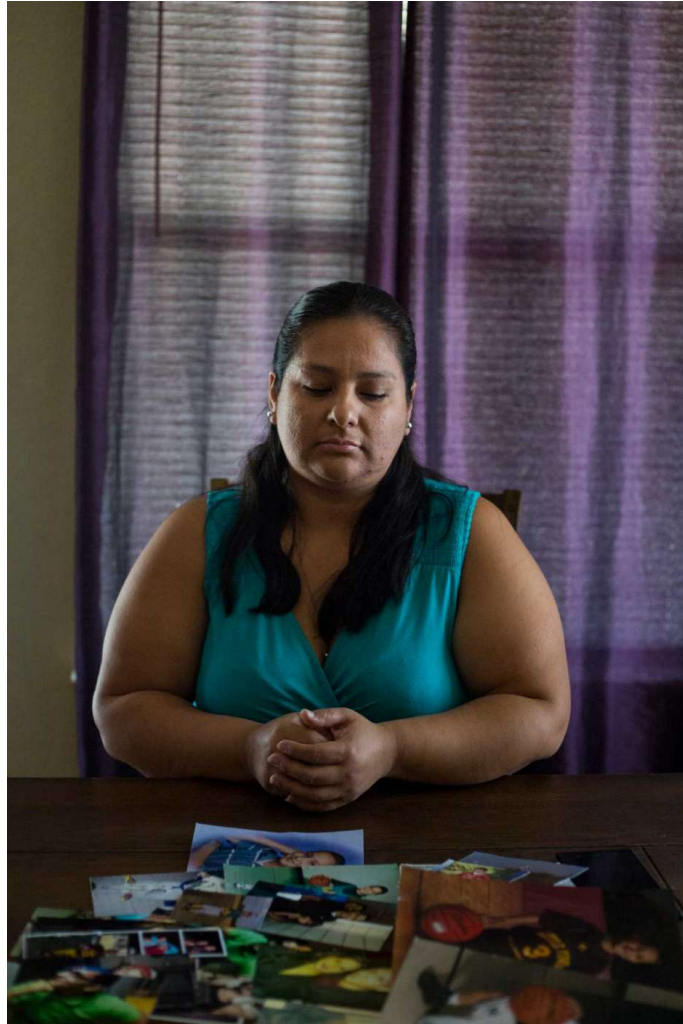


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By Elizabeth Lepro, Staff Writer

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Debra De La Garza at her home in San Antonio, on Tuesday, July 19, 2016. Garza lost her 19-year-old son, Manuel Carvajal, to a drug overdose last year and is now planning a memorial service, set for late August, in addition to being active in overdose recognition in San Antonio.

Photo: BRITTANY GREESON, Staff / San Antonio Express-News

The Serenity Prayer, scrawled on a brass cross hanging in Debra de la Garza’s living room, begins with “God grant me the serenity to accept the things I cannot change.”

For the 36-year-old mother of three, there’s comfort in that blessing. De la Garza’s oldest son, Manuel Carvajal, who had the words tattooed on his side, died last July from an opioid overdose. He was 19.

Carvajal, a fitness enthusiast, started smoking marijuana in early high school, dropped out of honors classes and lost interest in sports. De la Garza thought he just needed tough love. He graduated from high school and moved into his own apartment by the time she discovered his Xanax habit.

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When she found out that Carvajal was learning to “doctor shop” for prescription opioids, it was too late — he was already dead.

There are stories like De la Garza's across the city and the state: mothers, children and friends who were uninformed about the epidemic that claimed their loved ones until it was too late. In Texas, where policy has been slow to address the problem, these community members have led the push for more substantive overdose prevention and education methods.

They've been especially successful in increasing access to an overdose reversal drug called Naloxone, or Narcan, by its brand name. The opioid antagonist can be administered through the nose, intravenously or injected into a muscle. It works in less than five minutes to temporarily reverse the effects of opioids by speeding up a person's breathing and bringing them back to consciousness.

It has no effect on someone who hasn't overdosed, making it a safe and practical way for the average person to prevent an overdose death, addiction specialists say.

"There has never been a simpler public health initiative than there is right now," said Mark Kinzly, co-founder of the Texas Overdose Naloxone Initiative. "We're talking about the realities which we face ... If we don't start looking at (addiction) in a way that's effective, nothing's going to change."

Across the country, the number of deaths by heroin overdose have quadrupled, according to the Center for Disease Control and Prevention. Opioids — mainly prescription painkillers including Oxycodone and Vicodin — often go hand-in-hand with heroin, which is a cheaper and easier-to-find drug to fend off pain.

Dr. John Tennison, medical director at the Center for Health Care Services, said treatment calls at the center's San Antonio Detox Center have been pouring in. From August 2015 to January 2016, the center admitted about 100 patients every month for heroin and opiate use.

"(This year) we've probably gotten double the amount of calls that we used to get 10 years ago," Tennison said.

In general, drug use is "cutting across socioeconomic boundaries," Tennison said.

Heroin users are now younger and more likely to be white, according to a report from the University of Texas at Austin, leaving families baffled that "street drugs" moved so quickly into their homes.

"It's not the same as when I was growing up, what I looked at as a drug addict," said Dena Wagner, whose 24-year-old daughter died of an overdose in 2014. "You have a prescription not realizing that your kids are going to use them to party with."

Wagner's daughter, Jordan Lindsay, lived in San Antonio and battled a heroin addiction for five years before she died of a Xanax and Vicodin overdose. Wagner testified last summer in favor of Senate Bill 1462, which increased access to Narcan in Texas by allowing pharmacies like Walgreens to prescribe it freely.

"There were plenty of times when I would go into her room to make sure she was breathing," Wagner said. "If I had (Narcan), I think I would've felt better."

Before then, officers could only help overdose victims by monitoring their breathing and waiting for help.

“You (would) sit and wait, sit and wait, and you were stuck there,” said Officer David Pianfetti, “You’re kind of wasting your breath saying, ‘Can you tell EMS to step it up?’”

In 2016, San Antonio EMTs administered Narcan over 1,300 times.

Health-care providers and community groups who work with addiction want the option of Narcan, too. About 200 people signed up for a seminar on Narcan and opioid overdoses at the San Antonio Council for Alcohol and Drug Abuse headquarters last week.

“People are asking ...‘Is (the epidemic) going to come to Texas and when’s it going to come to Texas?’” said Charles Thibodeaux, a licensed addiction counselor. “It’s here folks.”

Instead of watching her son join the Marines, as he’d once planned, De la Garza is gathering photos for a memorial service on the first anniversary of his death.

She knows Naloxone is not a miracle drug, and not a replacement for health care, but De la Garza said she wants parents to know that it can give them more time to fight for their children’s lives.

“I want to be able to reach out to other parents and tell them what I’ve learned along the way... if their child’s still alive, they still have a chance,” De La Garza said. “You need to be alive to be able to make that decision to get better.”

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