

## Death on the tracks

# New Jersey couple's suicide highlights failure of US "drug war"

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A young New Jersey couple's tragic double suicide on May 13 has provided another glimpse into the desperation facing millions of people in the United States today. Caught in a web of drug abuse, recently evicted from their apartment, and wanted by the police for passing stolen checks, Theresa LaMarca, 22, and Damien Connors, 26, calmly walked together onto the railroad tracks at their neighborhood North Elizabeth station and sat down in front of an Amtrak express train coming through at 55 miles per hour. They were killed instantly.

While the tabloid press in nearby New York City played up the incident with front-page headlines about "doomed lovers" and a "real-life Romeo and Juliet," even a cursory examination of the circumstances reveals there was nothing romantic about the decision of these two young people to end their lives so abruptly. Rather, it speaks volumes about the dead-end lives facing so many young people.

Ms. LaMarca grew up in Hillside, New Jersey and Mr. Connors in nearby Roselle Park, both predominantly working class suburbs of New York City. The surrounding area is home to a number of declining industries, including the Ford Motor Company assembly plant in Edison, which, after repeated shift cutbacks, is now slated to close down completely.

Interviews with friends and family members of Ms. LaMarca paint a picture of a vivacious young girl with an aptitude for computers, but who became attracted to drugs as a senior in high school. She attended Union County College, but dropped out under the burden of what had soon become an addiction. Having freed herself of drugs for a period, she was getting ready to reenroll at Union County College last fall when she met Mr. Connors. Soon thereafter the two rented a small one-bedroom apartment together.

Less is known about Mr. Connors, whose family requested privacy. But eight years out of high school, having hoped to become a musician, he found himself working as a butcher in a local supermarket. He had also had his run-ins with drugs and had gone through a rehab program. Shortly after he and Ms. LaMarca met, however, the couple reportedly was sharing a \$300-a-day painkillers and heroin habit.

They lived for a time off the \$58,000 insurance settlement

Ms. LaMarca had received from being hit by a drunken driver. Just as this money was running out, he lost his job at the supermarket. They fell behind on the rent and were evicted for non-payment at the end of April.

Desperation set in. Homeless and unemployed, they sought to support themselves and their drug habit by committing the only crime they apparently thought they could get away with—breaking into the LaMarca home and stealing blank checks from the back of her father's checkbook. They proceeded to cash \$5,000 worth before the forgeries were discovered and payment was stopped on the remainder. Four days later they were dead.

Contrary to the sensationalized media coverage, this is not the story of a "Romeo and Juliet." Their families did not conspire to thwart their love. Rather, society abandoned them to their mutual illness, letting drug addiction become the central and controlling factor in their lives and relationship, leaving no apparent way out.

Nor was this just a tragedy for two ill-fated individuals and their families. The dual suicide manifested in an unusually shocking way much wider social problems. It may be uncommon for drug abuse victims to take their lives so violently, but the result is no different than the many deaths from drug overdoses which are reported every year, or than the even greater number of deaths from drug-related diseases such as hepatitis and AIDS.

While spending billions on a so-called "war on drugs"—ranging from military intervention in Colombia to vast deployment of police in the US itself—the ruling elite in the US has done little to prevent such deaths, not to mention the lesser forms of ruin that drug addiction wreaks on the lives of millions throughout the country.

Federal, state and local government agencies spent an estimated \$35 billion on the "war on drugs" in 2000, but Washington has earmarked only \$1.6 billion for treatment over the next five years.

Federal government statistics show that treatment admissions countrywide for heroin abuse increased steadily, by a total of 11 percent, from 1993 to 1999—that is, throughout the "boom"

years. The state of New Jersey alone registered 24,032 such admissions in the year 2000.

In any given year, it is estimated that 13 million and 16 million people in the US require treatment for drug and alcohol abuse respectively, whereas only 3 million, or about 20 percent, receive any care. This despite the fact that effective treatment techniques have been shown to reduce abuse rates by nearly 50 percent, and crime rates associated with abuse by as much as 80 percent.

Even those who seek treatment are often denied care. An August 2001 report issued by the New Jersey Department of Health documents the turning away of over 71,000 adults and 9,400 adolescents in the state each year due to lack of capacity, more than the number being served. The same report cites cutbacks imposed by the “managed care revolution” as being responsible for hospitals closing down 6 out of 17 inpatient treatment units and 19 out of 52 outpatient units. Faced with long waiting lists, those suffering from addiction are prone to lose the will to seek treatment.

For those who do obtain treatment, once completed there is often little follow-up care, greatly increasing the probability of relapse.

Another problem is the categorization of substance abuse separately from other mental disorders. Cathy Chin of the Mental Health Association of New Jersey told the WSWS: “About half of the people with mental illness are chemically addicted. This segment of the population is underserved. They are very difficult to access and to treat, and the treatment systems aren’t really coordinated. What happens is they go to the mental health clinic and are told their mental health problems can’t be treated until they clean up their addiction; then they go to the substance abuse centers and are turned away because of their mental illness.”

Insurance companies also discriminate against substance abusers. Coverage for treatment is often excluded outright, particularly for small businesses, where most employed drug abusers work. When benefits are offered at all, coverage is usually limited to short-term detox rather than the long-term residential treatment most often required.

The bills currently being debated both in the US Congress and in the New Jersey state legislature to require “parity” in insurance coverage for mental illnesses exclude substance abuse from the parity requirement.

In understanding the intractability of drug abuse today, however, there is an issue even more fundamental than the lack of adequate treatment.

Mental health problems in general and substance abuse in particular reflect the health or lack thereof of society as a whole. While medical science under capitalism has been able to make great advances against certain diseases of the body, such as polio and smallpox, to the extent that mental illness has its roots in social dysfunction, its cure and prevention require a fundamental societal change.

In particular, the divisions ripping apart class society create the breeding grounds for substance abuse. Those facing a future of poverty, unemployment and/or low-wage jobs may seek solace in drugs and alcohol, while the hollowness of a life devoted to chasing the almighty dollar leads a section of middle class youth to seek out the euphoria of drugs. In all too many cases, addiction is the result. While the effectiveness of proper treatment cannot be denied, sending victims back to the same conditions that created the problem in the first place is only asking for more of the same.

The official reaction to the epidemic of drug addiction is to blame the victims—seeing addiction as the fault of the abuser, who must be punished—not as an illness to be treated. Typical even of today’s so-called liberal political establishment is the viewpoint expressed recently by New Jersey’s Democratic Governor James McGreevey: “I am committed to drug treatment, but I am also committed to people acting responsibly.”

Around the country mandatory sentencing laws for even minor drug convictions have put thousands of nonviolent offenders behind bars, where treatment options are minimal if any. In New Jersey, the Department of Corrections estimates that the state is spending \$380 million a year to keep such offenders locked up. New York State’s Rockefeller drug laws, dating back to the 1970s, require a mandatory 4- to 15-year sentence for first-time offenders.

Countrywide, drug offenders account for 21 percent of the state prison population, and fully 61 percent of the federal prison population for a combined total of more than 400,000 inmates, according to a March 2001 government study.

There exists no evidence that such massive incarceration combined with relentless police activity has suppressed the sale and use of illicit drugs in the US. Rather, by turning an ever larger segment of the population into pariahs, even as effective public health measures fall victim to budget cuts and the reactionary social outlook of both big business parties, the “war on drugs” has only succeeded in deepening the social crisis that has produced the drug epidemic.

Among the countless casualties of this barbaric policy are Theresa LaMarca and Damien Connors.



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