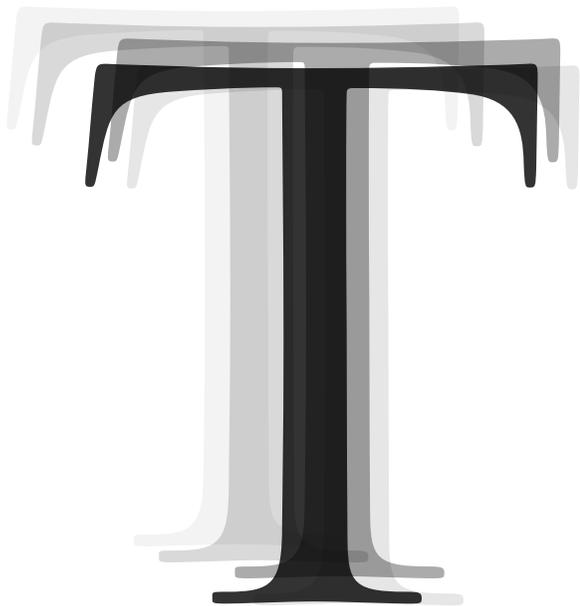


ADDICTION: **PRESCRIPTION PILLS**  
BY: NANCY NALL DERRINGER



**THROW A PEBBLE IN A POND** — no, just a single tablet, say, a 30-mg OxyContin pill — and watch the ripples spread. Maybe this metaphor is wrong, but let's run with it for a while. Let's assume the pill is legally and legitimately prescribed, by a doctor, for relief of pain. OxyContin, when it came on the market in 1996, was considered a breakthrough medication for those with moderate to severe pain, the sort that puts patients on a roller coaster of misery. Take a pill, the pill wears off, take another pill, etc. OxyContin, formulated in a time-release formula by Purdue Pharma, needed to be taken only once every 12 hours, leaving people with severe arthritis, bad backs, injuries that left their sufferers in a world of pain, free to live with a lot less of it.

Only it didn't work out that way. It wasn't long before people figured out the drug could be crushed and snorted and its time-release qualities nullified, for a powerful high. It's an opioid drug, after all, the same chemical family as morphine and heroin, delivering the mellow, warm euphoria users have sought for as long as opium poppies have been cultivated for their medicinal properties. In fact, "hillbilly heroin" soon became one of the drug's nicknames, for its prevalence in Appalachia, a region full of people living with lots of pain and not much income.

The popularity of the drug for both legitimate and illegitimate uses made it widely prescribed and tempting for patients to sell their unused pills to others, although that wasn't enough to stem the demand. Sometime around 2000, drugstores started being hit by stickup thieves who demanded nothing but OxyContin. The street value of prescription Oxy is at \$1 per milligram, so our 30-mg dose — considered moderate strength (the dosages go up to 80-mg) — is a \$30 purchase for those who want to abuse it.

But it's plentiful. Oxy and narcotic pain relievers like it — Percoset, Vicodin, others — are the most

widely prescribed in the United States, which takes 80 percent of the world's opioids and 99 percent of its hydrocodone. Doctors might prescribe 30 for a patient who takes five or 10 to get through the aftermath of shoulder surgery and sticks the rest in the medicine chest, just in case he sprains an ankle down the road and needs something stronger than Tylenol. Those extra pills have a way of being found — by teenagers looking for party drugs, by house burglars looting more than the jewelry box. And soon our Oxy is out on the street, being swallowed or ground and snorted for recreation, not relief.

Let's say today it's inhaled by one of those among us predisposed to addiction, whose nervous system reacts to these substances — alcohol, drugs — differently from the rest. For these people, the message received by the brain is very simple: *You complete me.*

"We're taught at an early age to take medicine to feel better," says Dr. Mark Menestrina, until recently chief medical officer at Brighton Hospital. "But for people with that predisposition, when we use substances, we have a very different response. We feel a lot better. We get extreme reinforcement. It's the answer to all of our problems."

Menestrina says "we" because he's an addict himself, a disease he describes as "a genetic predisposition with environmental exposure." Or, to put it in layman's terms: Genetics loads the gun and substances pull the trigger. Menestrina had a long history of alcoholism in his family; he liked to drink himself. As a practicing family physician, he knew a drunk doctor was a problem, but in the magical thinking of addicts, decided the problem wasn't his drinking, but the smell of liquor on his breath. So he switched to drugs.

"The only drugs I haven't used are ones that weren't invented when I was out there using," he says today, with evident good cheer. Although, as you might expect, the 14 years it took him to





**NAME:**

DR. MARK MENESTRINA

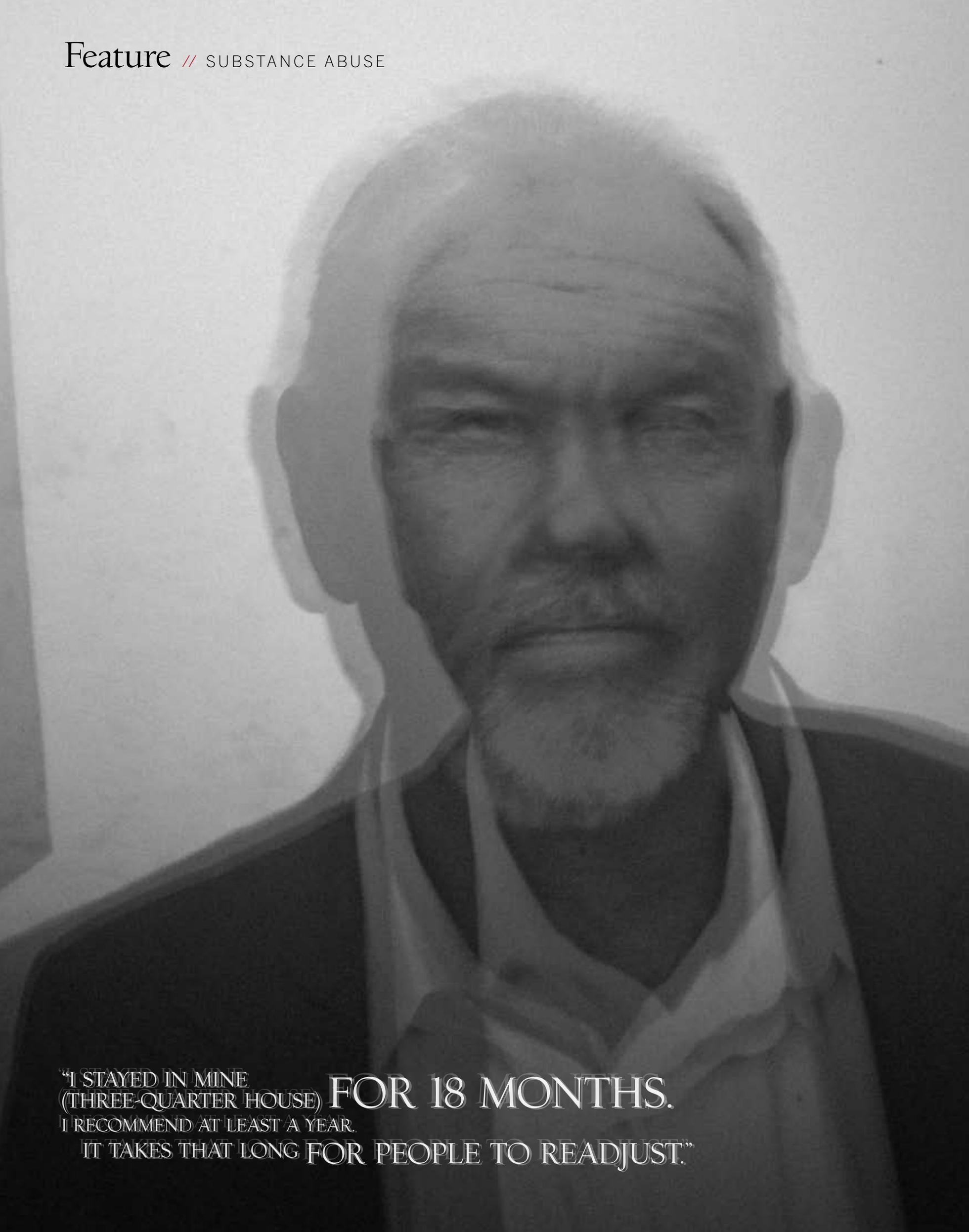
**RECOVERED FROM:**

DRUGS & ALCOHOL

**BY THE NUMBERS:**

14 — THE NUMBER OF YEARS  
IT TOOK HIM TO GET CLEAN

“THE ONLY DRUGS I  
**HAVEN'T USED**  
ARE ONES THAT WEREN'T INVENTED  
WHEN I WAS  
**OUT THERE USING.”**



"I STAYED IN MINE  
(THREE-QUARTER HOUSE) FOR 18 MONTHS.  
I RECOMMEND AT LEAST A YEAR.  
IT TAKES THAT LONG FOR PEOPLE TO READJUST."

get clean weren't a very cheerful time.

"I lost my [medical] license, my job, my wife, my car," he says. "I lost everything."

It's a common story in recovery, the only story, the one everyone knows. But this story is about that OxyContin pill. When it was swallowed by the future addict, or disappeared up that person's

nose, or into their arm, it was no longer a substance for relieving specific pain in the back or knee, but one to relieve a more amorphous sort — of addiction. Depending on who ingested it, it might have been only the first tickle of a growing dependence or just one more quickly passing high in a years-long habit. Now the ripples are moving.

# P

**PRESCRIPTION-DRUG ADDICTION** is approaching crisis levels around the country. In 2009, the last year for which data are available, approximately 7 million Americans used "psychotherapeutic drugs taken non-medically," the National Institute on Drug Abuse reports. Psychotherapeutic drugs target the central nervous system, and include pain relievers, tranquilizers, stimulants, and sedatives. The problem is being driven by a complex and interwoven collection of forces that encompass everything from a lousy economy to savvy marketing by pharmaceutical companies (these are medicines, after all) to the Internet's Wild West marketplace to libertarian social policy.

"You can get a fair amount of this over the Internet," says Tom Ghena, administrative director of Henry Ford Behavioral Health's Maple Grove Center. "It doesn't take a lot. An addict can be very adept at getting significant quantities of Oxy and Vicodin sent to him over the Internet. They're good at finding docs who are selling prescriptions."

Other doctors, Ghena says, "aren't crooked but are overwhelmed." Faced with large patient loads and ever-shrinking time to spend with them, some respond by reaching for the prescription pad.

"I talked to a doctor who is taking over a practice, and was just astounded at how many patients were on these drugs," Ghena adds. Doctors treating patients with chronic pain need to be aware of the potential for abuse and dependence, and carefully manage their prescriptions accordingly.

Ghena cautions that there's a difference between addiction and dependence. The latter can be created by treating a condition long-term; patients

can develop dependence and need to be nursed through withdrawal. Addiction is increased tolerance combined with a compulsive using style, the more-more-more that leads the user down the familiar spiral. What prescription-drug addiction does, however, is collapse the time frame, sometimes drastically.

"In some ways, the addiction field hasn't changed at all," Ghena says. "The way we understand it is the same as it was 20, 30, 40 years ago. What's different is, the average age is dropping, due to neurochemistry. It takes a good 10 years to develop an alcoholic pattern of drinking, but opiate addiction can develop in six months."

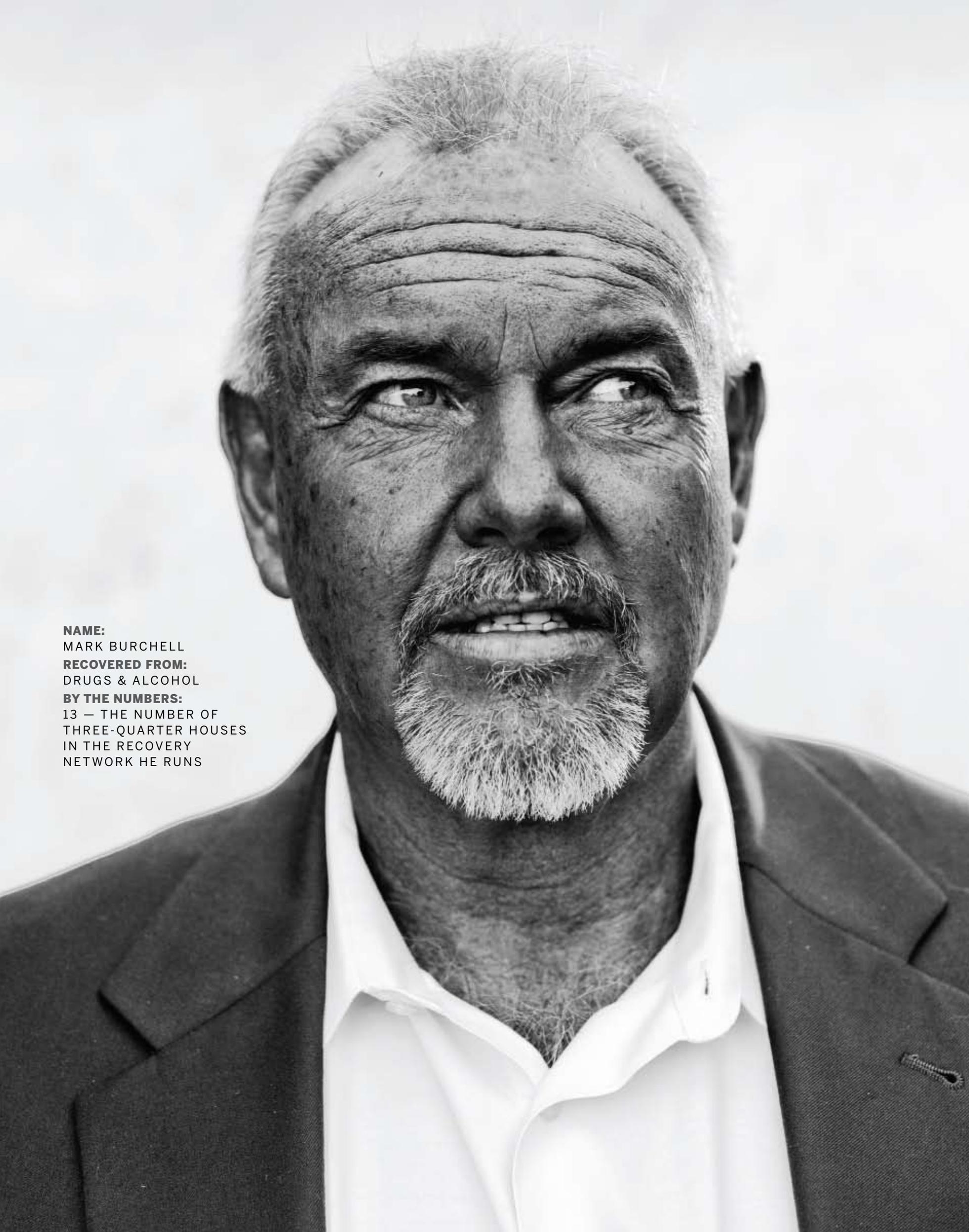
Once it does, here's what happens: Prescription pills, as easy as they can be to get, are expensive, and addicts are often cash-poor. Before long, they're looking for something cheaper.

Again, a tangled web of factors is making a particular opiate widely available at a bargain: heroin.

Those who might think of this as the ultimate opiate, the last word in hard-drug use, confined to ghettos, homeless encampments, and other nihilistic venues, should talk to Diane Montes, a Livonia youth pastor whose son, Brian, overdosed and died in his bedroom five years ago.

"Heroin? People under a bridge in Detroit do heroin," she says today, speaking of her disbelief at the time. "Not young men in close, loving families who eat dinner together." The Montes family was devastated to discover, too late, that Brian, a Michigan State student between his junior and senior years, had been experimenting with it.

Heroin is in abundant supply around the



**NAME:**

MARK BURCHELL

**RECOVERED FROM:**

DRUGS & ALCOHOL

**BY THE NUMBERS:**

13 — THE NUMBER OF  
THREE-QUARTER HOUSES  
IN THE RECOVERY  
NETWORK HE RUNS

world, most of it entering the country via Mexico. And it's not all being shot under bridges in the city. More than one-quarter of those seeking heroin treatment in Genesee County are under 29. Even affluent suburbs like Grosse Pointe are seeing the drug turning up in their communities.

"We're well aware of heroin here," says Dan Jensen, police chief in Grosse Pointe Farms, where last year one of his officers arrested a teen boy who admitted having recently used the drug. "His sister said, 'Well, he only uses it recreationally,'" Jensen says.



**AS COMMON AS DRUG ABUSE** has become in this country, our strategies for dealing with it lag badly. Ghena says the classic inpatient treatment period of 28 days, followed by outpatient care and 12-step meetings, is quickly becoming passé.

"It's the economy of it," he says. "Addiction treatment is funded by insurance, which gets into health care, and gets into employment. Huge numbers of people are unemployed and don't have insurance." Plus, insurance companies are always trying to find less-expensive options, and more are switching to acute care for the four-day initial detoxification period before switching to outpatient.

"Funding for adolescent alcoholic and drug treatment is nil," says Menestrina, who regained his medical license after recovery at Brighton and changed his specialty from family practice to addiction medicine. "Brighton used to have an inpatient adolescent treatment center, but it closed almost 10 years ago. The funding dried up." (Diane Montes responded to her son's death in part by forming a foundation in his name that raises money for adolescent treatment. They've been able to send 10 through programs.)

An increasingly popular treatment option is the so-called three-quarter house, a group home for addicts trying to learn a new way to live. Mark Burchell owns and runs Doorway to Recovery, a network of 13 houses for men and women across the metro area, where addicts pay \$420 a month rent and,

The spreading ripples haven't been confined to users and their families. Drugs are the driving force behind theft, petty and otherwise, throughout the area, Jensen says. Residents who fail to lock car doors, or leave their garage doors up while they run to the store, are coming home to find small electronics and lawn-care equipment missing. It frequently makes a short hop across Mack Avenue, to a drug house or a dealer, to be traded for whatever the user can get for it. These mini-crime waves come and go, and nearly always have an addict behind them.

in the process, break old habits. Burchell got into the business after using the model to break his own addiction. But it didn't happen in 28 days, or four days, or even four months. "I stayed in mine for 18 months," he says. "I recommend at least a year. It takes that long for people to readjust."

Doorway to Recovery residents go to Tigers games, have picnics, make their own beds, and show up for jobs, all while undergoing random drug tests, until they've learned how to do all of those things sober. In the process, ideally, they give up their standard defenses. Burchell ticks off his own: "I don't give a s---, I do things when I want the way I want, I'm lazy and kiss my ass."

He's looking out at his clients when he says this, a crowd of mostly men, assembled for a weekly meeting. They're lectured about leaving doors open in air-conditioned houses, about not gathering on front porches, about the sorts of issues that come up when non-related adults share housing. The room smells of cigarettes, the men with that rode-hard look addicts get. Burchell scans the room with knowing eyes, and stops on one.

"Get out of here," he says, jerking a thumb toward the door. "Don't come here to nod. Dirty on benzos, you are." A red-eyed client rises and leaves the room to drop urine for a test, which comes back dirty. The ripples spread a little farther.

*Derringer is a Grosse Pointe Woods-based freelancer. Email: editorial@hourdetroit.com.*

## THE SPECTER OF HEROIN

When Diane Montes' son, Brian, died of an overdose in his bedroom six years ago, she and her husband had no idea he was using hard drugs. They knew Brian, a Michigan State student between his junior and senior year, was an occasional binge drinker, but so are many college students. They knew "something was wrong" the summer of 2006, but they didn't know what.

"I was picking up glasses he'd been drinking from and taking sips," thinking maybe he was drinking on the sly, Diane says. They sent him to a doctor, concerned that he might be depressed. But until that terrible day in June when she walked into his bedroom to find him already cool to the touch, she had no idea he was using heroin.

She vowed that she would do her best to make sure it didn't happen to anyone else. Twelve young people in Livonia died of drug overdoses that same year, and other small suburbs have had similar death tolls in recent years. Montes was instrumental in founding the Save Our Youth Task Force, aimed at educating young people and parents about the law, the risks, and the resources available to them.

"The idea was not just to educate young people, but bring all stakeholders to the table and get people working together," Montes says. "Not enough is being done. People have the attitude that drugs will always be around, and there is nothing you can do."

The task force first published a resource guide for parents, then, in cooperation with law enforcement, a pamphlet that briefed parents on what they needed to know about laws and consequences.

But they find their most powerful help from speakers. "Young people in recovery will share the things they did as a result of their addiction," Montes says, adding that the message is the same throughout:

There's always hope.

Her own message to parents is to trust their instincts.

"You know your children better than anybody," she says. "If something is up, it's up. If they say they've used once, they've used more often. If they say [the drugs] are someone else's, it's theirs.

"Don't overreact, but I want to warn parents this is out there. Who would in a million years think your child would use heroin? Don't be one of those parents who says my child would never do this."

— Nancy Nall Derringer  
Information: [saveouryouthtaskforce.com](http://saveouryouthtaskforce.com).