

FACES OF ADDICTION



Eric K. Hatch

THERESA BRADSHAW

AGE: 46

ADDICTION: Sugar, cigarettes, caffeine, meth, self-punishment (her words)

STATUS: Active user

Theresa is an intense, intelligent woman. She grew up without a dad. She had to survive childhood abuse.

Theresa's addiction started with eating fistfuls of sugar at about age six. Today she is hypoglycemic. First came anorexia, then binge-eating, though she now eats normally.

In her teens, she started smoking pot, then moved to serotonin re-uptake inhibitors: Zoloft, Wellbutrin, Paxil, etc. She is now on meth. She considers herself thorough, a workaholic, and a very organized person.

Addiction has damaged her relationships with her sons and has sapped her will to do her best, her drive to excel. She says she has lost sight of the world around her, the ability to hear anything going on around her, a keen "sixth sense," and her career as a teacher.

She worries that she can't concentrate, can't complete tasks, and has lost her sense of drive and purpose. Theresa has no plans for the future.



KEITH MAYNARD

AGE: 48

ADDICTION: Alcohol, pills, heroin

STATUS: In recovery, clean for 2 years

Keith started using drugs as a very young man and graduated from alcohol to heroin. Finally, after one DUI too many, he was sent to prison for 2½ years. He couldn't risk alcohol in the halfway house, so he turned to heroin. On release from the halfway house he took pills; then the crackdown on pills led him to heroin. Keith lost his job, stole from family members, and went through Falmouth, KY, detox many times. Each time he would emerge on Sunday evening only to get high "before the sun went down." He credits a 12-step program and living in the Gateway House community in Cincinnati for keeping him clean during his recovery.

Keith has been lucky in some ways. He has a good relationship with his teenage daughter, who lives with his dad; he has avoided Hepatitis C and HIV, "more due to luck than prevention," he says.

His addiction has cost him materials goods, relationships, jobs, security. He greatly values the Gateway community for helping him in recovery.



NIKKI ARANY

AGE: 30

ADDICTION: Heroin

STATUS: Active user

Nikki is still using; she was released from jail the day before her photo shoot and immediately got high ... though for her, she gets no lift from heroin—she just is able to function normally.

Nikki has been jailed repeatedly for drug use. She became addicted when she lost custody of her two children, which occurred after a suicide attempt was interrupted by her husband.

Homeless since 11/2017, Nikki wanted to be photographed because she felt she was at rock bottom and had nothing to lose by sharing her story. She was leaving for California to work on a ranch where “there are no drugs for 100 miles” and she will be forced to detox. She has marketable skills in Photoshop and call center work; she believes she has options if she can be clean long enough to deal with depression and find a future.

She says of herself: “I used to be a good person and had a life.”



BILLEE SIMPSON

AGE: 48

ADDICTION: Heroin

STATUS: Rehab. Relapse. Rehab. Currently in recovery

Billee emerged from prison 4-5 years ago. She was on prescription pain pills and moved on to heroin. In the course of her addiction she lost her home over a year ago, and now lives in abandoned buildings in Hamilton, Ohio. At the time of her interview she worked as a prostitute. She has three grown children “who come around maybe twice a year, at Thanksgiving and Christmas.” She says she’s deep-down tired.

Billee says, “It would break my heart for anybody to start using around me. I would never let that happen. Hamilton needs some programs, they need help, we need help. Don’t know where from, but we need help.”

Billee’s story has had consequences. She found participation in *Faces of Addiction* uplifting and became an active recruiter of other portrait volunteers. She entered a treatment program and got clean; she found temporary housing with a man she knows who offers temporary shelter for addicted people.

Billee’s overall health is bad, and she contracted general septicemia which involved her heart. She delayed going to the hospital but was eventually rushed to the ER in Hamilton. She survived and was moved to a nursing home near Cincinnati to receive IV antibiotics for 6 weeks.

In the nursing home she relapsed, obtaining drugs from a worker at the facility. Worse, her estranged husband gave her drugs, and she overdosed. Billee was revived with Narcan and was briefly jailed for some outstanding warrants.

Still living on the ragged edge of survival, Billee’s future is unknown but looking up. She is on the list to enter inpatient rehab in early November, 2018. She says she has been clean since 9/24/2018, that she’s scared, but it’s time. If the rehab program is successful, they will provide assistance finding housing and a job.



TIMOTHY FERRIS III (TJ)

AGE: 20

ADDICTION: Heroin

STATUS: Active user

TJ Ferris is a young man with a track record of accomplishment and disaster.

Until the age of ten he was mentally and physically abused. His mother divorced and remarried; TJ and his stepfather were close. Starting at age 12, he began rebuilding a 12-bedroom Victorian owned by his stepfather. At 14 he dropped out of high school to work full time as a carpenter. Starting with stripping walls and finishing by doing most of the carpentry, cabinetry, and finish work himself, he learned to be a contractor, and by age 18 he was supervising crews for “Extreme Makeover,” a reality-TV show. In addition, he’s good with electronics and coding. He is generally self-educated.

TJ was born with inoperable deformed legs. Percocet stopped working, and at 17 his prescriptions were cut off. A friend introduced him to heroin, and after 7 months he quit cold turkey, in November 2015. He stayed clean for two years. In 2016 his step father, who had been drinking 2 liters of vodka a day, stopped cold turkey on his own, and died within a week. When this happened, TJ and his mother lost a \$3 million estate to “greedy step-siblings” who contested the will and won. When the estate was stolen from him, TJ wound up homeless. He got carpentry work to support his mom and returned to pain pills. When Percocet started costing \$30 to \$50 a pill, he moved to heroin. The drugs made him mean, so he lost his girlfriend in October 2017.

TJ’s goals are to get clean and make enough money—without causing additional decay of his legs and the pain that goes with it—to make his mother secure and comfortable. He has a film industry connection that may make that possible—if he gets clean and stays that way.



JOEY BRANDT

AGE: 35

ADDICTION: Heroin

STATUS: Active user

Joey was an “army brat.” His father, an alcoholic, hosted weekly binge-drinking parties for his army buddies. At the age of 13, someone close to him died, and Tony started drinking. By the age of 19 or 20 his drinking started to affect both his work life and social functioning.

In high school, Joey was selling pot. He and his mother, never close, became more in touch when she asked him to smoke some weed with her. He was shocked, but agreed, thinking it created a bond. He told her he was selling drugs, which she did not support, but made no effort to make him stop.

Joey got excellent grades, but college was never a possibility for him. During his senior year he impregnated his girlfriend, Beth, but by 2001 they broke up in a very hurtful way. He turned to drink and Oxycontin to put the negative feelings at bay.

In 2009, a close friend, Nick, died of a heroin overdose. This rocked Joey’s world—and his then girlfriend introduced him to Oxycontin. He was supplied by a police officer from drugs in the evidence locker but when that ended, he was introduced to heroin. In 2013 he was sent off to prison for heroin and for missed child support payments. Released in 2015, he was clean for a while, then resumed heroin after seeing a cousin shoot up during a party at his house.

Joey knows that he has to get clean and stay that way. To the world he says, “All my hopes, all my aspirations, were gone. Heroin seems like a band-aid, but that’s just a trick. Until I get myself clean from heroin and active drug use, I can’t be there for my children, I can’t start my own business and continue to run it successfully. I can’t be a good son, father, friend, mate. “

He believes he CAN get clean and has been searching for a program. He has tried rehab before but has relapsed several times. He has newly entered a methadone-based program but has missed some appointments.



MICHELLE ROACH

AGE: 37

ADDICTION: Crack cocaine, then crystal meth (ice)

STATUS: Active user

Michelle says she has been diagnosed with 10 different mental conditions, including PTSD, schizophrenia, bipolar, ADHD, paranoia, and multiple personality disorder. (She says she rather enjoys all those other people). She has been homeless on the streets of Hamilton, OH, for four years.

Michelle grew up in Hamilton, OH, though her family has roots in Hazzard County, KY. Her family is dysfunctional by any measure, and she believes that her home life led her to addiction. Beyond her family, in her neighborhood older men who were child molesters “just seemed to seek me out, like I had a stamp on my forehead, ‘please molest me.’”

At one point, Michelle was made a ward of the state. She had trouble concentrating in school, but was regular in attendance until age 17. At age 17 1/2 she was returned to “my family who never gave a crap about me.” By 18 she was pregnant. She didn’t marry the guy because “he was sleeping with everybody else in my family, including my 32-year-old aunt who was dying of cancer.”

Michelle started using drugs after her first child was born. “I didn’t just wake up one day and say, hey, I want to be an addict. I had dreams, I had goals. I had two opportunities to be a singer, but because I was a ward of the sate I wasn’t allowed to. I also had two opportunities to model, but as a ward of the state I couldn’t.

“When I started using I knew the drugs would probably make things worse, which they did, but I didn’t know how to deal with the pain.” She kept a roof over her head for a number of years, but was using while the kids were sleeping or off at school. Finally she realized she had to give them up.

“I want my story to help others. Plus I’ve been told I’d be a great motivational speaker, and I think maybe I could.”



JEROD THOMPSON

AGE: 62

ADDICTION: Heroin

STATUS: Active user

Jerod started on heroin at 15, set up by his sister. She gave him a little by needle, and it knocked him out—but he liked it. He gave her \$50 from his summer earnings to buy more—money supposed to be used for school supplies. She quickly returned and gave him more heroin. He went into OD and shock—woke up in the hospital. The cops asked questions, but he covered for his sister. Since then, Jerod has been addicted most of the time except for two lengthy stretches in prison for beating his sister’s abusive boyfriend and for possession of heroin.

Jerod has lived in Hamilton, Ohio, all his life. After high school, where he got great grades and starred in football, Jerod hung out with the wrong crowd. He started selling drugs for his brother, and one thing led to another. He returned to prison for another 10 years, then did the same stuff when he got out the second time. “When you hang around with negative people, you do negative shit. I did that trying to hang out with the in-crowd.” He says this is the pattern of his life.

Jerod likes helping others and has had jobs assisting the handicapped. He learned sign language and relates well with them. He interviews well, but then his record comes up, and that’s that.

He does talk to his family, but “not like I should—when I went to prison, they sold my car, my motorcycle, my clothes ... and never gave me a damn dime. Addiction has cost me everything. Family, job, kids, life, yourself, your self-respect.”

Advice to others? “Don’t mess with drugs, and love yourself. You’re not loving yourself putting that stuff in ... that’s a murder.”

Jerod has never read Shakespeare, but he sums his life this way: “A lot of guys they look at me because my face got set up (tattooed), like I’m a gang banger ... but I’m just like you, I put my pants on the same way you do, I breathe the same air you do, I bleed the same way you bleed.”



What I've Learned About Addiction

I started this project knowing very little about addiction. After interviewing and photographing over 50 addicted people and talking to a number of experts and counselors, I see some clear patterns in this region's opioid epidemic. The sample size is small and consisted only of volunteers, but the patterns are stark. Simple solutions do not—and will not—exist. Here is what I've learned:

Addicts hate being addicted. Do they ever! Out of the 56 people interviewed, only 3 were complacent about their addiction. Overwhelmingly, they grieve for the losses addiction has caused: estrangement from family members, deaths of friends or family, guilt for how they have hurt people they love. They mourn the betrayal of their own gifts and the death of their dreams.

Addicts have the same feelings and values as non-addicts. Again and again they told me how they wanted to keep others from going down their road. Again and again, I learned how important it was for them to be treated as individuals. André Barker told me, "I had to panhandle a lot. And people just looked through you like you weren't there. They didn't know that sometimes a hello is worth more than a dollar."

Perhaps Jerod Thompson, a black man who uses heroin and has been in jail much of his life, put it best: "A lot of guys they look at me because my face got set up, like I'm a gang banger ... but I'm just like you, I put my pants on the same way you do, I breathe the same air you do, I bleed the same way you bleed."

It's important to understand that heroin-addicted people don't take the drug to get high. They take it to avoid being sick with what feels like "the worst flu ever."

Addiction has multiple roots. Some are genetic. That's clear from numerous studies. But genetics aren't required for addiction. Emotional needs, cultural norms and personality disorders all play a role.

If you did not experience attunement as an infant, you are at risk.

"Attunement" is a term for how the primary care giver relates to her infant, helping the child feel recognized and appreciated as an individual.* Attunement may provide the basis for fulfilling relationships as the baby grows. Lack of attunement is nearly universal among addicts. Attunement can occur later, and if it does it may save an addict's life.

*Learn more about attunement in this brief article:
www.cdd.unm.edu/ecln/PSN/common/pdfs/The%20Importance%20of%20Attunement.pdf

Cultural norms play a huge part, too. An overwhelming number of people in this project have family roots in the hills of Kentucky or West Virginia. The Appalachian culture has few ways of working through conflict. Conditions in the hollers are tough. Alcoholism and child abuse are rampant, and conflicts are acted out in fights, feuds, and self-abusive behavior. These cultural patterns are overwhelmingly present among the people in this project.

The genetic part of addiction is supported by serious laboratory and field studies. So it's no surprise about 50% of the people in this project believe they have addictive personalities.

Mental disorders also play a role. Many of the people in this project have been diagnosed with borderline personality disorder, schizophrenia, or bipolar disease. For these people, drugs may be used to self-medicate—and the trap is sprung.

Family problems are common. Supportive, constructive families don't exist for most addicts. A significant number of people in the project were removed from their immediate families by children's services. The great majority have addicted family members. In only a few cases drugs or alcohol played no part in their childhood scene.

Peer pressure plays a role. In an overwhelming number of cases drugs were started during middle and high school years, provided by friends, or taken to join "the in crowd."

Another cause is over-prescription of pain-killers. About one third of those in the project were physically banged up—car wrecks, ATV accidents, other serious injuries, post-surgical complications, gunshot wounds, war injuries—all these ills opened the door to medically induced addiction.

Hopelessness colors every story. The economic picture for the families of addicts tends to be bleak: little education, few transferrable skills, erratic work ethic and economic shifts have destroyed the economy that attracted people to this area. Today's high-tech economy offers little in the way of good jobs for the castaways. Despair drives addiction.

Once addicted, always addicted. Almost every addict in this project has been clean at one point, and all but one have suffered relapses. In fact, relapses are expected.

Relapses are utterly demoralizing and can lead to serious medical problems like general septicemia, gall bladder failure and abscesses, and a raft of STDs, all of which surfaced among FOA volunteers.

Addicts seek quick fixes for pain. The craving to find immediate relief from emotional or physical pain underlies most addiction. Stabilizing the situation so that longer-term solutions can be sought through or worked out is a major goal of rehab programs. Bringing someone back from an OD with Narcan and dropping them right back into the same situation they were in accomplishes little. Without support, another OD is probable.

Getting clean is expensive. Many rehab facilities are themselves great places to meet drug dealers. One woman in this project contracted general septicemia. Rushed to the hospital, she was then transferred to a long-term care facility for a six-week course of daily IV antibiotics. There, the staff supplied her with heroin, as did her estranged husband. Today, she is still fighting addiction—she hasn't given up. Her medical costs, drug costs, court costs, and continuing rehab costs must be borne somehow. At the time of her first interview, she lived on the street, and she is right on the edge of living there again.

Staying addicted is expensive, too. Aside from the costs of actively purchasing and using drugs (\$200-\$300 per day for many), the entire social apparatus needed to address drug addiction costs billions and is not getting results.

Another part of the horrific cost of this epidemic is the waste of talented people. A very high percentage FOA volunteers are creative, intelligent and articulate. Many have employable skills that addiction keeps them from using.

Addicts lose everything: money, cars, houses, freedom, self-respect, families, friends, health, confidence—and their dreams. They betray their values time and again, yet many retain a streak of caring for others, kindness, and even altruism. They are people worth helping.

Recovery is possible. Six of the people in this project—about 10% of the whole—are living successful lives after being in recovery for a number of years. They are still addicts, and they will tell you so. They say the danger of relapse—even years later—is real, though diminished. They tell me you must always be on your guard.

The difference between those successfully recovering and active addicts is obvious. You see it in body language, in sparkling eyes, in renewed sense of humor, in zest for living. I've sought out and included such people because it's important to see that recovery is possible. Hope is real, even after many relapses.

Where to go from here? At the local and state level, we must continue to aid those who seek help. We need better programs, better anti-drug pharmaceuticals, better job training, educational opportunities, and reformed prison conditions. Prevention education will do some good, and making naloxone (Narcan) available while protecting rescuers with Good Samaritan laws can save many lives. Those steps are being taken in some states.

At the national level, we need to reset our priorities. Where economies flourish, drug use diminishes. Where people have hope and belief in their personal futures, drug use lessens. Where people are educated and alive to ideas (as distinct from political propaganda from left or right), where communities teach kids that you don't have to do drugs to belong, where young people are given opportunities to experience a broader life, there drug use will diminish. When we value craftsmanship, we give hope and employment to people who are not academically talented. The nation is screaming for plumbers, electricians, HVAC technicians. A brighter future reduces the need to use drugs.

Money will not cure drug addiction, though it will help to combat it. Only addressing the multiple roots of the problem will defeat it.

Only living in caring communities, with engaged people who believe that reasonable people can work together, that education is a necessity, and that enlightened people care for one another and for the world around them—only then can we truly remove the causes of the drug epidemic

Meanwhile, what each of us can do is understand and embrace the humanity of the addicted individuals who are part of ourselves. In how we treat them, we see our better selves.

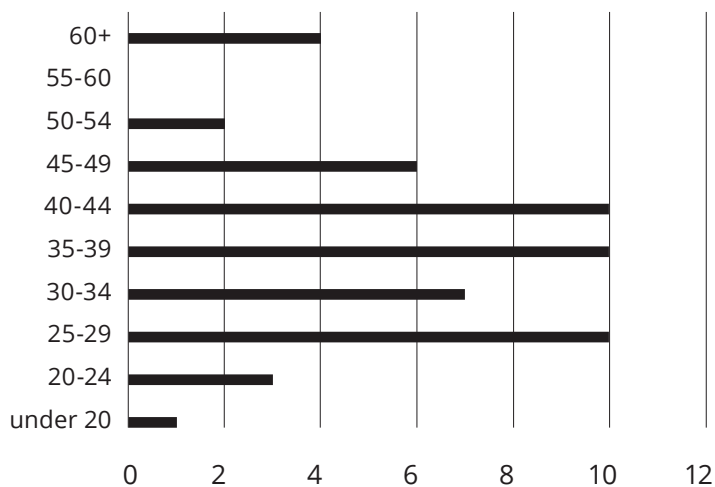
—Eric Hatch

About the Portrait Volunteers

Volunteers were all within a 90-mile radius of Cincinnati, with three exceptions. One of the exceptions was a woman from Lexington, KY, who wanted to share her situation as fully as possible. The other two were long-term recovering addicted people, both very successful executives in the drug recovery business in Phoenix. They are included to show how much can be accomplished by determined people who are open to inspirational change.

Age groupings are shown in the chart below. There is a very even distribution from 25 to 49, but a real gap between 50 and 59, with 4 people over 60. One child was interviewed, but she herself was not yet addicted. Hers was the only family interviewed as a group. Sexual mix was more or less equal, 24 women and 26 men.

Age Distribution of Volunteers



Most of the communities from which volunteers appeared are overwhelmingly white in their ethnographic make-up. Crack may have been an urban problem primarily among blacks, but in Southwest Ohio and Northern Kentucky today, opioids are largely a white problem. We made efforts at racial balance, but you take what you can get in this kind of project. Blacks make up three of the fifty-person set.

Ethnographically, somewhere around 85 percent of the volunteers had family roots in Appalachia, primarily from Kentucky, with some from West Virginia. Reasons for this are clearly explained in J.D. Vance's *Hillbilly Elegy*, a must-read for anyone seeking to understand the addiction epidemic.

Fifty Faces, Fifty Stories, Fifty Drug-Addicted People



Dramatic black-and-white portraits by award-winning photographer Eric Hatch join with powerful life stories, largely in their own words, to create fresh understanding of addicts and addiction.

Experience their lives in a new and vital way.



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