reached at 262-470-8269.

I would like to close with an adaptation of SAMHSA's working definition of recovery that I find both uplifting and hopeful:

Recovery encompasses a person's whole life: mind, body, spirit, and community. Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Individuals determine their own goals and design their unique paths towards those goals. Those who believe in an individual's ability to recover strengthen recovery: family members, peers, treatment providers, community members, and other allies who form vital support networks. Through these relationships people can lead fulfilling, healthy lives that lead to a greater sense of belonging, empowerment, social inclusion, and community participation.

Thanks to all who contributed to this series! I'm very proud to be a part of this community! Addiction affects communities in powerful ways but communities can also affect addiction by supporting the solutions!

## References

- (n.d.). Retrieved February 14, 2016, from <http://www.asam.org>
- Polcin, D. L., EdD, McAllister Henderson, D., BA, Korcha, R., MA, Evans, K., BA, Wittman, F., PhD, & Trocki, K., PhD. (2012, July/August). *Perceptions of Sober Living Houses among Addiction Counselors and Mental Health Therapists: Knowledge, Views and Perceived Barriers*. Retrieved February 7, 2016, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3472437/>
- Modified Therapeutic Community for Persons with Co-Occurring Disorders*. (n.d.). Retrieved February 7, 2016, from <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=379>
- What Are Therapeutic Communities?* (2015, July). Retrieved February 7, 2016, from <https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/what-are-therapeutic-communities>
- Del Vecchio, P. (2012, March 23). *SAMHSA's Working Definition of Recovery Updated*. Retrieved February 7, 2016, from <http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/#.Vy5Yf2P5kow>

## A FATHER'S PERSPECTIVE

### *Prison giving heroin addict son new life: father*

*Following the Heroin Summit held at Fort Atkinson High School on January 27, 2015, a local citizen approached Jude Hartwick, Cross-roads Alternative High School teacher, and volunteered to assist in whatever way he could. He contributed the following story from his perspective as a father whose son is an addict and in prison. It originally appeared in the Daily Jefferson County Union on November 18, 2015 as the second story in the "Heroin: Perspectives of Destruction" series.*

It was three-and-a-half years ago, May 26, 2012, when I got the phone call, one of many phone calls I received over many years of my son's drug addiction. But this was different.

I was retrieving a car that had been stolen from my son Alex, from Memphis, Tennessee. I was on Interstate 55 south of St. Louis. "Dad, can I have some money?" "No," I said. "Dad, I almost died today," he said. "I need a prescription." "Can I talk to a doctor?" I asked. And so the conversation went. Only later did I find out he'd been in an accident that totaled the vehicle and he was lucky to get out alive. Only later did I find out he'd ridden in an ambulance and was treated and released from Fort Memorial Hospital. Only later did I hear he'd consumed most of a bottle of booze and smoked some marijuana, among other things. And, somehow, he was allowed to leave.

"Dad, I feel like I need to burn something. Yeah, I need to burn something."

Minutes later, I called my older son and asked him to get to their mother's house to see if Alex was there. I phoned the police, but they were busy on calls. I called the sheriff's office and nobody could help. I made several more calls looking for help. But, they'd gotten calls from me before...many calls.

And then my phone rang just minutes later. Black smoke was billowing out of the second floor of my condo building, my condo. He had burned something. And this is what it's like to be a parent of a drug addict.

It was the happiest day of my life. Read that again: This was the happiest day of my life. Because, without this action, he would be dead today, like many of those you read about in the paper: the young ones, the ones with perky personalities, with creativity, with intelligence, with bright smiles and big hopes.

Heroin smashes all of that potential. I believe drugs took Alex the day he was first diagnosed with ADD, the day his first prescription was filled to alter his behavior, to make him more manageable. He didn't like the way they made him feel, and he didn't want to take them.

As he grew older, he experimented with things that did make him feel better. I wasn't aware of any of this. I traveled extensively and was sort of a weekend dad. When I became fully aware, it was too late. So, by the time he was 14, he was a full-blown addict. And I was beside myself. I stalked him. I listened to his phone calls. I called other parents when I found out who he was talking to. I visited other homes, with very little, or no success.

The phone became my enemy, because, on the other end, it

could be the police, a principal, another parent, anyone. But, it was never good news.

Unsuccessful "call for help" suicide attempts became the norm. There were times that I thought he might be better if he succeeded; he was in such pain. Things would disappear. Money, jewelry, anything of value would vanish. His moods would swing from catatonic to delirium.

I remember one time when he was talking quickly, pacing, sweating, trying not to take drugs, trying to tough it out. He couldn't. He just couldn't stop. Drugs took him. It was then I realized he needed drugs to feel normal.

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***I have one hope: that one day we will realize we are dealing with a health problem with a criminal aspect, not the other way around.***

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Being a parent of a drug addict is full-time hell. It consumes all of you. You are the enemy. You are the hurdle between him and his cure. He didn't want to be an addict, but he was. And he will be the rest of his life.

Most of the advice I got about how to handle this was to do this, or do that, a lot of very judgmental stuff. It's not very helpful, and it shows how truly out of touch people and society are when it comes to this topic.

I have one hope: that one day we will realize we are dealing with a health problem with a criminal aspect, not the other way around. Alex, and people like him, need help without worrying about being caught. We need, somehow, to recognize our kids are dying faster than ever from this evil epidemic and we need to stop it.

Compared to so many parents of addicts, I'm very lucky today. Alex went into prison weighing 116 pounds. He weighs 155 pounds today. He looks a little like Mighty Mouse. He's lucid. He's smart. He's perceptive. He's all of the things those premature obituaries speak of. He's had time to go through the hell of withdrawal. He's had time to distance himself from those who conspired with him to lead a life of drugs. He's had time to develop into an adult, time for his mind and body to heal and mature.

In about six months, he'll be released from prison after going through Department of Corrections Boot Camp. He's got so much potential. He's so smart. I'm so proud of how he's handled this. He's scared as hell, and so am I.

# RESOURCES FOR ADDICTION AND MENTAL HEALTH

*Where to get help*

## INPATIENT CARE

*Facilities described on page 11:*

- **Rogers Memorial Hospital, Oconomowoc**  
<https://rogershospital.org/locations/Oconomowoc>
- **Hope Haven, Madison**  
<https://hopehavenhelps.org>
- **St. Clare Hospital, Baraboo**  
<http://www.stclare.com/medical-services/treatment-for-chemical-dependency>
- **Nova, Oshkosh**  
<http://novaoshkosh.com>

*Find additional facilities:*

- **Behavioral Health Treatment Services Locator**  
<https://findtreatment.samhsa.gov/>
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** – <https://www.samhsa.gov/recovery>

## OUTPATIENT CARE

- **Recovery Support Center, Steve Pierce**  
email: [recoverysupport@charter.net](mailto:recoverysupport@charter.net) (920) 988-6944  
110 S. Second Street Suite E, Watertown WI 53094
- **Integrated Counseling Services, Bryan Engfer**  
email: [bryanetlc@yahoo.com](mailto:bryanetlc@yahoo.com) (920) 563-4145  
734 Madison Avenue, Fort Atkinson, WI 53538
- **Fort Healthcare Behavioral Health Services (Behavioral Health, Psychiatry, Psychology)**  
Andrew Hayes; email: [Andrew.Hayes@forthc.com](mailto:Andrew.Hayes@forthc.com),  
1520 Madison Ave, Fort Atkinson WI, 53538 (920) 563-9542

## 12-STEP MEETINGS

- **At Dave Gallup Foundation, 314 Madison Ave, Fort Atkinson**  
-Narcotics Anonymous, 7:00 pm Mondays and Thursdays  
-Nar-Anon Family Groups, 7:00 pm Thursdays  
-Alcoholics Anonymous (women's group), 8:00 pm Saturdays
- **At St. Peter's Episcopal Church, 302 Merchant's Ave, Fort Atkinson**  
-Narcotics Anonymous, 5:00 pm Saturdays

*Find additional NA meetings via:*

- **Badgerland Area Narcotics Anonymous**  
<http://www.badgerlandna.org>
- **Narcotics Anonymous World Services**  
<https://www.naws.org/meetingsearch>

## LOCAL RESOURCES

### • **Jefferson County Human Services**

The Human Services Department of Jefferson County, Wisconsin has links to many resources on heroin and other addictions. They can be found currently from [www.jeffersoncountywi.gov](http://www.jeffersoncountywi.gov) by following drop-down menus and links through: Departments > Departments in F-R > Human Services > Department Services > Behavioral Health > Drug, Alcohol, and Other Addictions.

- **Emergency (Police, Rescue/Ambulance, Sheriff, Fire)** 911
- **National Suicide Prevention Lifeline** (800) 273-TALK (8255)

### Non-Emergency Numbers

- Fort Atkinson Police (920) 563-7777
- Jefferson Police (920) 674-7707
- Whitewater Police (262) 473-0555
- Jefferson County Sheriff (920) 674-7310
- **IMPACT 2-1-1** (formerly called 2-1-1 First Call for Help)  
211 is a confidential crisis intervention, information, and referral service helpline.

- **Dave Gallup Foundation** – Women's sober living facility  
<http://davegallupfoundation.org>  
314 Madison Ave, Fort Atkinson WI 53538  
email: [ndavegallupfoundation@gmail.com](mailto:ndavegallupfoundation@gmail.com) (262) 470-8269

- **The United Way of Jefferson & North Walworth Counties**  
serves the communities of Fort Atkinson, Helenville, Jefferson, Lake Mills, Palmyra, Sullivan, and Whitewater.  
<http://ourunitedway.com> (920) 563-8880

### • **Watertown Area United Way**

serves northern Jefferson County, including Watertown, Ixonia, Johnson Creek, and Waterloo.  
<http://watertownareaunderway.org> (920) 341-5484

# PERSPECTIVES FROM RECOVERING ADDICTS

## *What can people do to help recovering addicts?*

*This question-and-answer column originally appeared in the Daily Jefferson County Union on March 21, 2016. The newspaper editor noted then: "This marks the last article in the periodic series, 'Heroin: Perspectives of Destruction.' Jude Hartwick, the Fort Atkinson High School Crossroads teacher who coordinated the series, says 'The wish of all of our writers is that this would be the last article on heroin; unfortunately, though, the use/abuse of heroin will march on in our community and nation. We are so proud of our community and newspaper for allowing us the opportunity to share our stories. They are heart-wrenching, but the goal is to make our community more aware and to find resources for help for the addicts themselves, and also for those who surround and love them. Thank you to the Daily Jefferson County Union and our community in Fort Atkinson and Jefferson County.'"*

Recovering alcoholics and addicts often are asked certain questions like "what is addiction and what can people do to help?" These questions were asked of some local men and women who themselves are recovering from addiction, and their one-paragraph responses follow.

### **Q: What is "using" drugs like?**

A: "The obsession and compulsion of active addiction drives you crazy; as much as you don't want to use, your mind and body give you no choice. At times, it feels like you're in a life-and-death battle with yourself. You truly want to make that next right choice but usually end up choosing the next wrong one. Addiction on a daily basis is not feeling high enough to not feel anything. It's waking up and feeling uncomfortable in your own skin and immediately looking for someone who will pity you enough to get you high."

A: "It's a constant struggle to figure out how you're going to hustle the money for the next high that you just have to have. It's knowing that at any time, everything could end and you do anything possible to distract yourself from that reality."

A: "It's waking up with the reality of your life filling you with shame, guilt, dread, and hopelessness as soon as you open your eyes. It's hard to keep a job because using, and finding ways and means to use, is your full-time job. You don't see your family or your kids; nothing matters except ensuring that the supply doesn't stop. It's an exhausting life."

A: "We do things we would never do sober, things we weren't raised to do, things that make us hate being alive. We don't know how to stop ourselves."

A: "(You ask yourself) why don't you just stop? You know what you need to do, so why don't you just do it? Why do you go and mess up everything you accomplished? You must not have really wanted to be sober."

### **Q: What should people do or say when you're using?**

A: "Get help for yourself, because today I know that you are a victim of this disease, too. Understand you can't cure me."

A: "If you are one of those that still love us, know that you can let us fall."

A: "Don't accept our lies."

A: "Set strong boundaries, all the while telling us how much you love us. We may not hear it, but it is important for you to say it, especially if we die."

A: "Plant the seeds of recovery and guide us towards support when we reach out for it. Try not to let your anger and anxiety overwhelm you. No matter how much you want to try to save me from my consequences, don't."

A: "Continue to role-model the life we can have, reminding us that we are the ones choosing this lifestyle and that we can stop the madness any time. Don't give us money when we are using every day; instead, let us know you're there to support us when we're ready to get clean."

A: "When we finally seek help, know that it will be one of the hardest things we ever do. The very act of waking up sober can be a trigger. People tell me I'll eventually become happy, serene, and content with life, but I don't know that yet."

### **Q: What is early recovery (sobriety) like?**

A: "It's waking up remembering everything you did and said the day before and knowing that you don't have to use anymore. We're learning how to do something different instead of using, but it feels both uncomfortable and unnatural. It's knowing there are people, places, and things that can help us stay sober if we're willing to accept their help."

A: "It's knowing that we deserve to live a sober and happy life. It's a learning process. We learn how to think and act in ways that result in physical and emotional sobriety. We learn how to be productive and give back to others. We learn to accept whatever comes our way and trust that by doing the next right thing we regain sanity and learn how to live life free of addiction."

A: "It can be a struggle because things come up that can make you believe you should use so you can feel better about things."

A: "Life is just easier."

**Q: What do people say or do that does not help you in your recovery?**

A: "No positive messages; nothing to help me stay sober or to get me sober. When people say that nothing good will come of us or that we simply can't do it. When they tell us we're no good, that we're destroying the family, that we'll never amount to anything, that everything is our fault because of our using. We know that, and we're trying really hard to be different now."

A: "You're sick of our promises and don't believe in us anymore."

A: "People trying to suck us into negative downward spirals, saying things like 'why can't you just come out for the day and be the old you?' Hating us because of our past. We aren't trying hard enough. Telling us just because we're sober doesn't mean we're doing anything toward your recovery."

A: "Breaking our anonymity, and trying to force us to do your way without listening to our ideas or opinions."

A: "Telling us we won't make it."

A: "Reminding us all the time about how you tried to help us and all we did was go back out and use."

A: "Just stop talking to us."

A: "Tell us we can't see our children or grandkids anymore."

A: "Tell us 'you're acting like you did when you were using.'"

A: "Not getting the help you deserve."

**Q: What can people do or say to help you in your recovery?**

A: "Tell us that you are proud of us for seeking out the help we need and if we need your emotional support, you'll be there for us."

A: "Offer advice that might be helpful or just listen. Don't make us feel bad for having cravings. Sometimes just asking how we are is helpful."

A: "Show us how to live sober and talk with us about how to work and live without using. Motivate us by simply saying things like 'Good job on staying sober! I'm proud of you.' Let us know how much you care."

A: "Getting the help you deserve!"

## **ADDICTION HELP RESOURCES**

- **Behavioral Health Treatment Services Locator**

<https://findtreatment.samhsa.gov>

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**  
<http://samhsa.gov/recovery>

- **See page 17 of this booklet for additional resources.**

