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A Grim Tradition, and a Long Struggle to End It

New Mexico County, Saddled With Generations of Addiction, Leads in Overdoses

By ERIK ECKHOLM

ESPAÑOLA, N.M. — Eric Lucero has been addicted to heroin for three decades and says he has known at least 100 people in this pastoral county who died from overdoses, some in his presence.

But Mr. Lucero has recently become a popular — and, he would argue, safer — injection buddy. Seven times, he says, he has revived companions by using an anti-overdose drug, Narcan, which the state now hands out to addicts and their relatives as part of its effort to reduce the toll of one of the country's most pervasive epidemics of narcotics use.

Mr. Lucero, 48, said, "People know I'm good at saving them."

Rio Arriba County, just north of Santa Fe, is a Georgia O'Keeffe landscape of juniper-dotted desert and mountain valleys populated mostly by Hispanics who proudly trace their lineage to settlers of the 1600s — and who, a decade ago, discovered that their county had the nation's highest per capita rate of deaths from overdoses. Hundreds of families are struggling to live with a multigenerational plague of narcotics; Mr. Lucero's own son is addicted.

Federal data released in March showed that the county ranked first in drug fatalities for 2001 to

ONLINE: A HEROIN PLAGUE

Audio and photographs on the heroin problem in Rio Arriba County, N.M.

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2005, with a death rate of 42.5 per 100,000, compared with a national average of 7.3.

Heroin use in the county jumped in the 1970s, as world production soared and some Vietnam veterans returned as addicts. It zoomed in popularity in the 1980s and '90s, abetted, surprisingly, by the tradition of close-knit extended families. "We start our addiction getting high with our uncles, then we turn on our own nephews," said Manuel Anaya, who was an addict for 26 years and now runs a drug counseling program for Hoy, the county's largest treatment group.

Intensified law enforcement and a flurry of new treatment programs have failed to stem the use of narcotics here. So New Mexico has adopted the country's most sweeping effort at "harm reduction," a strategy to eradicate disease, suffering and death among addicts that includes exchanging used needles for clean ones and dispensing Narcan. Last year, the state

adopted the country's only law limiting the ability of the police to arrest users who call 911 to save an overdosing companion.

There has been no evidence yet of a decline in addictions, perhaps because of a scarcity of treatment facilities. And the seemingly contradictory impulses to stamp out drug use and safeguard addicts can lead to difficult situations for relatives.

In Cordova, a valley hamlet with peach and apricot orchards,

Dolores S. emerged from her adobe house to greet the state's needle-exchange van. A nonuser who lives with seven relatives, four of whom are addicts, she said trading hundreds of used syringes each week for fresh ones "makes me uncomfortable."

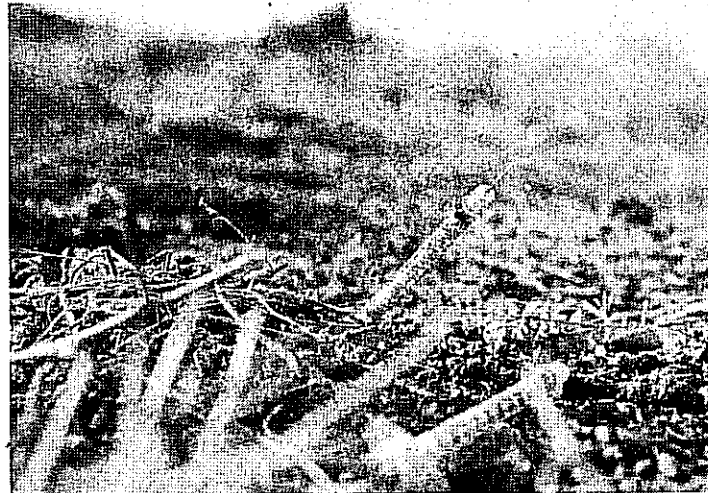
Her face tightened as she admitted to giving money for heroin to her addicted son, slouched nearby, who is in his 20s. "I'd rather give him money than see him panhandle or steal," said the

woman, who does housework for a living and spoke on the condition that her last name not be used, to protect her family. "A lot of mothers here are in the same situation."

Needle exchanges and Narcan distribution are opposed by federal officials, who say they amount to endorsing addiction. Bertha K. Madras, a deputy director at the White House Office of National Drug Control Policy, has said that Narcan, the trade name for naloxone, should be administered only by medical professionals and that it could make addicts feel safer and less likely to seek care.

But Bernard Lieving, director of the harm reduction program at the New Mexico Department of Health, said, "These programs have just the opposite result." Mr. Lieving said studies elsewhere had shown that needle exchanges greatly increased the chances that users would enter recovery programs.

"Unfortunately," he said, "it's very difficult to get people into residential treatment immediately, right when they express interest, because there aren't enough beds in the state." But field workers provide counseling, acupuncture therapy and social services to addicts who say they



Discarded syringes litter the ground on a secluded road in Española. A state program exchanges used needles for clean ones.

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are ready, which Mr. Lieving called important first steps.

Addicts remain a small minority of the population, and drug use remains largely hidden behind the closed doors of trailers and small metal-roofed homes. But nearly everyone here seems to have friends or relatives who died from drug use or are addicted to cheap Mexican heroin, cocaine, prescription painkillers or, increasingly, combinations of the above, often mixed with heavy alcohol use.

Peggy Ulibarri, a state health official who distributes Narcan in Rio Arriba County, said clients had told her of using the antidote hundreds of times. Without Narcan, Ms. Ulibarri and others say, the number of deaths would certainly be higher. Instead, recorded deaths have been steady, around 20 a year in a county of 41,000. Meanwhile, the health department trades about 12,000 clean syringes for used ones in the county each week.

Dealers are arrested, but users found with syringes now flash a card showing enrollment in the needle exchange program and are often let go.

Proximo I. Martinez, 35, of Chi-

mayo, counts 38 drug-related deaths in his extended family, including his brother and sister, and is a vocal crusader against drug abuse. Yet he recently collected syringes from the van — sterile needles to protect his brother-in-law and other relatives — as well as kits with a new form of Narcan that is sprayed in the nose rather than injected.

Mr. Martinez said he had administered Narcan about 20 times. "But some can't be revived," he said. "People have died in my house."

Many in the fight against drugs, including Ben Tafoya, the director of Hoy, believe the heavy use of drugs and alcohol is rooted in a shared sense of loss, starting when the United States refused to recognize many Spanish land grants in the mid-19th century and building more recently as struggling families, accustomed to farming and ranching, became dispirited as they had to sell land.

An obvious factor is poverty — more than one in five residents is below the federal poverty line and far more are just above it. Yet many working-class people are users, too.

The family role is sometimes a sad reversal of expectations. "Addiction can become a source

of bonding between parents and their children," said Angela Garcia, an anthropologist who was born in Rio Arriba County and studied drug use here.

The Rev. Julio Gonzalez, the pastor at the Holy Family Roman Catholic parish in Chimayo since 2001, said he had buried overdose victims "of all ages, including people you'd think were pillars of the community."

"It's not just the youth, it's all generations here," Father Gonzalez said.

James Garcia, who is now

clean, used and sold heroin and cocaine in Española until 11 months ago and said he had encountered at least a dozen families in which grandparents, parents and children all injected drugs, with some working and others selling drugs or stealing to sustain habits that can cost \$40 to \$100 or more each day.

Lawrence N., an Española man in his early 50s, said he had been addicted to heroin, pills and cocaine since 1970, including during 18 years in prison.

The man, who would not allow

his surname to be used, is disappointed that his two sons, in their 20s, use heroin, too. "I had them deliver to me in jail," he said. "Maybe that had something to do with it."

Dr. Fernando Bayardo, director of the Española Hospital emergency room, called overdoses "only a small fraction of the deaths and disease caused by substance abuse," which include liver disease and blood infections as well as car accidents, marked by omnipresent roadside crosses bedecked with plastic flowers.

The county has been spared a major epidemic of AIDS, but testing in drug clinics indicates that a majority of needle users here are infected with hepatitis C.

The county built a residence that now houses about 25 patients and has a program to counsel youths at high risk, said Lauren Reichelt, the county's director of Health and Human Services. But there is no county center for medically supervised detoxification, and the wait list for the one in Albuquerque is long.

The most successful treatment, used on 75 patients at the community health clinic, is the opiate replacement buprenorphine, which can be dispensed at doctors' offices and is rapidly catching on around the country despite costing up to \$450 a month.

In the backyard of the house he shares with his elderly, ailing mother, Mr. Lucero, the 30-year addict, raises chickens and pigeons, saying, "This is what keeps me sane."

He survived five overdoses, he said, turning apologetically to his mother. "She would find me in the yard with a needle in my arm, all purple, or lying on the floor in the kitchen."

He has been more careful, or luckier, in the last several years. But just in case, his mother took a quick lesson in Narcan administration the other day. She and her son watch over each other, she said. Every night, before going to bed, she checks to make sure he is breathing.