

Can you spot the addict? Prescription abuse goes wide

Somewhere between the greeting cards and the eyeliner, a stakeout unfolds. Cathy Pederson – jeans, tennis shoes, salt-’n’-pepper hair – isn’t shopping. Instead, she’s spying on the pharmacy counter. Her handcuffs and 9mm Glock are tucked away, out of sight.

Pederson is an undercover Norfolk drug cop. Dark alleys and dime bags are not her thing; she deals in plastic vials with childproof caps. And business is booming.

Police call it “diversion,” a catch-all phrase for a host of crimes pulled by people trying to get their hands on prescription drugs. Narcotic painkillers are the usual target, their lure so seductive it’s spawning a wave of unlikely criminals.

“I’m seeing the kind of people who aren’t normally in trouble with the law,” Pederson said. “It’s really pretty sad.”

Alerted by pharmacists, Pederson lies in wait for people who’ve dropped off forged prescriptions or called in phony ones – both felonies. More and more, she finds herself busting business executives, lawyers, teachers, gray-haired grandmothers, teenage girls – all caught in the grip of a blossoming addiction to opiates like OxyContin, Vicodin and Percocet.

Pederson has noticed another common thread: “They didn’t meet opiates at a party. They didn’t start taking them for fun. There’s usually a car accident or a surgery somewhere in their background, and they became addicted to their pain meds.”

Add in the ever-present career junkies and drug dealers who also have developed a taste for prescription opiates, and “the current demand for diverted pharmaceuticals eclipses the demand for all other illicit drugs combined,” according to the Virginia State Police.

It’s the same across the country:

- More than 9 million Americans are currently abusing prescription drugs.
- Seven of the top 10 drugs abused by high school seniors are sold in pharmacies.
- Prescription painkillers now kill more people than heroin and cocaine combined.

Celebrity casualties like Michael Jackson make big headlines. Away from the spotlight, the pharmaceutical toll unfolds in smaller type – in police blotters and autopsy reports – and in countless fractured lives.

In Hampton Roads, drug-seekers plague emergency rooms, organized rings scam pharmacies, and grandchildren steal meds from elderly patients. Clients distract real estate agents in order to scour medicine chests at open houses. Robbers hold up drug stores and completely ignore the cash registers.

And people die, like David Ellison and Barry Sullivan, two Virginia Beach teenagers who overdosed last month on what Sullivan’s father says was a lethal mix of the sedative Xanax and the painkiller fentanyl, a combination that’s the latest rage in prescription highs.

Tracking the source of the young men’s drugs has resulted in one arrest, but detectives are still following leads and won’t comment on the case.

“Investigators want the big fish,” police spokeswoman Margie Hobbs said.

What is known is that decades into the war on illegal drugs, a new enemy has appeared – highly potent, quality-controlled, with no seedy drug dealer required.

It’s even possible to shop from the comfort of home. An online search for OxyContin turns up thousands of “no prescription needed” offers from offshore pharmacies. Placing an order is illegal, but UPS will deliver.

White House drug czar Gil Kerlikowske has noticed the irony.

“We get overly concerned about the drugs coming in,” he said after taking office in May, “but the pharmaceuticals are here already.”

Virginia knows all too well the perils of prescription abuse. OxyContin ravaged the state’s Appalachian region in the late 1990s, causing a surge of deaths that set off national alarms and led to a landmark lawsuit against the drug’s maker. The case, filed in a federal court in Abingdon, slapped Purdue Pharma with nearly \$700 million in fines, but that did not stop the dying.

Color-coded maps in the state medical examiner’s office in Richmond track a steady march of opiate fatalities toward Hampton Roads – plotted from 1999 to 2008 in shades of orange. Once, the darkest orange was largely in the mountain region. Now, said Anna Noller, a forensic epidemiologist with the ME’s office, “you can see the progression moving west to east.” In Hampton Roads in 2008, 124 people died of drug overdoses – 27 from illegal drugs, 73 from prescription drugs, and the rest from a cocktail of both.

“Everyone thinks of illegal drugs as the dangerous ones,” Noller said. “That’s just our culture.” It’s a mindset that was molded to the steady drumbeat of “Just Say No,” a decades-long campaign aimed at street drugs. But while that message was reaching its target, prescription drugs were entering a honeymoon. Laboratories were making big strides, and in 1997, the rules were changed to allow drug ads on TV. The impact was huge – a subconscious shift driven home in the family living room by a multibillion-dollar bombardment of “better-living-through-chemistry” ads.

Commercials were not allowed for highly addictive drugs like opiates. Instead, new products like OxyContin, the most powerful pain pill ever developed, were aggressively marketed to doctors. From 1998 to 2007, annual production of oxycodone, OxyContin’s prime ingredient, shot from 11.5 tons to 75.2 tons. Prescriptions for oxycodone and hydrocodone, the main component in Vicodin, leapt from 50 million in 1991 to 175 million in 2007.

For millions of pain sufferers, the drugs were a miracle. But for millions of others, the pills would take over their lives, tinkering with brain chemistry until the body begged for more, until it was difficult to imagine a day without the drugs.

Addiction shows its face every day in Hampton Roads. Hospitals, urgent-care centers, dentists – all who have the authority to prescribe – are relentlessly probed by drug-seekers. They’re a regular fixture in emergency rooms, feigning injury or illness in an attempt to get narcotics. ERs in different health systems can’t access one another’s records, enabling seekers to rotate among them. Even if systems could cross-check, fake names are a common part of the ploy.

“Every time ER docs share a beer, the subject comes up,” said Dr. Carl Wentzel, the medical director of Harbor View hospital’s emergency department in Suffolk. “It’s always, like, ‘Well, how do you deal with them?’”

It’s a tough call. ERs have mandates to help everyone who comes in the door, but after 17 years in the business, Wentzel is well aware that some of those sitting in his waiting room are drug dealers. A 5 milligram Oxy sells for \$8 to \$12 on the streets of Hampton Roads – about 10 times the pharmacy price.

“They know they can come into an ER with no ID, no insurance and no money,” Wentzel said. “They know the game.”

In other patients, he sees the fallout of what was once a legitimate medical need. Cut off by their regular doctors, they’re in withdrawal and angling for the drugs they were once prescribed. He recognizes the signs – agitation, nausea, desperation, the litany of overused excuses.

“It’s frustrating,” Wentzel said. “I mean, we’re not the ones who caused this, but we’re the ones at the end of the line who have to deal with it in the middle of the night.”

Confrontation rarely works; patients make complaints and doctors get called on the carpet. Now, after a long “philosophical struggle,” Wentzel just tries to deal with drug-seekers as “humanely” as he can.

He’ll offer a shot of painkiller instead of a prescription.

“Sometimes they’ll say, ‘No thanks,’ and walk out the door.”

Opiates are a minefield for doctors. Patients have died. Medical licenses have been revoked. Physicians have become addicted themselves or have been convicted of running prescription mills and sent to prison.

Dr. William Hurwitz was one of Virginia’s most infamous examples. In 2004, the pain specialist from McLean was fined \$1 million and sentenced to 25 years for knowingly prescribing narcotics to drug dealers – as many as 1,600 OxyContin a day to certain “patients.”

Last year in Hampton Roads, orthopedic surgeon Sidney Loxley died of a heart attack while serving time for trafficking in painkillers. Rheumatologist Stephen Plotnick surrendered his license after at least seven people died from painkillers he had prescribed.

Such “public thrashings” have led to “opiophobia,” said Dr. Robert Hansen at Portsmouth’s Center for Pain Management, where a procession of patients with long-term pain limp in on walkers.

“We get referrals all the time from physicians who are flat-out afraid to write a prescription for controlled substances,” Hansen said. “And that’s a shame.”

Hansen thinks opiophobia has left a lot of genuine suffering unrelieved in Hampton Roads: “If you have moderate to severe pain – if you really did get yourself mashed up – taking a Motrin and thinking happy thoughts doesn’t work. Realistically, there’s only one thing that’s going to bring that pain down: an opioid. The issue is: How can you use this medicine responsibly?”

Hansen said his clinic sets limits on prescriptions, does not accept walk-ins, and has a team of clinicians review every case. Patients must sign a “trust agreement,” participate in physical therapy, turn in their medicine for random pill counts, and submit to urine tests.

“If I prescribe Oxy,” Hansen said, “and it’s not in your urine, what am I supposed to think – you’re selling it?”

Lost medicine is not replaced.

“It happens all the time,” he said. “I’ve had mothers in here crying because their daughters stole their medicine; grandparents who had to buy stout safes because they can’t trust their grandkids. We tell them we cannot replace it. We’re accountable for every pill to the DEA – and they trust no one.”

At the State Police headquarters in Richmond, John Welch runs the Drug Diversion Unit, a force of 28 agents and staff devoted exclusively to prescription crimes. Four of his agents are stationed in Hampton Roads.

“We’ve got a problem throughout the entire state, the entire country,” Welch said. “It’s a business that’s definitely increasing.”

Over the past six years, the unit’s arrests have more than tripled – to 721 in 2009.

Around one quarter of those handcuffed were licensed health care professionals – physicians, nurses, pharmacists, dentists. Some were feeding their own addictions. Some wrote excessive prescriptions to build up business, or because they genuinely thought they were practicing good medicine. Others admitted that they exchanged prescriptions for sex with a patient. Some said they felt intimidated by thugs who walked into their offices and wouldn’t take no for an answer.

As for the rest of the busts, the culprits came from all walks of life.

“Our biggest diverters appear to be white females between the ages of 25 and 40,” Welch said.

“Statistically, that’s what it’s showing.”

One source of their supply: “the pain-pill pipeline,” the name given to the route to Florida.

Drawn by less oversight, pain clinics have flourished in the Sunshine State, cash-only outfits that dispense opiates on-site, with few questions asked.

“What we’re seeing is a lot of folks heading to Florida, hitting two or three pain clinics, getting large amounts of painkiller, heading back, using half and selling the other half,” Welch said.

Diverters have plenty of tricks. In May, a man posing as an electrician was hired by a Virginia Beach pharmacy to work on its fiber-optic system. In the three days he was on the job, he destroyed the store’s alarm system and helped himself to Vicodin and morphine pills.

Norfolk’s Detective Pederson recently busted a six-person ring that was papering pharmacies from Goldsboro, N.C., to Richmond with authentic-looking prescriptions.

“They were using so many fraudulent names, it was hard to track,” she said. “They were getting eight to 10 prescriptions filled a week like that, with 80 to 150 pills per prescription. They were making some money.”

A handful of local pharmacies were outright robbed last year. In November, a masked man armed with a knife walked into a Walgreens on Little Creek Road in Norfolk. He had no interest in the contents of the cash register, demanding OxyContin instead.

After several bottles were handed over, the man left.

David Wayne Sawyer, a 37-year-old former shipyard worker, sits in jail in Chesapeake, convicted of holding up a Walgreens in Deep Creek for drugs. A jury recommended that he serve 21 years in prison; in March, he’ll be sentenced by a judge.

Sawyer insists he didn’t commit the robbery. His attorney, longtime public defender Robinson Winn, believes he’s telling the truth.

Either way, Sawyer is convinced that his opiate addiction paved the path to the situation he finds himself in now: wearing an orange jumpsuit and conducting this interview through a thick glass window in the visitor chamber. He’s been convicted 11 times for prescription fraud.

“They just knew they had the right guy when they looked at my record,” Sawyer said.

He’s a big fellow, 6-foot-1, 250 pounds, and articulate. Multiple stints in rehab have taught him the catchphrases of treatment. He can reel off 50-cent pharmaceutical terms with ease.

“I’m your poster boy for opiate addiction,” he said.

Sawyer grew up in Chesapeake, attending Indian River High. He went to work as a welder in the shipyards, and admits he liked to party – alcohol and pot, mostly.

“I can’t remember when I was first introduced to opiates,” he said. “I think it was a prescription for Percocet after a root canal. And it was like, ‘Oh, yeah, I like this.’ It’s hard to understand why, with some people, it just gets a hold of them with the first ’scrip.

“It releases a little demon in our brain. And other people, like my parents, can take a few pills when they get hurt, and that’s all. They just stop taking them.”

After Sawyer’s first taste of opiates: “If I could get my hands on a few Vicodin or whatever, I took them. I got them from friends in the shipyard. A lot of people get hurt in a shipyard.

Everybody has pain pills. Even my granddad. If I really wanted one, I could go to him and say, ‘Granddaddy, I’m hurting. Could I have a few of your pills?’ And it was like, ‘Sure, son. Here you go.’”

Soon, Sawyer discovered OxyContin and figured out how to get pills from doctors. He zeroed in on a few in Hampton Roads who, he says, wrote prescriptions freely, until he started getting into

trouble – overdosed or busted – and the doctors were notified by the law or the treatment centers Sawyer tried. Relapse was always just around the corner.

In time, he was recruiting friends and sending them to doctors, paying the cost of their appointments to get prescriptions. When that got too expensive, he started forging, using stolen prescription pads or crafting his own.

He worked the phones, learning exactly which drugs require a hard-copy prescription and which can be called in to a pharmacy. He figured out the language and authorization numbers that made his calls sound like they came from a doctor's office.

“The addiction really got bad when I would get ahold of enough to get my body used to them, and then I ran out. The dope sickness – it's terrible coming off opiates. You'll wish you were dead. That's when I'd get riskier. I got away with it dozens of times. And the times I didn't, I was almost glad to get caught. I didn't know what to do with myself by then.”

Four years is the longest Sawyer has been clean – 3½ of which were spent in jail. Six months after his release in July 2007, he says, he was injured at work in a Norfolk shipyard. A cut on his leg became infected, and he was hospitalized.

“They put me on morphine. I should have told the doctor I had problems. But the disease lies to you. It tells you you can handle it this time. But once that door opened again, it was like I couldn't stop.”

Sawyer said he never sold his pain pills.

“I loved them too much. And I didn't need to. I always made good money at the shipyard.”

He said his addiction was rarely a problem at work.

“A true opiate addict gets energy from it. The only time people noticed was when I didn't have what I needed – even my family. When I wasn't under the influence, they could tell that something wasn't right.”

If he serves his full sentence, Sawyer will be nearly 60 years old when he's released from prison

When it comes to treatment, prescription addicts make tough customers. Women outnumber men in the Turning Point program at Maryview Medical Center in Portsmouth, but with both sexes, “The first thing you have to do is break through the denial,” said Carol Taafe, the program's director.

“When people have been prescribed drugs,” Taafe said, “they do not see themselves as addicts. Getting through that denial is very difficult.”

Inpatient rehab is the most effective, but insurance often won't cover the typical \$7,000-per-month tab. Even outpatient is expensive. At Maryview, a six-week, 18-session outpatient program costs \$2,500.

Paul Hardy runs “Recovery for the City,” a 12-step, faith-based counseling service that has been operating in Hampton Roads for 10 years. Each week, about 250 people show up seeking help for substance abuse. Over the past five years, the percentage with prescription troubles has grown. Over the past six months, it has ballooned.

Those clients, Hardy says, tend to be what he calls “the high-functioning. Not the 'down-and-outers,' but the 'up-and-outers.' The Type A's who get addicted to prescription drugs instead of work. It fills an emotional void they might not even have known they had.”

In his experience, opiates are the worst:

“I have to admit what, as a therapist, I hate to admit. Even after they've gotten off the drugs, it seems like some of them just can't feel happiness – the simple joys, like holding a grandchild.

It's like their brains have been attacked to a degree that that's just now the natural state. And I honestly don't know if they can ever get it back."

Opiates aren't going away any time soon, said Jeff Burns, a counselor at Tidewater Psychotherapy Services in Virginia Beach.

Longer life spans result in older bodies, which means more pain. Autoimmune diseases like arthritis and fibromyalgia are on the rise.

"Maybe it's also that we perceive pain differently now," Burns said. "We have more time to complain about it. Yesterday, we were probably told to 'buck up' a bit more."

Burns hosts a couple of support groups. One includes "people who've done things like go to open houses, and while one distracts the Realtor, the other goes through the medicine chest. Go to 15 open houses in one day and you've got your meds."

His other group is for chronic-pain patients struggling to balance quality of life with a real need for opiates. They wind up in his office "because something bad happened. They took too many painkillers and fell asleep in the gravy at Thanksgiving, or they got caught stealing their sister's medication."

One patient had racked up \$40,000 in credit card debt with pharmacies in Canada. Another worked veterinarians, adopting dogs with epilepsy so she could take their medication. Others were forced into the group by arm-twisting family members, alarmed by an episode of "Vicodin vicious" – a drug-induced rage.

"The question is," Burns said, "do we treat you like a criminal or a public health crisis?"

Scientists who study addiction are pushing for the latter. Armed with new technology that can see drug scars in the living brain, they're telling policy makers that addiction should no longer be viewed as a character flaw, but as a chronic physical disease prone to relapse.

The result: a real chance at more money for treatment. Right now, federal block grants funneled to states add up to about \$1 billion. Proposals for next year's budget would double that.

Like most states, Virginia could use the help. In Richmond, a Senate subcommittee is assessing the state's prescription problem, but in the meantime:

"Funding is always precarious," said Mellie Randall, a supervisor with the Virginia Substance Abuse Services Council, a 30-member board that advises legislators and coordinates programs. Taxpayers spend about \$130 million a year treating substance abuse in Virginia, and in these budget-strapped times, Randall said, "you're lucky to hang on to what you've got."

Downstream, the price of prescription abuse can't be measured – especially when it comes to the young.

"I just picked up my son's watch at the funeral home," Tom Sullivan said quietly late last month. Sullivan had never heard of an opiate named fentanyl until a police officer wrapped him in a tight hug outside a home where Barry had spent the night, and gave the father the bad news. Since then, Sullivan has wept through his boy's funeral, faced his empty room and grappled for some tiny shred of meaning.

A message may be all there is – carefully written down and delivered in a voice leadened with grief:

"To all the kids out there ... heed this warning. ... Many drugs have the ability to make your brain cease to think and your heart forget to pump. If you choose to do them, say a prayer as you go to sleep, because the chance is very real that you might not wake up.

"It is with this ... that I say goodbye to my son."

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