

## **Camps and the Heroin Epidemic: It Can't Happen Here, Right?**

**Gwenn Kudler Gelfand, L.C.S.W.**

It's creeping on our well-manicured lawns, inside our lily-white fences, up our walkways and into our front doors. Heroin is now a serious middle and upper class problem. It is no longer predominantly confined to the inner-city. I just attended the funeral of a 21-year-old man who lived in an upper middle class neighborhood on Long Island. He had been struggling with opioids and then heroin for several years. He died of an overdose of heroin in his own bathroom while his parents were sleeping. Heroin is becoming a more common experience even in the finest neighborhoods. In the past few months I have personally become aware of heroin overdoses in Maryland, Boca Raton, Florida, and suburban New York. They were all from the kinds of families that send their children to camp. These families are not immune to heroin's devastating effects.

According to the New York Times on October 30, 2015, "There has been a sharp rise in heroin deaths." The number of deaths jumped 39% from 2012 to 2013, and over the past decade that number has quadrupled – increasing 400 % – according to the Centers for Disease Control (CDC). The Times states that 90% of first time users are white and a growing number are middle class or wealthy. The Substance Abuse and Mental Health Services Administration has reported initiations to heroin have increased by a staggering 80 percent among teens ages 12 to 17 since 2002. This is clearly within the age group of our older campers. A CDC report of use over the last decade shows that heroin has significantly impacted our teens, but it is most alarming in the 18-25 year old population where it has increased 109% over that period. This is the age of most camp counselors and it is horrifying that some of them may be the people taking care of our children.

Heroin is becoming an increasing concern in areas where lots of people abuse prescription opioids, painkillers like oxycontin and vicodin. They turn to heroin since it provides a similar high but is cheaper and easier to obtain. According to the Narcotics Overdoses Prevention Education Task Force (NOPE) the drug can cost as little as \$5 a "stamp" (a single dose). In the past, the drugs of choice for teens and young adults were marijuana and cocaine. Prescription drug abuse followed. However, regulations have been tightened and centralized, making it more difficult to get the multiple prescriptions from multiple physicians that are used to support an addiction. Parents have also been instructed and educated to lock up their medications and, as a result, the supply of prescription medications has dried, leaving heroin as the drug of choice for many of our youth. According to the National Institute of Drug Abuse a recent study showed that "nearly half of young people who inject heroin previously used opioids before starting the use of heroin."

So what are the implications for camps? Camp directors and key staff need to be trained about and on the lookout for signs that heroin use may be a problem. They can look for both the paraphernalia and symptoms associated with heroin usage. Paraphernalia may include burnt spoons, tiny baggies, tan or white powdery residue, small glass pipes, syringes, or rubber tubing. A heroin user may have a variety of symptoms including tiny pupils, sleepy eyes, a tendency to nod off, slow breathing, flushed skin and a runny nose. Their speech may be slurred. They may show signs of vomiting and scratching and may cover their arms with long sleeves even when it's hot out. Poor grooming and reduced appetite are common signs as well.

It is scary to think that as camp directors we now have to worry about something as serious as heroin usage but we can't afford to be complacent about an issue that is reaching epidemic proportions and increasingly affecting our youth, especially those who attend and work at our camps.



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