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Web of addiction: The 'gateway' shifts to prescriptions

From pain relievers to heroin, drug use is growing in Manitowoc County

By *Cindy Hodgson*
Herald Times Reporter

Editor's note: This installment in the Herald Times Reporter drug addiction series examines the rise of prescription medication abuse and other types of drug abuse in Manitowoc County.

A few years ago, the typical client of MARCO Services, a residential drug and alcohol treatment program in Manitowoc, was a male age 30 or older who was in the later stages of alcoholism and had been at MARCO numerous times, according to Kelly Jodar, an alcohol and other drug abuse counselor there.

Suddenly, that profile changed, she said. People started coming in who didn't drink but were addicted to other drugs, and who were barely into adulthood. And recently there were more females than males.

Alcohol used to be the "gateway" drug, Jodar said. "Now it's prescriptions from the medicine cabinet."

MARCO started seeing clients in their early 20s, or not even 20, who "had been using drugs over half their lives," she said.

The average age at which MARCO clients started drinking, according to self-reporting, is 14, Jodar said. The average age at which they started using prescription drugs and cocaine is 10.

"If people want to turn a blind eye to that ... we are in for a lot of trouble in the next 10 to 15 years," she said.

Prescription opiates, such as the pain relievers Vicodin, OxyContin and morphine, are popular drugs in Manitowoc County, she said.

"We're seeing a lot of Vicodin out there," said Lt. Mark Anderson, task force commander with the Manitowoc County Metro Drug Unit.

The term "opiate" refers to anything derived from the opium plant or chemically produced to be like it, according to Anderson. Although there are distinctions in the definitions, people often use the terms "opiates" and "narcotics" interchangeably.

Prescription opiates are "the same thing as pharmaceutical heroin," Anderson said. "They have all the addiction properties of heroin. We're bringing up a generation of opium addicts."

An increase in abuse of prescription drugs is "being seen nationwide," he said. "There's just a lot more being prescribed."

People either obtain the prescriptions themselves under false pretenses or buy the drugs on the black market, Anderson said.

Young people also steal the medications from medicine cabinets at their own home or at the homes of relatives and friends, Jodar said.

Sometimes they have what are called "pharming parties" — after stealing pills they get together and either just share them or put them all together in a bowl and take them by the handful, according to Deputy Joe Keil, a drug recognition expert with the Manitowoc County Sheriff's Department.

Then they "watch and see what happens," he said.

Pain relievers are the most commonly abused prescription medications, according to Dr. Margaret Klatt of the Holy Family Memorial Pain Clinic, and Vicodin and OxyContin "are the most abused pain medications."

Klatt said Vicodin is the most commonly abused because it the most frequently prescribed narcotic. It is classified as a Schedule III controlled substance, and as such the prescriptions may be called in to a pharmacy, whereas Schedule II medications require a written prescription.

After painkillers, the most abused prescription drugs are tranquilizers, sedatives and stimulants, in that order, according to Klatt, who cited statistics from the National Survey on Drug Use and Health 2006.

"I think that physicians are becoming more aware of this abuse problem," she said.

She estimated that about 10 percent of the new patients she sees "are questionable drug seekers."

According to Klatt, "there are many signs of drug-seeking behavior" that doctors can look for to try to determine whether patients intend to abuse the medication. Those signs include trying to get an appointment without being referred by another doctor, requesting a specific drug, not wanting to undergo tests to determine the cause of the problem, not being interested in trying non-drug treatments, and saying they are allergic to all non-narcotic drugs.

Lab tests, such as X-rays or MRIs, should be done "so we have some objective information describing their reason for pain," she said.

Klatt said if she decides treatment is needed, she tries nondrug therapies first, such as physical or aquatic therapy or chiropractic care. When medication is necessary, she starts with non-narcotics and may add anticonvulsants, muscle relaxants or antidepressants before going to narcotics.

Doctors can do a psychological assessment to gauge the patient's risk for becoming addicted, according to Klatt.

However, the assessment is a series of questions, and patients can lie when answering the questions.

"Pharmacists will also report suspicious activity to the pain clinic," she said.

In addition, "sometimes we receive anonymous phone calls from people who know these people who are selling it on the street."

If there is an indication patients might be intending to abuse the medication, "we would review their old records to see if there are red flags in their old records showing that they were abusing medication from other physicians," she said. "They may have been asking for early refills, complaining that their medication was lost, stolen or misplaced. They have been taking more medication than was allowed."

However, patients need to give written permission for their medical records to be reviewed, so someone who has a history of abusing prescription drugs simply can lie about having seen other doctors. Likewise, they could be seeing multiple doctors at the same time and not reveal that information.

"They could be," Klatt agreed. "That's always a possibility. And a lot of times it will declare itself later if they are ... pulling things like that."

For instance, their insurance company may send the clinic a detailed summary of prescriptions and providers, she said. To avoid that, people sometimes pay cash for their prescriptions.

"And then that's a red flag for the pharmacy and they oftentimes call us," she said. "There's a good line of communication between the pharmacists ... and the insurance companies. There's a lot of auditing of patients' behavior, which is helpful."

If a patient is paying cash for medication prescribed by the pain clinic, the clinic may call other pharmacies to see whether that person is obtaining the same medication elsewhere, she said.

Patients receiving prescriptions for narcotics at the pain clinic must sign a narcotic agreement, Klatt said. Among stipulations in the agreement are that they will use only one pharmacy, receive their narcotics prescriptions from only one provider and agree to random urine testing and pill counts.

"We have quantitative and qualitative urine drug screens," she said, explaining they test not only the types of drugs in the system but also the amount. Other clinics in the Holy Family Memorial network will start doing that type of screening soon, she said.

Klatt said people who "fail" the program at the pain clinic are discharged, although they can continue receiving treatment there for another month. They are given phone numbers for the American Medical Association, which they can contact for help in finding another physician, and for Tamarack Behavioral Health Center, a Holy Family Memorial facility where they can receive outpatient treatment for drug addiction.

Other drugs also becoming more popular

In addition to prescription drugs, crack cocaine has become much more prevalent recently (see related story), and heroin is starting to become better known here, according to Jodar.

Arrests for selling heroin increased in the county this year, although the numbers remain low. Five people have been arrested so far this year for heroin trafficking, which includes selling and possessing with intent to sell, Anderson said. Two people were arrested in 2006 and one last year.

Anderson said he believes most local heroin users buy the drug out of the area.

"Many of our heroin users here go to Milwaukee to purchase," he said.

An Aug. 31 article in the Milwaukee Journal Sentinel indicates that I-43 is a heroin pipeline, with the drug traveling from Chicago to the Upper Peninsula.

"It's a pipeline for trafficking of everything," Anderson said.

He agreed the close proximity of Manitowoc to the interstate increases the drug problem here. It makes it easy for users to travel elsewhere to buy drugs and for dealers to come here to sell.

Dealers come from Milwaukee to sell crack in the Lakeshore area because it's "more profitable" and "less dangerous," according to Anderson.

"Crack sells for much more in Manitowoc than it does in Milwaukee," he said. And it's less dangerous because "the gangs locally do not claim turf."

In addition, there are fewer law enforcement officers to contend with here, he said.

Some of the people who purchase heroin are addicted to pharmaceutical opiates, such as OxyContin, but can't afford to buy them on the street, according to Anderson, so they start using heroin because it's cheaper.

Anderson said drug dealers have told him they don't like dealing with heroin users because "those guys you can't trust at all 'cause they'll do anything to get the stuff."

Unlike some drugs, including cocaine, heroin is physically addictive, according to Anderson.

"You need more ... over time to get the same effect," he said.

Marijuana is the most commonly used drug in Manitowoc County, but while it can be addicting and harmful, "it doesn't wreak havoc on you like some of the other drugs do," Jodar said.

People don't often end up in treatment specifically for marijuana, she said, but many times people using other drugs are smoking marijuana, too.

Quitting marijuana doesn't cause physical withdrawal symptoms, Jodar said, but there are psychological effects. People may have cravings, or they may become anxious because they're no longer in the mellow state they were in while they were using.

On the other hand, "the withdrawal for opiates is terrible," she said.

Withdrawal from narcotics literally can kill, according to Anderson.

He believes one reason people abuse prescription drugs rather than using street drugs is that it doesn't carry the same stigma; they just "borrowed" some medication. In addition, it's safer, in a way, because they know what they're getting, unlike street drugs, which can be laced with other substances. Finally, if they can find a way to keep getting prescriptions, their insurance company is financing their drug habit, he said.

While all of that may help prescription drug abusers rationalize that what they are doing isn't so bad, "it's a very nasty addiction," Anderson said.

And the results can be deadly. Deaths from overdoses of prescription drugs occur in Manitowoc County every year, he said.

From 2003 through mid-October of this year, there have been 18 accidental prescription drug overdose deaths in the county, according to Manitowoc County Coroner Curt Green. There were two per year in 2003 through 2005. In 2006, the number jumped to five deaths, followed by three in 2007 and four so far this year.

Those figures "include only those that died while abusing prescription drugs," according to Green, not people who committed suicide, had a motor vehicle accident after mixing alcohol and drugs, or suffered a fatal injury, such as from a fall, as a result of using prescription drugs.
