

FORT MYERS FLORIDA WEEKLY®

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WEEK OF AUGUST 2-8, 2017

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INSIDE



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Fort Myers leads the way into a new season of film festivals. **C1** ▶



Cuisine
Divieto Ristorante goes big at Coconut Point. **C23** ▶



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Lee County Bar Association tourney raises \$24K for community causes. **A28** ▶



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Southwest Florida's economic engine driven by diverse industries. **A30** ▶

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OPIOID DEATH

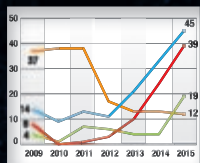
BY THE NUMBERS

500,000

■ Deaths in U.S. from drug overdose since 2000.

60%

■ Deaths in U.S. from overdoses involving opioids.



INSIDE

■ Opioid-related overdoses and deaths on a steep incline. **A14** ▶



■ Q&A about opioids and why they are addicting millions. **A14** ▶

The drug epidemic is hitting SWFL hard

BY EVAN WILLIAMS
ewilliams@floridaweekly.com

IN SOUTHWEST FLORIDA, AN ALREADY EPIDEMIC trend in opioid drug overdoses and deaths is getting worse as a toxic mix of heroin and fentanyl tears through the state and the U.S..

Four Lee County hospitals run by Lee Health reported a record wave of 607 opioid overdoses from October 2016 to April 2017, a seven-month period that surpassed the already-growing number of overdoses in each of the previous four years.

Four of those 607 patients died, a relatively low mortality rate reflecting the success of an antidote, naloxone (brand name Narcan), though it could also indicate more people are dying before they get it.

Official state Medical Examiners Commission reports indicate a steep rise in overdose deaths, but lag behind through

SEE OPIOID DEATH, A13 ▶

Pulte to build more than 150 homes in Babcock Ranch

SPECIAL TO FLORIDA WEEKLY

Pulte Homes, one of the nation's leading builders, is partnering with Kitson & Partners to construct more than 150 homes at Babcock Ranch.

Pulte will be introducing a variety of floor plans at prices that should be attrac-

tive to young families and empty nesters — all within walking distance to restaurants, shops and a school at the heart of the nation's first solar-powered town. The agreement was announced last week.

At Babcock Ranch, every home will include a full gigabyte of fiber-optic connectivity, and an environmentally friendly lifestyle powered by the 443-acre 75mw Florida Power & Light solar power plant located within the town. With a projected



COURTESY RENDERING

SEE BABCOCK, A10 ▶ Summerwood by Pulte Homes.



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COUNT ON **2** KEEPING YOU CONNECTED.

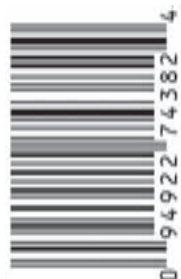


PHOTO ILLUSTRATION BY ERIC RADDATZ / FLORIDA WEEKLY; INSET PHOTO: EAST LIVERPOOL POLICE FACEBOOK PHOTO

OPIOID DEATH

From page 1

the first half of 2016, so it's hard to know for sure. But addiction treatment specialists, law enforcement officials and anti-drug advocates in Lee, Charlotte and Collier counties say the problem with opioids — a class of drugs that includes heroin as well as commonly prescribed painkillers that include fentanyl, oxycodone, hydrocodone and many others — continues to grow.

The recent spike in overdoses in Southwest Florida is due to drug dealers who have been more frequently cutting heroin with the much stronger yet cheaper fentanyl, doctors and law enforcement officials said.

"Fentanyl is 50 to 100 times more potent than morphine, so micro amounts can kill," wrote Dr. Aaron Wohl, a physician in Lee Health's Department of Emergency Medicine, who has been on the front lines of treating overdose patients. "Even with declining prices, heroin costs about \$65,000 per kilogram wholesale, whereas illicit fentanyl is available at roughly \$3,500 per kilogram. Drug dealers thus face strong incentives to mix fentanyl with heroin and other street drugs."

Those other drugs include cocaine, as well as counterfeit brand-name pills such as OxyContin, Percocet, Vicodin and Xanax.

Across the United States, drug overdose deaths have killed more than half a million people since 2000, the Centers for Disease Control and Prevention says, with more than six in 10 deaths involving an opioid. In 2015, about 91 people per day died of an opioid overdose in the U.S., with the highest rates of death in West Virginia and New Hampshire.

In Florida in recent years, Palm Beach County has become the epicenter of the crisis, with 296 deaths caused by heroin, morphine and fentanyl in 2015, a more than 500 percent increase from 2012.

Experts believe deaths attributed to morphine are in many cases heroin since morphine isn't prescribed at a high enough rate to be the cause, and heroin is metabolized to morphine in the body.

Deaths due to those three drugs have spiked across Charlotte, Collier, and especially Lee County during that time as well.

Opioids are the drug of choice for almost eight in 10 people admitted in 2016 and 2017 to SalusCare, a Fort Myers-based nonprofit detox and behavioral health treatment center with seven locations.

And most are shooting up heroin, said Janet Michael, acute care nurse manager

"We're obviously aware of this problem and we're aggressively addressing it on a daily basis. With new pharmaceutical diversion tactics in place prohibiting the use of pill forms of opioids, street users are turning back to heroin and other street-sold opioids. Unfortunately, heroin is being cut with various levels of fentanyl and carfentanil, which are leading to several overdose deaths. We continue to target anyone suspected of selling all narcotics and have recently made several arrests related to heroin sales."

— Lee County Sheriff's Office



In Cape Coral, Surrender House residence manager Eileen Kappenman, director Kari-Anne Spiller and counselor Adriana Franceschini.

EVAN WILLIAMS / FLORIDA WEEKLY



SalusCare, above, and David Lawrence Center are two treatment facilities that have seen a rise in opioid overdoses and addictions.

COURTESY PHOTOS



er for SalusCare's detox facility. That's opposed to 2012, when oxycodone pills were the most common way to take opioids among patients.

"Pretty much what happened is they did shut down the prescription medication (with Florida's legal system targeting doctors who over-prescribed it) but it changed the drug of choice," she said. "We started seeing a lot of Dilaudid use at that time. I know you can see when you talk to the hospitals and other providers right now, IV heroin is just epidemic, that's what we're seeing now. And we've been seeing it for a couple years."

Ms. Michael read from her survey of patients admitted on July 21, a typical day, she said: out of 29 people admitted so far that day, 23 primarily used opioids and 18 of those were shooting heroin. One's drug of choice was methadone, two Dilaudid, and two oxycodone.

She added that patients were usually not using just one drug. In addition to the drug of choice, she read from the list of drugs used by admitted patients. One was heroin and cocaine, another heroin and Xanax, another heroin, cocaine and alcohol.

Ms. Michael said many patients tend to be "fairly young. They're in their 20s to early, mid-30s."

There was also a pregnant woman that day who was detoxing, Ms. Michael said, before hopefully completing SalusCare's 28-day rehab program. Her child would also likely need to be treated for neonatal abstinence syndrome.

"That's not unusual for us," she said. "We get them in occasionally."

or nasal spray that has been used with a high level of success, saving thousands of lives by shutting down the effects of opioids in someone who is overdosing.

But Ms. Spiller and others point out that focusing on specific drugs is only scratching at the surface of a problem that begins with addiction.

Any long-term success in overcoming it, nearly any addict in recovery will tell you, is a process that must come first from themselves, a personal realization and commitment to breaking down the scaffolding that supports destructive drug use and replacing it with a different support system, a new normal, a full life.

"Boy, that bliss," said Brenda Iliff, executive director of Hazelden Betty Ford Foundation, a non-profit drug treatment center in Naples and a recovered addict, describing what drugs can provide. "That spiritual bliss, whatever, it's pretty highly addictive and so part of recovery is learning other ways to get that calm."



ILIFF

It also helps to put "addiction" in the proper context, as a medical condition for which patients can take responsibility like they might for heart disease or diabetes.

"We know without question now addiction is a disease of the brain," said Steven Hill, director of residential programs at SalusCare. "Twenty years ago addiction was a disease of character."

For Ms. Spiller, her addiction troubles started in high school with pills such as Xanax, and escalated to drugs such as cocaine, opioid pills and heroin in college to alleviate the pressures to perform on the basketball court and as a student on track for medical school.

Eventually she found herself in and out of jail and detox, and finally homeless. It was all her experiences weighing on her that finally led her to get clean for the long term.

"And just knowing that's not what I was made to be," she said. "Then years of repetition just broke my spirit and it wasn't until that breaking point that I began to change. It had to come from within."

She left Miami to get away from the social snares of drug addiction, and got treatment in Southwest Florida with the support of 12-step programs such as Alcoholics Anonymous and Cocaine Anonymous that she said gave her "a foundation and some tools" to lead a newly sober life.

There were more people asking to be admitted that day than there were beds available, room enough for 31 people.

"I could probably fill these beds twice today," she said.

Those who did not get a bed were referred to other treatment facilities in Southwest Florida, such as Charlotte Behavioral Health Care or David Lawrence Center.

Kari-Anne Spiller, a 31-year-old who is nearing seven years clean, has also seen the effects of this emergency first hand. Ms. Spiller runs The Surrender House Recovery Residence, a group of seven transitional sober-living houses in Lee County, where she said opioids are the drug of choice for eight in 10 residents.

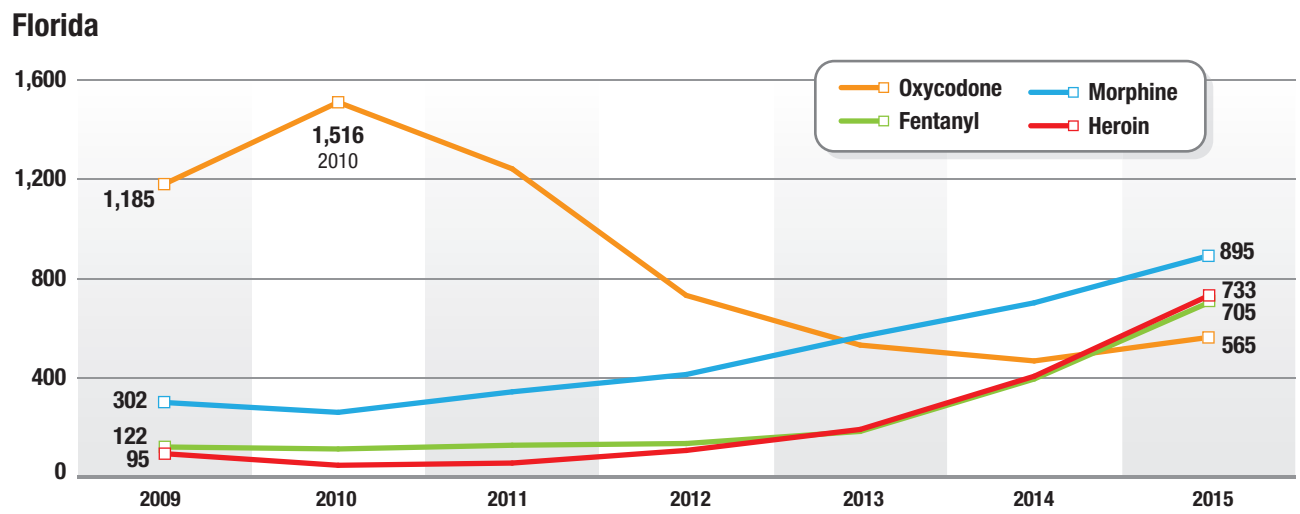
"We want to shed light that there is hope," she said.

That may come partly from outside efforts to stem the crisis. Florida Gov. Rick Scott in May declared the opioid epidemic a Public Health Emergency, bringing in \$54.3 million in federal funding over two years for prevention, treatment and recovery services, and adding harsher prison sentences for people in possession of four grams or more of fentanyl.

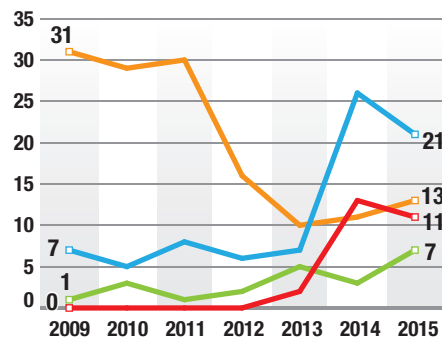
Other efforts include educating communities on the addictive and deadly potential of opioids and how people can get help; a combination of medicine and behavioral therapy to treat addicts; and the use of naloxone (brand name Narcan), an injection

Opioid-related deaths

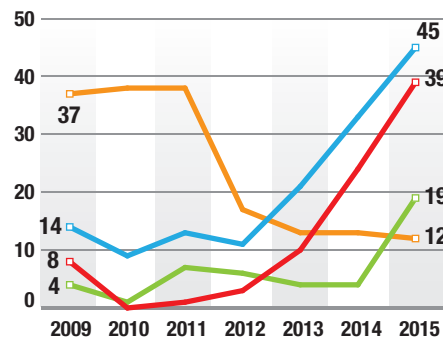
Deaths due to heroin and fentanyl rose steeply in Florida from 2013 through the first half of 2016 in the latest records available. State reports also show a rise in deaths caused by morphine. Morphine is metabolized from heroin in the body, leading experts to believe most of those deaths to be heroin-related. Many people who first became addicted to opioid-based prescription medication later switched to heroin for the similar high and cheaper cost. Around 2010 Florida's law enforcement and legal system shut down many of the state's "pill mills," which supplied much of the prescription drugs — one of the deadliest is oxycodone, which was found to have caused 1,516 deaths in 2010.



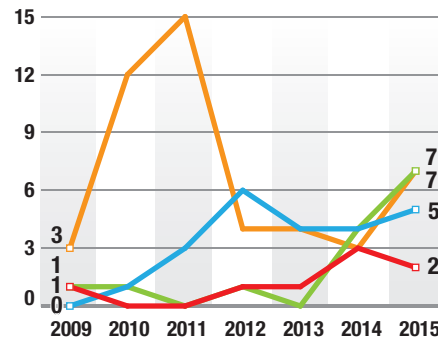
Collier County



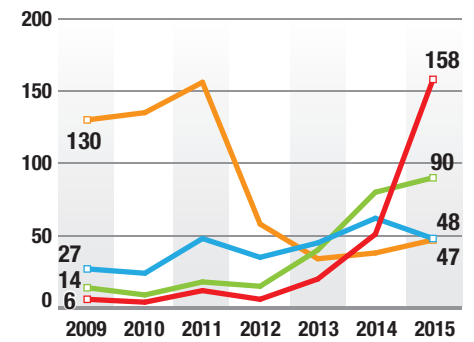
Lee County



Charlotte County



Palm Beach County



SOURCE: FLORIDA MEDICAL EXAMINERS COMMISSION REPORTS, UNIVERSITY OF FLORIDA FROST

For addicts struggling with opioid addiction in Southwest Florida, getting help is more than ever a matter of life and death because of the potency of the drugs that are available. Many aren't aware if a bag of heroin, cocaine or even pills, which could be a genuine prescription or counterfeits, is cut with a dose of "too much" fentanyl.

Law enforcement has found that street drugs have also more recently been mixed with an even more potent version of fentanyl called carfentanyl, commonly used as a tranquilizer for large animals such as elephants, making potential overdoses even more likely.

SWFL spike in overdoses

Official drug-death reports from the Florida Medical Examiners Commission show deaths due to heroin and fentanyl rising steeply in Southwest Florida from 2013 through the first half of 2016.

Although only one drug is listed as the official cause of death, nearly all those who died had multiple drugs in their systems that could have been a contributing factor, such as alcohol, cocaine, and benzodiazepines like Xanax.

More recent figures from Lee Health's four Lee County hospitals show that opioid-related overdoses have increased at

a faster rate during each fiscal year since 2013, which begins on Oct. 1. The 607 overdoses in the first seven months of fiscal 2017, October through April, far surpassed previous years.

In all, from October 2013 to April 2017, the four hospitals treated 1,765 opioid overdoses. Twenty resulted in death. For the others, they received a life-saving dose of naloxone (Narcan), which reverses the effects of opioids and can be administered as a nasal spray or a shot.

The drug is available without a prescription at CVS for \$110. David Lawrence Center in Naples offers free vouchers for Narcan nasal spray for loved ones or care-

givers of people who are at risk of an overdose by taking a training session on how to use it.

People who overdosed on opioids at Lee hospitals were mostly white (96 percent), with a smaller number black (3 percent), Asian, Hawaiian/Pacific Islander, or unknown.

U.S. Census figures show that Lee County's population is 87 percent white, 20.5 percent Hispanic or Latino, 9 percent black, 1.7 percent Asian, and .1 percent Hawaiian/Pacific Islander.

Fifty-eight percent of those who over-

SEE OPIOID DEATH, A15 ►

The basics: What you need to know about opioids

SPECIAL TO FLORIDA WEEKLY

What is an opioid?

Opioids are a class of drugs that include prescription medication used as painkillers such as oxycodone (OxyContin), hydrocodone (Vicodin), morphine, codeine, fentanyl and others, as well as illicit drugs including heroin. Although they vary widely in strength depending on the drug or mixture of drugs and how they are taken, opioids have similar chemical structures and work in the same way in the body and brain, binding with nerve receptors to relieve pain and also produce a sense of well-being and euphoria.

A Q&A with Dr. Aaron Wohl, Lee Health, Department of Emergency Medicine

An emergency room physician, Dr. Wohl has for years treated patients overdosing from opioids and seen the epidemic first-hand. He answered questions via email in which he discussed the effects of opioids and overdoses at Lee County hospitals and the larger epidemic, and offered some solutions to the problem.



WOHL

steadily increased but the jump in overdoses from October 2016 to April 2017 was especially dramatic. What do you attribute that to and do you expect that to continue to rise?

A: The answer is simple, fentanyl has been more frequently added to heroin to increase its potency and make a cheaper product. Recent literature states that early in 2015, heroin began to be "cut" with synthetic fentanyl. The high potency of synthetic fentanyl in the heroin supply as well as in counterfeit pills of OxyContin, Percocet, Vicodin, and even Xanax, has contributed to more fatal and frequent overdose. Fentanyl is 50-100 times more potent than morphine and so micro amounts can kill. It can rapidly suppress respiration and cause death more quickly than do other opioids. Even with declining prices, heroin costs about \$65,000 per kilogram wholesale, whereas illicit fentanyl is available at roughly \$3,500 per kilogram. Drug dealers thus face strong incentives to mix fentanyl with heroin and other street drugs. Adding fentanyl to heroin and other street products significantly reduces market prices of illicit opioids while dramatically increasing risk.

As fentanyl found its way in to the Southwest Florida heroin supply, and the counterfeit supply of pills, there were more serious "dosing errors" by the dealers and/or the counterfeiters. Many people who overdose from fentanyl were unaware that they were using

"Recent literature states that early in 2015, heroin began to be 'cut' with synthetic fentanyl. The high potency of synthetic fentanyl in the heroin supply as well as in counterfeit pills of OxyContin, Percocet, Vicodin, and even Xanax, has contributed to more fatal and frequent overdose."

— Dr. Aaron Wohl
Lee Health,
Department of Emergency Medicine

the drug. Thus the addict community is not tolerant to dosages of heroin (with fentanyl added) that they had previously been using. Many overdose victims expressed incredulity to the small amount of product they had overdosed on. In early 2017 at least five patients told me that they crashed their car right after they obtained their drug from the dealer because they "snorted" a small amount while driving. This shows how potent the fentanyl content can be. Normally they would inject a certain known amount (injecting is much more potent than snorting), but now a small "bump" of product snorted caused them to lose consciousness and crash the car on the

way home from their dealers.

Q: Will this trend continue?

A: It's difficult to say, but many are concerned it will. We are using higher doses of naloxone in the hospital to revive patients and take home naloxone kits will need to meet higher dosages when fentanyl is present. There are some other harm reduction strategies in the community which involves increased access to naloxone, encouraging users not to use alone, and teaching them how to respond if they encounter a likely fentanyl overdose.

Anecdotally, I feel as some of the overdose severity might "level off" a bit as there appears to be a learning curve of sorts with opioid abusers and dealers as to the potency of fentanyl mixed in with the other illicit products. I feel like word is spreading and the users have educated themselves to "test" the product with much more caution. So possibly overdoses could decline slightly because of increased awareness of fentanyl's potency among the addict community.

However, that might be an optimistic view point. Fentanyl's low production costs and high death toll pose a distinctive challenge that requires a concerted response. This does not only involve our emergency departments of course, we are already beleaguered and overburdened because of poor access to care

SEE BASICS, A15 ►

Q: Opioid-related overdoses have

OPIOID DEATH

From page 14

dosed were men; 42 percent were women. Their average age was 40.

The Lee County Sheriff's Office declined an interview for this story, but did send a written statement through its press office:

"We're obviously aware of this problem and we're aggressively addressing it on a daily basis. With new pharmaceutical diversion tactics in place prohibiting the use of pill forms of opioids, street users are turning back to heroin and other street-sold opioids. Unfortunately, heroin is being cut with various levels of fentanyl and carfentanil, which are leading to several overdose deaths. We continue to target anyone suspected of selling all narcotics and have recently made several arrests related to heroin sales."

Officers with the Collier County and Charlotte County Sheriff's offices said they are seeing similar trends, though not as severe as in Lee County.

"The pills have dropped off dramatically," said Lt. John Poling with the Collier Sheriff's Office. "We see more heroin and we're seeing more cocaine."

In Collier, officers began in April using a new mapping system to track overdoses and target the most affected areas for community outreach; there isn't enough information yet to tell if there are hotspots. Officers said that other Florida counties may soon get on board with the system.

A detective with the Charlotte Sheriff's Office, who asked that his name not be used because it could hinder investigations, called the problem "severe" and a "current and ever so growing opioid epidemic."

The drugs have factored into overdoses for years, he said. "But I would say within the last year, more specifically within the last six months in our area it seems to have gotten a little bit more prevalent."

Besides mixing fentanyl or carfentanil with heroin and cocaine, he described how dealers might use it to make a counterfeit pill:

"The issue with fentanyl is you could have very small, minute particles, as small as salt crystals. You could have roughly 10 of those and mix them with some other type of agent like baking soda and you could form a pill with that and stamp it with for instance 'Dilaudid' or any type of current abused narcotic. You could even put a coloring agent into your baking soda to make it appear as if it's that particular milligram, as well as pill markings."

Before heroin, prescription pills

These days, Eileen Kappenman is a manager for Surrender House Residences, as well as a resident at one of its sober-living transitional houses in Cape Coral. Over the past few decades she was swept up in the opioid epidemic that has hit other parts of the country and state hard.

Like many people who first became addicted to opioid-based prescription medication, Ms. Kappenman later switched to heroin because it produces a similar if more powerful high, but is cheaper than the pills.

Ms. Kappenman, now 50, recalled that after running out of a prescription for pain pills after her son was born, she started buying another opioid called Darvocet from her neighbor. The pills made her feel great.

"I could clean my whole house, cook dinner, be in a good mood, take my kids on bike rides. I could be the greatest mommy. And I just loved how they made me feel — in the beginning."

Opioids require larger and larger doses to get high, and if you stop taking it you get sick.

The miseries of withdrawal are often described as "like the flu" but much worse, usually lasting three to five days, causing body aches, sweating, chills, nausea, vomiting and diarrhea.

The addiction cost her a good job working for a risk management firm in the



EAST LIVERPOOL POLICE FACEBOOK PHOTO
An Ohio police department posted shocking photos to Facebook showing two adults, who police believe were on heroin, passed out in a car with a little boy in the back seat.

medical industry in Vero Beach.

In the end, she said, "they ruined me spiritually, financially, family, everything."

She had moved in with her mom in Lehigh Acres and got clean at David Lawrence Center in Naples.

For almost 10 years, she was clean, but points out that the tendency for addiction "lies dormant in you."

She relapsed after being prescribed opioid medication when she had neck surgery for degenerative disk disease in 2011.

"This is on me, I have to own this, I should have told them I was an addict," she said. "But, I can tell you it was easy to get pills once I got that neck surgery, very easy."

When the original prescription ran out, she went to a Southwest Florida pain management clinic and got a script for more. But soon that would run out as well.

At the time, Florida's law enforcement and legal system had shut down many of the state's so-called "pill mills," which had fueled the prescription pill epidemic that peaked in 2010, then began to subside. The deadliest of the pills was oxycodone, which alone was found to be the cause of 1,516 deaths that year, though there are many others.

Now, overdose deaths due to opioid medications is much lower but still endemic. Oxycodone was found to cause 565 deaths in Florida in 2015.

"We do see some pills, way less than we saw years ago," said Mr. Hill of SalusCare. "There are always going to be people who choose to sell their prescriptions."

When Ms. Kappenman's supply of medication dried up, a fellow addict had already found the next best thing.

"She said, 'I know what we can do,'" Ms. Kappenman said. "It's not as expensive and we won't be sick.' And it was heroin."

Many addicts have turned to heroin since the street market for prescription opioids has become less available and more costly.

"It's cheaper than the pills but you use more of it and you'll do anything to get it," she said. "I fell in love with the heroin because it was quick" — an immediate high instead of waiting for a pill to kick in.

With the addition of fentanyl to the mix before Ms. Kappenman got clean near the beginning of November 2015, she's lucky to be alive.

Mostly she snorted it, but eventually started to shoot it up as well.

If she went hours without it, she started getting sick.

Eventually her kids reached out to her sister, who came along with Lee County Sheriff's deputies to the house where she was living with her mom for an intervention. She had to leave the house or else be charged with trespassing, and was taken to detox at SalusCare.

It was there that Ms. Kappenman met Ms. Spiller of Surrender House Residences. She holds regular weekly group meetings there.

"I was scared," Ms. Kappenman said. "I was homeless, 48 years old, didn't have anywhere to go. No money, and she let me come in there."

One of the first things she noticed about Ms. Spiller and her group was their sense of humor.

"Just laughing was the biggest thing," she said. "They were happy." ■

BASICS

From page 14

for many other patients not affected by opioids.

Q: What are some solutions to the increase in opioid-related overdoses and death?

A: Outpatient access to evidence-based treatment for Opioid Use Disorder (OUD) like medically assisted treatment (MAT) such as naltrexone, methadone, and buprenorphine should be substantially and immediately increased as a public health priority. Action by the nation's political and public health leadership is also needed to reduce new cases of prescription opioid-induced OUD (expose less new patients to these powerful drugs). Scientifically grounded policies and clinical practices to promote responsible opioid prescribing are needed, along with research to identify and develop non-addictive alternatives to opioids for treatment of pain. It will take years of sustained and coordinated effort to contain the current opioid epidemic and stem its harmful effects on our community and our society nationally.

Q: While there have been more overdoses, the mortality rate has remained relatively low. Is that because the ones who die don't make it into the hospital or some other reason?

A: Hard to answer without comparing community opioid death data from overdose as yes, you are correct, the dead are not brought to the hospital.

Interestingly, opioid overdose (depending on potency of dose and tolerance of user) also provides many minutes, sometimes an hour or more to be resuscitated if "found down" or unresponsive. Opioids kill by slowly diminishing one's breathing drive. So as the respirations begin to cease, the brain slowly begins to receive less oxygen. Oftentimes, the patient is still breathing, but much more shallow and infrequently. This means that many people are found in the midst of overdose and there is still time to resuscitate them with the antidote, naloxone. If the patient was found quickly enough, there is oftentimes no permanent damage and the overdose is often times survivable. That is why harm reduction focuses on finding the overdosed patient and administering the antidote as quickly as possible. However, understand that if the patient ingests a large amount of fentanyl, fentanyl is so powerful that it causes a more abrupt cessation of breathing and less time to respond. Thus the reason that fentanyl overdose is so much more fatal.

Q: We also noticed that most of the overdoses are Caucasian/white. Why is that?

A: This is difficult to know for sure, and a complex question to answer. This has been a long-standing question among addiction experts with many theoretical answers. It can also be a sensitive subject to discuss for fear of being misinterpreted or accused of perpetuating racial stereotypes or bias.

See this article for the theories: www.news.vice.com/article/heroin-kills-white-people-more-than-anyone-else-and-nobody-is-sure-why. ■

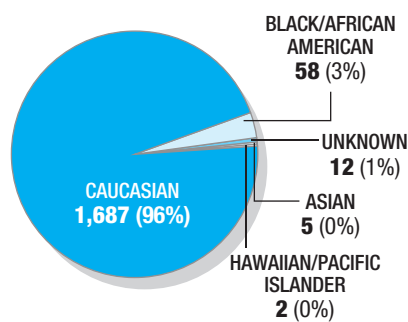
Increasing opioid-related overdoses

Recent figures from Lee Health, which operates four major hospitals in Lee County, shows that opioid-related overdoses have increased at a faster rate during each fiscal year since 2013. There have already been 607 overdoses in the first seven months of fiscal 2017.

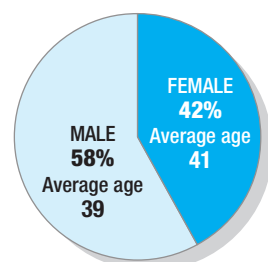
Note: Lee Health's fiscal year begins October 1.

FISCAL YEAR	LEE MEMORIAL	GULF COAST	CAPE CORAL	HEALTH PARK	TOTAL	CHANGE	DEATHS	PERCENTAGE OF DEATHS
2013	61	40	47	23	171	NA	3	1.8%
2014	67	33	68	42	210	▲23%	4	1.9%
2015	115	47	102	43	307	▲46%	4	1.3%
2016	183	78	149	60	470	▲53%	5	1.1%
2017*	276	89	160	82	607	NA	4	0.7%
TOTAL	702	287	526	250	1,765	NA	20	1.1%

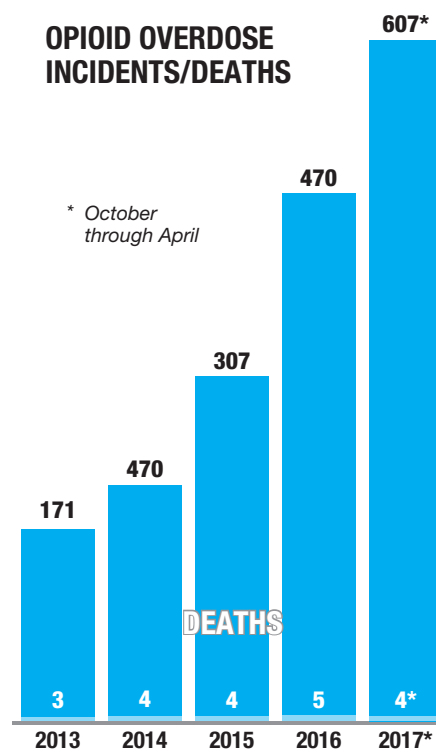
ETHNIC ORIGIN



SEX (Average age)



OPIOID OVERDOSE INCIDENTS/DEATHS



SOURCE: LEE HEALTH