**From Bad to Worse**

Dead!

All my future fears rushed into the present. Chris is dead, Chris is dead. These three words ricocheted in my head. Although I heard the words, although I expected it, I still couldn’t comprehend what was going on. It felt like all the air had been sucked out of the room. I just stared at Cathy in disbelief. For some reason, tears just would not come.

Saturday, the twenty third of June started off like any beautiful early summer day in Connecticut. It began with bright sunshine and temperatures expected to reach into the 80’s. It was the day that our lives were shattered, merely six days after I had spoken to Chris our son, dismissing everything he said. Going back to my dead father’s house that morning, the only thought I had was to clean it out and get rid of all the junk that had accumulated for nearly sixty years. Minutes later when I entered the kitchen, I found my wife Cathy sitting at the table with her head buried in her hands, sobbing.

She looked up at me and could only utter: “Chris died.”

From bad to worse, his descent had accelerated, culminating in his death. For twelve years, it was coming to this conclusion brought about by Chris’s insistence on selling “research chemicals.”

For years, Cathy and I had struggled with his addiction issues. We had already reached the limit of what we could tolerate. Perhaps he was right when he once told me that we “gave up on him years before.” Talking to him had become impossible and his unwillingness to change his behavior had become cemented. His insistence on the legitimacy of his research chemical work was something we could not understand nor tolerate, knowing he was an addict.

It was about a year earlier that Chris had started Visresearch, a company that sold barely legal “research chemicals” through his website. Pictures of his office in East Hartford were plastered all over his Facebook page including equipment he had bought for his business - all kinds of sophisticated technology from computers to fancy scales and mass spectrometers. For a time, he didn’t have a place to live and would crash at his office at night. We couldn’t believe what we were seeing and hearing. Despite all the shit that had gone down in his life, from his multiple suicide attempts to numerous ER visits, he seemed more focused that ever on his drug habit. He lacked insight into his issues or perhaps he was delusional, as one psychologist had said years before.

His legal problems, which included a felony charge for selling steroids, were still in limbo in the Connecticut judicial system. It seemed that every month he was going to court. They would just extend the cases into the future. We became painfully aware how poorly our legal system is set up to handle cases like our son’s. During this period, his living arrangements changed on a weekly basis and his visits were infrequent. Our only real contact was when Cathy called him, or when we managed to message him through Facebook. He would tell us that he was being robbed by his business partner, who was not only stealing money from him but also stealing the chemicals and selling them on the side. With Chris it was always difficult to separate truth from fiction. By August, Chris was looking to leave Connecticut because as he wrote: “*Restarting. Better laws, etc. This place is fucked. I’m running this myself from now on. This is what happens when young immature fucks are given responsibilities they can’t handle.”*

He and his girlfriend, Jen, ended up in Vermont which had more lenient laws regarding his business. Unfortunately, he had reached the point where trouble found him wherever he went. By October, he was already on the DEA and Vermont State Police radar. As he told it, the DEA called him a “*low life piece of shit and that he’d better get the fuck out of Dodge*” because they suspected that he was running a meth lab from the Roof Inn in Rutland. It was the first of a number of incidents with the Vermont police, the last being an investigation of his death.

After his death, in our attempt to more clearly understand Chris’s last months, we obtained all the police reports from both the Rutland and Vermont State police. The police report for this initial incident provided significantly more information than what we were told. Apparently, a housekeeping staff member entered the room where Chris and Jen were staying to clean, because they had missed the checkout time. She found what she believed to be drug paraphernalia and the police were notified. Chris and Jen showed up late because of a doctor’s appointment in Connecticut. When confronted by the police, Jen bolted in Chris’s car claiming that she had a medical emergency leaving Chris alone to deal with the situation. He claimed he was doing nothing illegal which was probably the case since “research chemicals” laws are very murky at best. Chris admitted to being a former heroin addict but clean for three years. His heroin addiction was something we were totally unaware of. The police did find some fresh bruises on his arms. Surprisingly from our standpoint, Chris was cooperative with the police, telling them about Visresearch and that the chemicals he was synthesizing were DOC and DOI which are used for cancer research. However these chemicals, along with the others that Chris was selling through his online website, were unscheduled chemicals that produce intense and vivid hallucinations similar to LSD. Distributors of “research chemicals” cover themselves legally by including the disclaimer: “Not for human consumption.”

The room that Chris and Jen were renting was in complete disarray with clothing and trash littered everywhere. The room was searched. Burners, vials and glass containers containing unknown liquids were scattered about, leading the police to suspect that this was a meth lab. The Vermont Fusion Center, which is associated with the FBI’s Joint Terrorism Task force in Albany, NY, was contacted to determine if Chris was the target of any active investigations. These along with other agencies were contacted to determine if there was any danger associated with his activities. From this time on, the police kept a close watch over his business including the monitoring of his bank accounts. They tracked postal deliveries, particularly from China and India, the sources of many of these chemicals.

At the same time, we were being pestered by his probation officer in Connecticut who was trying unsuccessfully to locate Chris. He would come to our house and ask all kinds of questions:

“Where does he keep his chemicals?”

“Does he sell his chemicals online?”

“Does he have a mentor?”

Chris was getting aggravated with Cathy for discussing anything with the PO as he believed she was giving him information about his business which she knew nothing about.

“*I need to know exactly what you told my PO. They are bluffing, and making up a whoooole bunch of shit. Furthermore, he told me that he was going to raid your house to “show me he is serious.” They are claiming that I sell narcotics to four year old children, and he is trying to make it sound like you corroborated that story. If you spoke of what I do for work to him, I am going to be infinitely pissed as you have made a DIRECT point to not learn about what I do. So anything you said was speculation, and now he is more or less insinuating that while you “do care”, everybody agrees its best that I’m behind bars. So you understand a few things: 1.) I do not do anything illegal. AT ALL. 2.) I have never sold any chemical whatsoever to a minor, as we only take credit cards….and minors can’t have credit cards. If they purchase using an adult’s card, then the onus falls on the adult. 3) Each chemical I have ever carried has been chosen specifically for use in research. REAL research”*

February 2012 marked the last time we saw him for any length of time after he came back from Vermont to pick up his things that had been cluttering up his sister’s old bedroom and our basement. The weather was unusually mild without any snow cover for February, making the trip from Vermont easy. It was the second time that we met Jen, who was now supposedly his fiancée, the first being at Thanksgiving. That Saturday night, Cathy made chicken parmesan, his favorite meal, and we spent an enjoyable evening with them. Chris was quieter than usual, something that I commented on. Jen responded that he is always quiet. We really didn’t know if she was lying, or if Chris had suddenly learned to keep his mouth shut.

They were so pleasant that I felt bad knowing that they were trying to find a hotel room in Southbury rather than staying at our house. I started thumbing through the phonebook at the kitchen counter to find the number to the Crown Plaza Hotel, trying to motion to Cathy that we should let them stay here. He was our son and it just felt wrong making him stay at a hotel. Cathy didn’t want to have to deal with a potential blowup situation if things started to heat up, which they frequently did when dealing with Chris, so she really didn’t want them to stay. However, when they left, she did feel bad about forcing her son to leave our home and his home also. Sunday, we ate breakfast together. By the time they moved everything out of our house, it was pretty late, forcing them to stay another night at the hotel.

The next day, both Cathy and I went to work. As an elementary school vice principal, her day ended earlier than mine. That afternoon, I got a hysterical call from Cathy. She had just found out that Chris was in the hospital after suffering a seizure. I rushed out from work and headed to the Waterbury Hospital Emergency Room where Chris was being treated, an hour and a half away from my job. When I arrived, Cathy was just outside of the enclosed curtain area where Chris lay. She was very upset. The curtained off area presented a dismal scene, with Jen crying by his side. He was in critical condition and still unconscious.

Cathy explained what had happened. That afternoon, Chris and Jen came by to pick up some recording equipment before heading back to Vermont. She had come home early, talked with them for 15 minutes or so, and they left. A bit later, she drove to the Kmart Plaza to buy some groceries and heard an ambulance coming into the parking lot. Shortly thereafter, she received a call from Jen saying that they had stopped off at Kmart to buy a lock for the truck when Chris passed out and had seizures. After calling 911, the ambulance came and transported him to Waterbury Hospital. The ambulance that Cathy heard was for Chris so she was nearby when all this was transpiring.

According to Cathy, he had been perfectly fine, talkative and had even grabbed some leftover food before he left our house. He said that he was tired and Cathy suggested that he stop and rest instead of driving nonstop. In a span of less than twenty minutes, he had gone from perfectly fine to having seizures and ending up in the emergency room. Every time Chris had been in the hospital, it was drug related so this was my assumption. For once, Cathy didn’t believe that drugs were involved. Since we had a lot of experience with his physical changes when under the influence of drugs and she was the last to see him, I thought maybe she was right and grew quite concerned. How the hell could he be having seizures? As far as we could remember, he never had seizures. Did he have some kind of neurological problem that we were unaware of? The whole situation just didn’t make sense.

Later that night, Chris was moved upstairs to the intensive care unit. We sat in the waiting room with Jen until we could see him. The first thing that struck me was that it was a very strange waiting room – divided in two. One half was for children, with bookcases and shelves lined with toys and board games, the other side was adult oriented. The décor was dark and somber, a very depressing environment. Jen was visibly distraught.

“I don’t know what happened! He was standing at the door of the truck and just passed out. He started having convulsions. When the police and the paramedics came, they had to put something in his mouth so that he wouldn’t bite his tongue.”

She became very animated when she got nervous, like someone on the verge of a breakdown. Chris had told her that he had seizures before. She even told the doctors that Chris had seizures back in August, something we had no knowledge of and were somewhat disbelieving. This time we weren’t so sure, having forgotten the seizure incident that an ex – girlfriend claimed was drug induced. We desperately wanted to see him, but were not allowed. After waiting for an hour, a female resident came out, sat down on the couch next to us and informed us of what was transpiring.

“Your son’s condition is stabilizing. He’s on a respirator and we have him in the intensive care unit,” she said.

“Doctor, what’s going on?” I asked. “All we know right now is that he was having seizures and was brought here.”

“We ran a quick blood test on him and he has PCPs in his system. We’re going to run some more tests on him,” was her only reply.

Once again it became clear that this was another drug issue. For us, this was old hat as we had been down this road so many times before.

“He’s a drug addict so it’s not surprising,” Cathy explained. “However he was perfectly fine when he left our house. It was only 15 minutes or so after he left that this happened.” This was the only time in years that Cathy was fooled.

“All I can tell you is that he tested positive for PCPs. He’s unconscious right now.”

Jen seemed confused. After the doctor left, we discussed the situation with her.

“Chris doesn’t do drugs and as far as I know has never taken any PCPs,” she claimed.

“Come on, surely you know he must be using PCPs,” I replied. The seeming naiveté of this girl was bizarre to say the least.

“No, I can’t believe that’s what is going on. There must be some type of mistake. Chris told me he has had seizures in the past and has been treated for them. It has something to do with his narcolepsy.”

She was very nervous and animated. When she talked this way, her fingers were moving all about seemingly separating from the rest of her hands. She was also shaking uncontrollably and jumping up and down, as she sat in the seat next to us.

“I can’t believe this is happening” were about the only words she could get out.

We talked to her about Chris’s past issues, that as far as we knew he had never been diagnosed with narcolepsy and all the times he had been in the hospital were for drug issues. She seemed genuinely surprised. I began to think maybe Chris had changed and was no longer using drugs but I doubted that the doctors could be wrong. Cathy certainly didn’t buy that he had changed; there was no doubt in her mind that the doctors were right. We were led into the intensive care unit where Chris was the only patient, still unconscious and hooked up to a respirator. It was striking to see that he was also strapped down. This was the first time that he had been strapped down since his suicide attempt years before which had been devastating for us. The same numbness that had become our predominant reaction to all his drug issues was all we felt. I asked the resident why the straps?

“When he was brought in, he came to and was violent. The straps are to hold him down when he comes around again. Right now, we’re keeping him sedated until the PCPs leave his system.”

“Why would he become violent?” Cathy asked.

“It’s a typical response for someone who has OD’d on PCPs.”

“Will he be ok? When do you expect him to come to?”

The resident replied: “Most likely not until tomorrow morning.”

We stayed a bit longer before finally leaving. We were tired of playing this game – Chris doing drugs, ending up in the emergency room, not getting the help he needed; our inability to force him to get help and leaving the hospital to continue doing what he always would do – use! Jen stayed with him through the night.

The next day, Cathy left school early and visited. When she went to this room, he whispered to her:

“Ma, come over here – come closer.”

“OK Chris”

“Ma this fucking place has me confused with the person next to me. Can you believe how fucked up this place is,” he whispered.

Meanwhile, the only two people in the rooms next to him were two old ladies.

“Chris you took drugs. They found PCPs in your system.”

“I haven’t done that in years, mom. I don’t do drugs.”

The social worker came in and told Cathy that she had to leave so she could talk to him. Chris didn’t want Cathy to stay. This was the first time that Chris didn’t want either of us around, which from our standpoint was a very bad sign.

After checking himself out of the hospital against his doctor’s orders, he headed back to Vermont. He told us he was going to get insurance and go to a neurologist. He could perhaps pull this bullshit on Jen but we knew better. At the time, we felt that this stuff was never going to end!

After he was discharged, Cathy broached the subject of his hospital stay in a Facebook message:

“*I really don’t think you should have checked yourself out of the hospital. Something isn’t right. PCP in blood? Seizures? Not sleep? Perhaps, you “overdosed?” Hospitals don’t mix up patient records. Besides, you were the only male in ICU. Chris, we know you too well. Perhaps Jen is “new” at this, and doesn’t see the writing on the wall, but we have been through this with you for 10 years. It’s clear. I hope Jen isn’t just an “enabler.” Again, a drug addict selling “chemicals” and not being tempted to use is unheard of. Go to NA. Go to the doctor and be checked out. Monday, you could have killed yourself and innocent people. On top of this… if you had been picked up or stopped by the police, you would be arrested and this time sent to jail for breaking the accelerated rehab program. The saying goes, you can lead a horse to water, but you can’t make him drink. Please get help. We love you too much to lose you. Take care. Love, mom”*

He continued to deny that he had overdosed on PCPs:

“*Thank you for not believing me. Thank you for not believing your own eyes (DID I LOOK LIKE I WAS ON FUCKING PCP AT YOUR HOUSE? MY SEIZURES STARTED TEN FUCKING MINUTES LATER) – go watch some you tube videos on PCP, and tell me if that was how I looked when I got into the truck…use your head.”*

We never really figured out what was the cause of these seizures. Although claiming that he was afraid because he wasn’t sure, he tried to convince us that it was due to his attempt to reduce his addiction medication dependence. No matter how much we pleaded, he was hell bent on self – destruction.

As I found out later, the PCPs in his system may not actually have been PCPs. Some of the “chemicals” that he was selling when ingested test positive for PCPs. The hospital probably didn’t have particularly accurate toxicology screening tools at their disposal. Few, if any, hospitals had the capability of testing for most of the chemicals he was selling as there was and still is a lack of awareness of their existence.

April marked the last Facebook correspondence we had with Chris. At that time, I was quite despondent and upset with Chris. My father had died somewhat unexpectedly only a few weeks before and Chris didn’t show up until after the funeral, which upset both Cathy and me. I was seething at the lack of respect he was showing me and his grandfather who always was concerned, continuously asking about him. For the longest time, I thought it was a race between my elderly father and Chris as to who would die first, a race that my father eventually won by only a few months.

In late May, Chris ended up in the Rutland Memorial Hospital for another drug overdose. Jen had sent a Facebook message to Cathy that Chris had been acting very strangely and accusing her of having an affair with another woman. This sounded eerily similar to the situation with a previous girlfriend a few years before. She was also becoming fearful of him because of his behavior:

*“Something is seriously wrong with Christopher…please do not tell him I am contacting you. He seems to be having some sort of psychotic episode. He is extremely paranoid and is making outlandish accusations about me (leaving him for a teenage girl who drove past the house; selling/purchasing ‘OC 80’s etc.). He has not slept for nearly a week, nor as he showered. He forcefully held me down while he went through my pockets, then accused me of “swallowing the evidence.” He also attempted to keep me from leaving to go to the dump by standing in front of the car, and continued to call me to convince me to come home, that he did not care whether I had a girlfriend or not. His eyes look void. He is scaring me very badly. I am afraid he will hurt himself or me. I do not know what to do…please message me ASAP.”*

*“He is probably high on something that causes paranoia – like PCP. I believe in my heart that he was on something when he had a “seizure” here. When he becomes like that – it is a sign that he is on something (at least that is how it has been in the past). If you have to, call the police – it could be a matter of life or death. You may have to “trick” him or call behind his back – like while you are in the bathroom. The tests in the hospital were clear – he was on drugs – he convinced you at the time that he wasn’t. I don’t know what to say… Chris claims he has insurance – does he? I would definitely call the police – if he drives and kills someone none of us could live with ourselves.”*

A recovering addict who claimed to be clean for 20 years told us, he was lucky, he only ended up in jail. We didn’t fully understand this, or what hitting rock bottom meant but in time, with what was going on, we began to pray that Chris would be blessed enough to end up behind bars.

*“Anything better?”*

*“I am sorry, I just received your message. No, not better. He is in ICU on a respirator and under sedation. I am not sure as to what exactly happened, and am still trying to piece together the events of Sunday night/Monday morning through neighbors and nurses. I didn’t know he was in the hospital until last night. They said he was stable but I could not see him because they were still running tests. I spoke with his 2nd & 3rd shift nurses, they said he was conscious but not lucid when he arrived at the ER and that he was extremely fatigued with shortness of breath. The nurse this morning said she doesn’t think they are going to take him off the respirator/sedation today. They told me to call again around 9 am after the doctor assesses him and then I can see him. No, he does not have insurance. He is at Rutland Memorial Hospital…this is a nightmare…I didn’t recognize the house when I went home, AT ALL. I guess his “friend” that was there to “help” with work got arrested…I am going to be sick…”*

Chris was banged up and unconscious when they took him in. The next day, Cathy called the hospital trying to figure out the situation but with the HEPA laws, nothing could be divulged without Chris’s consent. This was the first time that he hadn’t signed the paperwork allowing us to question the hospital staff, which from our standpoint was another bad sign. A day later she was able to talk to him directly and when she implied that his stay was drug induced, he told her “Fuck off” and hung up on her. The police report went into more detail and was bizarre to say the least.

Early on the morning of the twenty first of May, the police received several calls beginning with a 911 call from a man named Carlos who claimed that he was being held hostage, had jumped out of a second story window and believed he had dislocated his shoulder. Carlos went to an elderly female neighbor’s home banging and damaging her door looking for help. Suspecting drugs were involved as he was a known drug dealer, she called her landlord who then called the police. His story was that he had come up by Amtrak that night to set up a computer system for Chris’s internet company.

During the evening, they had all been drinking and admitted that he ingested something that Chris had slipped him. An argument erupted between Chris and Jen and she took off. Chris then argued with Carlos, accusing him of being involved with her. Trying to flee from Chris, he was unable to leave the apartment, ended up locking himself in the bathroom and jumped out the window. When the police arrived, they called for an ambulance as Carlos appeared to be under the influence of an unknown substance. When they found Chris, he was initially unstable on his feet, confused in his speech and not making any sense. After staggering around on the porch, he fell down and was totally unintelligible. Chris was immediately taken to the Rutland hospital by the police and became unconscious in the back of the police cruiser that was equipped with a cage. Searching the apartment, they discovered the same makeshift lab that they found during the motel incident.

The hospital records went into excruciating detail about his initial condition. The diagnosis was an overdose with a ketamine - like drug, possible bath salt ingestion, but the details were unclear. Unable to protect his airway, he was intubated. He was seen by a social worker and was not interested in any drug counseling. Chris denied purposely ingesting to some physicians and to others claimed he was accidentally exposed to something. It appeared that he was unclear as to what happened. What caught my eye was that his prognosis was poor given his lack of insight and ongoing drug use. He was eventually released.

Cathy was also able to get the final police report when they went to Chris’s apartment and found him deceased. The twenty third of June, the day that Jen called and told us that Chris died, was the worst day of our lives.

No parent wants to hear this news, even though in our situation, we had expected it for years. Jen kept changing her story as the police probed her about what had happened. First, it was she woke up late at night and found him on the bathroom floor, thought he passed out, and then tried to drag him to the bed but he was too heavy. Then she supposedly left, stayed with her stepfather and came back the next morning when she called Cathy.

Afterwards the story morphed into: she didn’t know when he died because she wasn’t there. Believing that people were in the house trying to get him, he was walking around the apartment with a syringe filled with muriatic acid, ready for them. Jen claimed that he wasn’t making any sense and hadn’t eaten for days. We never considered her a reliable or trustworthy person and apparently neither did the police.

Finally, her story became: she found him hunched over the toilet dressed in only his underwear with a white substance that he had vomited in his mouth. She then laid him down on his back with his hands folded over his stomach and fled. This seemed to match the evidence that the police had gathered. Fleeing seemed to be her primary method of handling difficult situations. Her behavior all along solidified our view that she was a mistake for our son and it increased our animosity towards her.

In the end, the toxicology report said that MDPV, Alpha PVP, and Pentylone were found in his system and presumed to be the cause of death. It isn’t clear if legal synthetic drugs break down into illegal “bath salts” such as MDPV. The drugs are so new and constantly evolving, that nobody knows what they are and how dangerous they are.

When I came home the day the autopsy report arrived, Cathy was sitting at the table.

“The autopsy came in the mail” she said without even looking up at me. I found it on the counter in the envelope from the “Office of the Chief Medical Examiner, Burlington, Vermont.”

“So what does it say?”

Cathy responded with a quick: “I don’t really want to talk about it.”

I grabbed it from the counter, went into my office and ripped it open. When we had talked to the examiner the day after Chris died, everything sounded relatively straightforward. His arteries were clean and he looked healthy. I guess I didn’t completely grasp the significance of the statement that his arteries were clean. After reading the report, I understood why Cathy was so upset. Particularly with statements such as “when viewed in the mortuary, the body is clad only in a pair of underwear” and “the 1510 gram brain has transparent leptomeninges and unremarkable cranial nerves” indicating that he had been cut up quite a bit. From my standpoint “the body is in an early state of putrefaction” was particularly disturbing. It was just the final item in a long list of things that were disturbing about Chris. The report also said that he had the number 3 on his right wrist and CIBA on his left wrist. This is the drug Ritalin.

My son clutching the side of a toilet in his underwear and cut up like a piece of meat on a cold metal slab are the final lasting images of him that I’ll take to my grave.

Holidays, birthdays and all the other important dates that families celebrate have come and gone. They will continue to come and go until we die. For this Christmas, like those that have passed since Chris died, Cathy, our daughter Erica and I go to the cemetery. Entering Cedar Hill, late that afternoon, we were fortunate that it is still daylight. The snow that had fallen just last week had melted due to the unusually warm weekend. What would have been a messy trek through the cemetery was now just a balancing act on the uneven partially frozen grass to our child’s grave. The wreath that Cathy had purchased, along with the special holder to keep it in place, was beautiful along with the two potted miniature Christmas trees on both sides of Chris’s stone.

We stopped there for a minute then continued over to my parents’ graves for a moment of reflection. I tell my parents to take care of their grandchild and make sure that he doesn’t get in trouble. The three of us walked back to Chris’s grave. We get in an argument about the decorations. Cathy and I loved them. Erica thinks they’re tacky. She thinks that we love coming to the cemetery. She hates it and doesn’t want to be there. She truly avoided coming and doesn’t understand our need to be with our son. Both Cathy and I were really upset by her attitude but Cathy thinks it is just to get a rise out of us, but I’m not sure of this. Perhaps this is an example of how people feel and respond differently to tragic events.

In my mind, I’m talking to Chris. Sometimes when I go to the cemetery, I talk out loud to him when nobody else is around as I pace around his grave. I ask him if there is an afterlife, the thought of which has started to consume me. I argue back and forth with him and myself as to the possibilities – what it would mean. I’m sure there were many times before his death that he pondered these issues though now he knows the answers.

Would I be able to see him again? Deep down in my soul, I don’t believe so but I’m waiting – waiting for an answer, or perhaps a sign of some sort from him. I also tell him that he should have listened to me when I told him not to get involved with manufacturing and selling “research chemicals.” I tell him that he shouldn’t have died, that he didn’t need to die. Then I tell him that maybe he couldn’t help what he was doing because he was an addict. He doesn’t answer me. There is only the sound of a gentle breeze puncturing the silence. I almost drop a tear and then we leave.

The two years that have passed since his death have not eased our pain. I grieve but I also feel relief since I no longer have to deal with his addiction issues, something that I continuously berate myself with.

He will never see another day; feel the sunlight, or feel the snowflakes on his face like he did as a baby when I recorded the date of his first snow. He will never get married. He will never have children. He is forever 28.

When asked, Cathy still says that we have two children. I don’t know what to say when strangers ask. Usually I tell them, they just say “oh” and walk away.

After his death and the autopsy that indicated bath salts were involved, Governor Shumlin of Vermont signed an emergency state rule designed to ban the sale of 86 chemicals in head shops and convenience stores in the state. This roughly doubled the number of chemicals banned in Vermont to 170. It was also believed that bath salts were a contributing factor in the crash on I-89 in Bolton that occurred just before Chris’s death, which killed Williamstown residents Jason Potvin, April Otis and their infant son. Unfortunately, makers of these products often alter only one chemical so they can stay off the banned list. The state hopes that the addition of these 86 chemicals will limit the sale of these products. They want to stay ahead of the game by banning analogs and derivatives of these drugs as well.