1 Son, 4 Overdoses, 6 Hours

Drug deaths draw the most notice, but more addicted people live than die. For them and their families, life can be a relentless cycle of worry, hope and chaos.

By KATHARINE Q. SEELYE  Photographs by TODD HEISLER  JAN. 21, 2018

PEMBROKE, N.H. — The first time Patrick Griffin overdosed one afternoon in May, he was still breathing when his father and sister found him on the floor around 1:30. When he came to, he was in a foul mood and began arguing with his father, who was fed up with his son's heroin and fentanyl habit.

Patrick, 34, feeling morose and nauseated, lashed out. He sliced a love seat with a knife, smashed a glass bowl, kicked and broke a side table and threatened to kill himself. Shortly after 3, he darted into the bathroom, where he shot up and overdosed again. He fell limp, turned blue and lost consciousness. His family called 911. Emergency medical workers revived him with Narcan, the antidote that reverses opioid overdoses.

Throughout the afternoon his parents, who are divorced, tried to persuade Patrick to go into treatment. His father told him he could not live with him anymore, setting off another shouting match. Around 4, Patrick slipped away and shot up a third time. He overdosed again, and emergency workers came back and revived him again. They took him to a hospital, but Patrick checked himself out.

Back at his mother's house and anxious to stave off withdrawal, he shot up again around 7:30, overdosing a fourth time in just six hours. His mother, frantic, tried pumping his chest, to no avail, and feared he was dead. Rescue workers returned and administered three doses of Narcan to bring him back. At that point, an ambulance took him to the hospital under a police escort and his parents — terrified, angry and wrung out — had him involuntarily admitted.

The torrent of people who have died in the opioid crisis has transfixed and horrified the nation, with overdose now the leading cause of death for Americans under 50.

But most drug users do not die. Far more, like Patrick, are snared for years in a consuming, grinding, unending cycle of addiction.

In the 20 years that Patrick has been using drugs, he has lost track of how many times he has
Patrick and his family allowed The New York Times to follow them for much of the past year because they said they wanted people to understand the realities of living with drug addiction. Over the months, their lives played out in an almost constant state of emergency or dread, their days dictated by whether Patrick would shoot up or not. For an entire family, many of the arguments, the decisions, the plans came back to him and that single question. Even in the cheeriest moments, when Patrick was clean, everyone — including him — seemed to be bracing for the inevitable moment when he would turn back to drugs.

“We are your neighbors,” his mother, Sandy Griffin, said of the many families living with addiction, “and this is the B.S. going on in the house.”

In Patrick’s home state of New Hampshire, which leads the country in deaths per capita from fentanyl, almost 500 people died of overdoses in 2016. The government estimates that 10 percent of New Hampshire residents — about 130,000 people — are addicted to drugs or alcohol. The overall burden to the state, including health care and criminal justice costs and lost worker productivity, has ballooned into the billions of dollars. Some people do recover, usually after multiple relapses. But the opioid scourge, here and elsewhere, has overwhelmed police and fire departments, hospitals, prosecutors, public defenders, courts, jails and the foster care system.

Most of all, though, it has upended families.

All of the Griffins speak of nonstop stress. They have lived through chaotic days: When the parents called the police on their children (both Patrick and his sister, Betsy, have been addicted to drugs); when Dennis, the father, a recovering alcoholic, worried that every thud on the floor was Patrick passing out; and when Sandy was, by turns, paralyzed with a common parental fear — that she had somehow caused her children’s problems — or was out driving around looking for them on the streets.

For much of his adult life, Patrick, who once dreamed of writing graphic novels, has had no job and no prospects. He has a lengthy record of arrests, and the times he has been clean, he has always seemed to be on the verge of derailing his family once again. He got money to buy drugs by selling them at a profit.

Dennis, 66, a retired iron worker who also worked at a light bulb manufacturing plant, spends his days on the phone, trying to assist his addicted son with lawyers, counselors, insurance companies, even politicians — a whole new career he never sought and one he now fears may never end.

Patrick’s younger sister, Betsy, 29, who used to shoot heroin with him, is in recovery and has a job, but Patrick’s influence is a constant threat.

And Sandy, 59, a waitress, is determined to maintain a sense of peace, even as she is constantly on guard, knowing that her children could at any time pick up a needle. That comes with a question she can never push away — if they did, would it be for the last time?

“It’s a merry-go-round, and he can’t get off,” Sandy said of Patrick and his overdoses. “The first couple of times, I started thinking, ‘At least he’s not dead.’ I still think that. But he’s hurting. He’s sick. He needs to...
An Intervention

One day in July, Patrick’s family staged a spur-of-the-moment intervention in his mother’s living room in Pembroke, a pre-Revolutionary town in central New Hampshire not far from the state capital, Concord. In her apartment, up a set of steep, dark steps, the curtains were pulled against a blistering midday heat. Floor fans thrummed but did little more than push around the thick, dead air.

Sandy sat by Patrick on the sofa, a pillow clenched to her stomach. Dennis told Patrick he could no longer live with him and urged him to seek help.

Patrick shot down every suggestion.

“My father would never have put up with any of this,” Dennis erupted.

“Your father was from the Stone Age,” Patrick shot back. “There are better ways to handle these situations these days.”

Dennis turned to his ex-wife.

“Aren’t you going to —” he started to say.

“What am I going to make him do?” Sandy said sharply, anticipating a rebuke for being too soft on their son. “Don’t put the finger on me, because that’s what you’re doing.”

Dennis told Patrick, who had overdosed once again the night before, that he should turn himself in to the “safe station” program at the fire department, which helps people with addiction find treatment. Patrick scoffed. He did not even look at his parents.

“You've detoxed in jail before,” Dennis said, “so it can’t be worse than that.”

“You have no idea how bad that was,” Patrick said.

“Then why are you still using?” his father pleaded. “That makes no sense to me.”

“I know it doesn’t, Dad,” Patrick snapped, “because you’re not a heroin addict.”

As a young teenager, Patrick had been bullied, and later he was diagnosed with attention deficit hyperactivity disorder, his parents said. He said he started self-medicating at age 14 with beer and marijuana, then moved on to cocaine and crystal meth. “All I wanted to do was get high and forget,” he said. The meth made him vomit, so he turned to prescription painkillers that his friends stole from their parents. When the government tightened the supply of painkillers, Patrick sought out heroin and fentanyl.

“I thought, ‘Nothing is going to kill me,’” he said.

Years later, he was diagnosed with major depression and borderline antisocial personality disorder, his family said. He was on the most potent forms of painkillers, that often ended in hand with...
For anyone in New Hampshire seeking heroin and fentanyl, a ready supply awaits, just over the state line in Massachusetts. The old mill towns of Lawrence and Lowell have long served as hubs of major drug distribution networks that funnel opioids throughout New England. Law enforcement officers say that dealers there often drop baggies of drugs into the open passenger windows of cars stopped at red lights.

Back when Patrick had a job at an auto-parts store and as a banquet server, his morning routine involved driving to Lawrence before work and scoring his daily fix.

Then he would shoot up with heroin or fentanyl at the wheel of the car while driving back to New Hampshire.

“I’d get these looks from people who would see me using,” Patrick recalled. “Some guy started yelling at me and honking. They didn’t know that I needed to get this in me so I wouldn’t be sick anymore.”

At one point on that steamy day in July, several hours into the family intervention, the conversation reached a lull. Patrick stepped out of the room and padded down a hallway in his bare feet.

He pulled a box from beneath his sister’s bed and disappeared into the bathroom. Ten minutes later, he returned. His eyes drooped. He slouched on the sofa. He twitched and tugged at his goatee and plugged and unplugged his cellphone, an unlit cigarette in his hand.

Yes, he acknowledged a few minutes later. As his parents despaired over his future, he had been getting high.

‘Needles All Over’

Patrick was high again a day later when he was arrested at a Burger King with a bag of Xanax bulging from one of his socks. He was charged with possession with intent to distribute, then blacked out.

He awoke in a small, concrete cell, charged with three felonies and two misdemeanors. Bail was set at $10,000 cash.

In jail, he was kept from all drugs, including Suboxone, an opioid substitute that eases withdrawal symptoms and that Patrick had been prescribed by a doctor years earlier as part of an effort to transition him into treatment. New Hampshire is among several states that have banned Suboxone from prisons because inmates often sell it to each other, sometimes leading to overdoses.

Patrick went into an intense withdrawal, with extreme vomiting and diarrhea, in a cramped 6-foot-by-8-foot cell that he shared with another inmate. His cellmate, who stayed on the top bunk, faced the wall and tuned him out, Patrick said. He said a second mattress was placed on the floor next to his lower bunk in case he fell out during a seizure.

“I was sweating,” he said. “My eyes wouldn’t stop watering. My nose wouldn’t stop running. And I was hallucinating. I saw a giant skull. Throats of his cellmate started flaring red, white and yellow.”
He spent seven weeks in jail, then 28 days in an inpatient treatment program as his legal case made its way through the courts.

By early October, the program was done, he was temporarily released on his own recognizance, and he had been drug-free for almost three months. And yet his family churned with anxiety. Having him locked away in jail was gloomy and unsettling. But it was nothing compared with the dread of having him out.

“He’s going to come back and do the exact same thing, and I don’t know how to stop it,” Dennis said before Patrick was released and moved back in with him.

“That’s what happens every time,” Dennis said, sitting at his dining room table in his spare, tidy home. “I find needles all over the house. They’re in back of the toaster. They’re in the bathroom, underneath the vanity. They’re upstairs. They’re in the basement.”

Still, this time, Patrick seemed different.

Patrick and his father joined a gym and began working out together. Patrick muscled up and put on 30 pounds. Color returned to his gaunt face.

But without drugs, Patrick said, he felt lost. He was not in treatment, had no mental health counselor and no job. If he wanted treatment to help him keep his resolve, he could not afford it. He had no insurance — incarceration automatically cost him his Medicaid benefits. His parents had long ago spent their savings to pay for lawyers, counselors and legally prescribed medications.

His stint in jail had also cost Patrick his slot with his mental health counselor, who had taken on so many new patients in Patrick’s absence that she had no room for him when he returned.

What he did still have was his family.

Since Dennis retired a few years ago, he has spent much of his time trying to cope with his son’s addiction. On many days, he waits for return calls from people like Patrick’s public defender to find out the status of his legal case, or from the Medicaid bureaucracy to restart Patrick’s benefits. He sometimes calls the offices of New Hampshire’s top politicians to urge them to crack down harder on opioids.

“You wait for retirement, you wait for that magic age when your kids are grown and you can actually do something,” Dennis said. “All I see is me just dying. I don’t want them to die before me.”

Diverging Paths

Patrick’s sister Betsy has also been in and out of rehab and jail. But she is in recovery now and her life looks far different. She has a job working at an animal rescue shelter. She bought a car and started community college this month, her sights set on becoming a veterinary technician.

All of it raises a question: Why is one person from the same family, the same background, and who has...
Sandy and Dennis have an older daughter, Jane, 37, an apprentice carpenter, who is not addicted. She has tried to distance herself from the family drama and has moved out of the area. Although she visits often, moving away has left her with what she describes as survivor’s guilt.

“I had to make a conscious effort to put space between myself and them, for my own self-preservation,” she said. “I’d already come to terms with the fact that my brother was going to die — I’ve already mourned him.”

Jane has thought long and hard about why some people from the same background become addicted and others don’t. She thinks she was spared because she never tried opioids in the first place.

“I don’t know anyone who just ‘tried’ it and then stopped,” she said. “Watching Pat do this was heartbreaking, but watching Betsy — who was outgoing, did well in high school and was planning on college — was super frustrating. I wanted to shake her, and say, ‘You know how this goes. Knock it off.’”

Sandy said that Betsy, who completed a highly structured treatment program and underwent cognitive behavioral therapy, seemed more motivated than Patrick to quit.

And Betsy, who started using drugs at 19, said she suspected that Patrick had a harder time quitting because he had started when he was 14. A Surgeon General’s report in 2016 said that the younger people are when they start taking drugs, the more likely they are to become addicted long-term. “His brain is still that young,” Betsy said. “As intelligent as he is, this is his only coping mechanism.”

It was especially difficult getting clean while her brother was still using, Betsy said, as she cuddled a frisky mutt outside the animal shelter. Now, Patrick stays with his father and Betsy lives with her mother; everyone is wary that if the siblings lived together, they could drag one another down.

Patrick said Betsy had succeeded where he had not because she had found passion in her work. She saw glimpses of herself in the shelter dogs and their painful pasts; when she was 8, her parents divorced and her father was drinking. She said she sometimes had to take care of him.

“She loves those dogs,” Patrick said.

He said that during periods when he has been clean, he tends to take on too much, as he did last year when he signed up for multiple coding courses at community college. He said the heavy caseload left him frustrated, with failing grades. That preceded the relapse in May when he overdosed four times in a single afternoon.

Like many parents in families torn apart by drugs, Sandy has blamed herself. For a time, she wondered if she was too permissive, even as she reported her children to the police and kicked them out of the house.

At Al-Anon sessions for families of alcoholics, Sandy learned what are known as the four C’s — “You didn’t cause it, you can’t control it and you can’t cure it, but you can contribute to it.” She said she came to understand that she had been an enabler. “Even though you think you’re helping them, you’re not,” she said.
Now, Sandy sounds almost fatalistic about addiction. 

“You could be the best parent in the world, but if it’s going to happen, it’s going to happen,” she said. “It doesn’t matter what walk of life you come from.”

Patrick lives with his father, but he often feels crowded by him and visits his mother a lot, usually for supper.

As a late fall day turned to dusk, Patrick lounged on an overstuffed chair in her living room. He said he had not used drugs since he went to jail in July and had applied for a job at a local packaging plant. But he also said he had no self-confidence and no idea how to break free from his cravings.

“I’m afraid I’m going to screw it up all over again,” he said. “That’s what happens every time.”

He said he knew he was not a sympathetic figure, that people may look at his life and wonder why he cannot pull himself out of this hole, especially with so much family backing.

“I feel like I’ve got nothing to offer,” he said. “I’m depressed all the time, and I’m isolating myself. I don’t really know what sober people do.”

His eyes welled with tears and he scraped them, hard, with his open palms.

“I don’t want people to pity me,” he added. “But I don’t want to lie to people about my past, either. I have a hard time asking for help. I always say, ‘I got this.’ But I never got this.”

**Seeking Solid Ground**

On an unseasonably warm night in late October, Sandy attended a support group for parents of addicted children.

On this evening, 17 people showed up at the group, called Families Sharing Without Shame. All had adult children either in the throes of addiction or in recovery. As they sat in a circle, they shared their horror at discovering the drug use going on under their roofs. They drew nods of recognition when they said they finally understood why their teaspoons were vanishing from their kitchens (powdered opioids are heated in a spoon with water to convert them to a liquid that can be injected).

Unlike some of the other parents, Sandy seemed battle hardened, like one who had been immersed in a war for a long time.

“I lost myself 10 years ago,” she told the group. “I couldn’t go to work, I couldn’t get out of bed.” She said she was consumed by codependency, in which “you are addicted to this human being to save them.”

She said she had realized that she had to save herself. Among her escapes: She learned to play the violin and bought a pair of kayaks.
But if Sandy has gotten better, Patrick still struggles.

“He suffers more than anybody,” she said later that night after the group broke up. “He wants to be a man, a man who has a wife and kids and a car and a job. He wants to be that man and he doesn’t know how to be that man.”

The next morning was a spectacular New England fall day, warm and bright, with leaves ablaze in a kaleidoscope of copper and crimson. Sandy and Patrick took the kayaks to a lake and went for a long paddle.

Out on the water, there was no chance he would relapse because he had not hidden away any drugs. Besides, he was busy paddling, soaking up the sun on his face and watching the light dance on the water. Out there, he didn’t have to look back over the ruins of the past or stress about what might come next.

But eventually they would have to return to shore, where life, for both Patrick and his family, would always seem on edge.

Over the next two months, things would look up for Patrick. He got the job at the packaging plant. His Medicaid benefits were restored. He was on antidepressants and was back in counseling.

And at a court hearing earlier this month, his legal case was more or less resolved: In a deal worked out with the prosecution, he planned to plead guilty to two misdemeanors, with the other charges dropped. Any jail sentence would be suspended as long as his good behavior continued and he stayed in counseling.

For drug users and their loved ones, though, the worry never ends. No day can be ordinary. The threat of relapse is constant.

When Patrick recently texted Sandy, saying, “I love you,” her first thought was that he was about to kill himself. She frantically called him back. Patrick told her he was fine, he had just been thinking about her.

For a moment, Sandy caught her breath.

To understand more about why New Hampshire has been overwhelmed by the opioid crisis, here are some of the reasons. Help shape our opioid coverage by taking a survey here.

A version of this article appears in print on January 21, 2018, on Page A1 of the New York edition with the headline: One Son, Six Hours, Four Overdoses: A Family’s Anguish.

© 2018 The New York Times Company