

Opiate addiction on Martha's Vineyard hits home

By **Barry Stringfellow** - January 2, 2014



Oxycontin, a powerful opioid, sells for as much as \$50 a piece on the street. — Photo courtesy of the DEA

On a recent snowy night, during a storm big enough to have its own name, six recovering opiate addicts made their way to their weekly meeting, led by Dr. Charles Silberstein, resident psychiatrist and addiction specialist at Martha's Vineyard Hospital.

They shared with a Times reporter their stories about opiate addiction and the downward spiral that led to divorce, homelessness, prostitution, jail time, and other previously unthinkable scenarios. All of them had failed, repeatedly, to beat their opiate addiction. All of them got sober, and remain that way, they said, under Dr. Silberstein's care at Martha's Vineyard Hospital. To a number, they credit Dr. Silberstein, and Suboxone, a controversial opiate-based drug that stops their cravings, with their rebirth — a word they used often at the meeting. (An Essay on suboxone by Dr. Silberstein, "A counter to addiction," appears on page A10 of today's Times.)

Islanders going about their day-to-day activities pass recovering addicts on the street every day. They work with them and for them, and they hire them. This article is the first in a series that looks at opiate addiction on the Island through the eyes of recovering addicts. These stories will explore how a person becomes addicted, what it's like to be an addict in a small Island community, what it's like to hit rock bottom, and what it's like to be in recovery. In each case, the real names of the people who spoke with The Times have been changed, but their stories are genuine.

The new epidemic

Opiates, commonly referred to as painkillers, are derived from opium or synthetic versions of it. Common opiates include Vicodin, Percocet, OxyContin, oxycodone, Fentanyl, and codeine.

Addiction to opiates has reached epidemic proportions in the United States, according to the Centers for Disease Control and Prevention (CDC). Every day, 100 people in the United States die from drug overdoses. Three quarters of those deaths are from prescription painkillers. These deaths have more than tripled since

1990. According to the Federal Substance Abuse and Mental Health Services Administration, the number of people seeking treatment for painkiller addiction jumped 400 percent from 1998 to 2008.

The most recent health study on the Island, the Martha's Vineyard Health Status report, co-authored by Dr. Silberstein in 2003 and revised in 2006, found that alcohol abuse is twice as prevalent on the Vineyard (31 percent) than it is in America (16 percent). While hard statistics on Island drug use are scarce, the general consensus at a recent grand rounds meeting — the weekly gathering of doctors at the Martha's Vineyard Hospital — is that addiction is highly prevalent here. In recent years there have been several deaths on Martha's Vineyard due to opiate overdose.

Oak Bluffs Police Chief Erik Blake said there has been a dramatic spike in arrests connected to opiate addiction. "The prescription pill problem has become outrageous," he said. "If you look at our top ten drug arrests over the past year, the vast majority is the pills. We've seen a lot of theft from job sites, addicts stealing the tools or copper for money to buy more pills."

At a recent meeting, the assembled group groaned collectively when they were asked about availability of drugs on the Island. "Give me an hour, I'll get you anything you want," said Lori, an attractive woman in her late 30s, peering out from under her hoodie.

The downward spiral

John was an opiate addict for 15 years.

"I ended up losing my job, getting divorced, and doing jail time," he said. "I wound up homeless. I slept behind the place I used to work. My dog kept me warm at night." Like several other group members, John used heroin when he couldn't get pills. "I eventually started shooting [injecting] it. It's a miracle I didn't get any diseases."

Lori's three sisters and her brother are addicts. After her post-operative introduction to painkillers, she fell hard. "When I lost my job I was so embarrassed. I worry I've done irreversible damage to my little boy. He always knew when I was high," she said, slumping under the weight of her shame. Although she has a college degree and was successful in two different fields, she's currently unemployed and believes her prospects are dim. "I was born and raised here," she said. "This Island is very unforgiving."

Abby was an addict for 14 years. She became a full-blown heroin addict when she moved to New Hampshire with a boyfriend who used. She eventually moved on to painkillers. She tried quitting many times, often going through withdrawal on her sister's couch. More than once, she pulled herself out of addiction and left the boyfriend behind. But he repeatedly came back, with drugs, and she repeatedly let him in.

"I was doing pretty well, going to school in Boston, when he showed up with a bunch of pills and said let's go on an adventure," she said. "My Dad owned a bar, he always had a lot of cash. I stole \$10,000 from him and we hit the road. We got as far as Georgia," she said, her voice dropping off. Abby hit rock bottom turning tricks at truck stops to support two habits.

Mark, a brawny, middle-aged tradesman, abused alcohol in high school and soon moved on to cocaine. "The first time I did coke, I was with a cop, a selectman, and my high school teacher," he said. "I liked coke a lot. Then I hurt myself on a construction job, got a script for pain meds, and that was all she wrote. I got to the point where I could take 10 Percocet and not feel a thing."

"For the most part, opiate addicts don't use to get high. They use to stave off withdrawal," Dr. Silberstein explained, to the vigorous agreement of the room.

The road back

Every member of the group said they were reborn by Suboxone, an opiate based drug in which Dr. Silberstein resolutely believes.

Suboxone (buprenorphine) was developed as a safer alternative to methadone for treating heroin and painkiller addiction. It's a take-home medication that doesn't require a daily visit to a clinic. It's controversial because it's an opiate-based drug that stops opiate addiction. It's also extremely effective in curbing addictive appetites of all kinds, as everyone in the group attests to emphatically.

"Suboxone bonds strongly to the opiate receptors," Dr. Silberstein said. "It fills them up, and once they're full, people lose the desire to use."

"I can't imagine life without Suboxone," said Lori. "It takes away the urge to do any kind of drug. If you'd seen me before you wouldn't recognize me."

"Some people think we get high on this, but it's like a diabetic taking insulin or a depressed person taking their meds," said Robert, a slight man with a penchant for tattoos. "I could take six [Suboxone pills] and it wouldn't affect me."

"I found Charlie and he prescribed Suboxone," said Mark. "A lot of doctors won't do that. But I got my life back. Doc doesn't mess around. If you don't follow the rules, he doesn't deal with you." He referred to the frequent drug screening tests Dr. Silberstein requires to stay in the Suboxone program.

There are only two doctors on Martha's Vineyard who have been certified by the DEA to prescribe Suboxone.

Like any drug, Suboxone has downsides. It can be as hard to get off as heroin. Some people sell their supply on the street where it is gaining popularity among addicts looking to stave off withdrawal. But the people in the room this evening testify to its effectiveness. Abby said she is sober, and she's married to a sober man. John is remarried, employed full-time, and sober for eight years.

But, they live in fear of being judged, even by their brethren in 12-step programs, for taking the drug that gives them a foothold on the long climb back.

"Despite the fact that individuals on Suboxone are by and large responsible, sober, moral members of society, many feel that they cannot tell their families, employers, fellow Alcoholics or Narcotics Anonymous members about their use of Suboxone," Dr. Silberstein wrote in an email to The Times. "Many feel stigmatized by their pasts and ashamed of the need for Suboxone. That sense of shame is reinforced by people who judge them because of a lack of understanding."

"I can't speak freely in A.A. That's why this group is so important," John said. "I wouldn't be here without Charlie. None of us would."

This week, Dr. Charles Silberstein wrote an essay (Counter to addiction) on the subject of suboxone for The Times.