

Prescription for disaster

By TRISTAN SCOTT - Missoulian - 07/21/08

Todd Havelka's addiction to opiate painkillers began with a crippling flare-up of pancreatitis and the decision one day, after reading a magazine article, to crush a few pills under the butt of a spoon and try a snort — “hillbilly heroin” is how the story characterized the euphoric effects of smoking, shooting or inhaling the narcotic powder.

“Something clicked in my addict mind and I thought, ‘I’ve got to try that,’ ” he remembers thinking. “That was my introduction to narcotic pain medication.”

What began as a prescribed means to “manage acute and chronic pain” evolved into a burgeoning drug habit, and soon Havelka was inhaling mountains of the chalky sedative, stringing lines across his bedside table before dressing for work in the morning.

But before he developed an affinity for OxyContin, a kind of synthetic morphine, he had spent years polishing an imposing resume as a college graduate, a business owner, a proud father and husband with a nice home and a six-figure salary. Havelka never imagined his life might be summed up on a rap sheet: Todd Havelka, 38, recovering addict, convicted felon.

“I mean I was successful. I was using legal, licit drugs. I thought: ‘I’m not going down that road.’ And yet that’s exactly where I went.”

In going down that road, Havelka and his tale of success became tragically compromised, and the most cherished parts of his life started to unravel.

The day his beloved baby daughter was adopted he was in a rehab facility detoxing — a debilitating consequence of opiate abuse during which the body ousts its contents in uncontrollable fits of diarrhea, vomiting, tremors, fever and other flu-like symptoms that don’t abate for weeks.

He separated from his wife, Dana, and sold his mortgage-lending company, a venture he started as a 20-something with a shrewd business sense and transformed, practically overnight, into an esteemed local enterprise with impressive earnings.

Then one day he altered a doctor’s prescription for 14 Methadone, which Havelka used to alternately curb his withdrawal symptoms and his pain. Making a small line on his prescription with a ballpoint pen, he returned to Walgreen’s an hour later, expecting to pick up a supply of 114 pills, but was greeted instead by a pair of Missoula County sheriff’s deputies.

“The main reason I altered my prescription is because I didn’t want to go into withdrawal,” said Havelka, who was arrested, briefly jailed and handed a two-year deferred sentence.

Then came a series of failed attempts at treatment, numerous relapses and, finally, a car wreck and more jail.

It wasn’t supposed to happen like that, of course.

Painful discovery

Born to a loving mother and devoted stepfather, Havelka is the youngest of three siblings. The family moved from a small Minnesota town to Polson when he was in the sixth grade, after his step dad sold the party supply business he’d owned for years.

In 1989, Havelka left home and came to Missoula to attend college at the University of Montana. He studied psychology, made friends easily and binged on alcohol, but never with the addictive thrust that would one day characterize his opiate abuse.

“That just isn’t how my brain is wired,” he says.

Today, Havelka is at once charismatic and candid, particularly about his addiction and recovery.

He’s an animated storyteller who can make his point with a single skyward eyebrow, and then another. He favors Grizzly athletics gear and shaves his head, which, coupled with his sinewy build, makes him look like an Olympic swimmer.

But in October 2000, after dining at a Tex-Mex restaurant in Victor one evening, Havelka began feeling sharp abdominal pains. The next morning, the pain was more severe, and he spent the day doubled over, until his wife insisted he go to the emergency room. He stayed at the hospital 10 days, sedated by a morphine pump, and was eventually diagnosed with idiopathic pancreatitis, a rare, painful stomach condition.

At the end of the hospital stay, Havelka was prescribed two weeks’ bed rest and two types of opiate painkillers — OxyContin, a time-release version (contin is short for continual release) of the narcotic oxycodone, which he was also given, mainly for immediate pain relief.

The pain persisted, even after he began increasing his doses. He developed a tolerance to the opiates and started using more and more, at first for pain relief, and then because he needed the high.

“I just kept going up from 10 milligrams, to 20, to 40, to 80,” Havelka said. “Suddenly, one month’s supply only lasted three weeks, and then two weeks. Pretty soon, I was taking lethal doses every day.”

After realizing the narcotic potential of oxycodone, he tried crushing and snorting the drug, dumping the entire dose into his system all at once instead of letting it seep in slowly. It produced a heroin-like high, and pretty soon Havelka was ingesting between 200 and 400 milligrams of the drug every day, instead of the prescribed 40 milligrams.

In order to outpace his mounting tolerance and keep the pain at a bearable level, Havelka started getting prescriptions from physicians from all over western Montana. In a practice known as “doctor shopping,” he maintained a network of doctors up and down the Bitterroot and in towns between Missoula and Whitefish.

Havelka quit drinking after he was diagnosed with pancreatitis (doctors told him alcohol could kill him) and he started adhering to strict dietary restrictions in order to stay pain-free. It might have worked, but as his drug use escalated, and Havelka was snorting pills faster than he could refill his prescriptions, he began to experience the painful effects of opiate withdrawal, which mimicked the stomach pain the opiates were supposed to relieve.

“Strangely, my pancreatic attacks and opiate withdrawals were very similar,” he said. “I had this pain, and I wasn’t making it up, but in hindsight my brain was making it up.”

There isn’t a lot known about pancreatitis, other than that it is extremely painful, and Havelka used this lack of awareness to his advantage. He didn’t have much trouble convincing doctors that he needed a prescription for opiate painkillers, especially because he wore the appearance of a clean-cut, articulate, well-educated, upper-middle-class citizen with a legitimate medical problem.

‘I knew I was an addict’

But increasing his opiate intake meant running out of supply, and Havelka started missing more and more work because of the withdrawal symptoms.

The first time he quit using was in November 2005, after deciding with one of his doctors to try withdrawing completely in order to determine his baseline pain level. He detoxed in St. Patrick Hospital's now-defunct Addiction Treatment Program for 10 excruciating days. After that, the doctor recommended he stay for the entire 28-day program.

With treatment came a prescription for Methadone, another synthetic opiate for pain relief and withdrawal. Havelka continued using Methadone, as prescribed, for months after leaving the hospital. He turned up at Narcotics Anonymous meetings, got his three-month chip, sold the business to his partner and bought a townhouse in Bigfork.

The whole withdrawal experience had revealed Havelka as an addict to himself, and eventually to his wife. He started looking for ways to change the course of his life.

"I was burned out," he said. "I was scared, because I knew I was an addict."

But it wasn't long before he was back in the doctor's office complaining of pain, and re-upping his prescription for OxyContin without drawing a hint of suspicion.

In November 2006, he again decided his drug use was out of control and checked into Pathways Treatment Center in Kalispell. He was prescribed Suboxone, a medication approved by the federal Food and Drug Administration for treating opiate dependence, made available under the Drug Abuse Treatment Act of 2000. **The primary active ingredient in Suboxone is buprenorphine, a partial opioid agonist. Suboxone's opioid effects are limited compared with those produced by full opioid agonists, such as oxycodone.**

Within three months, Havelka had stopped taking the Suboxone and relapsed again. He started taking a combination of OxyContin and Methadone, or relying on one drug when he was short on the other. If he ran out of Oxy, he would take Methadone to curb his withdrawal symptoms, whereas Oxy was his crutch when he ran out of Methadone.

"Then I ran out of both," he said. "The game was starting to catch up to me."

In trouble again

In April 2007, Havelka was arrested for felony prescription fraud in Missoula County and spent three days in jail and lost 20 pounds in eight days during an excruciating detox, this time more painful than the last. He couldn't eat or hydrate and was unable to manage his bowel movements or nausea.

With no services in Missoula, he returned to Pathways for 12 days — and the efforts of his longtime addiction counselor, Melody Barnes, and his wife, Dana, helped to determine his next move. With their support, he enrolled at Hazelden, a nationally renowned addiction treatment center for drug addicts and alcoholics, and moved to a campus in Newberg, Ore., where he attended addiction classes and counseling sessions and lived in a group setting with other addicts as part of a 90-day program.

When Havelka returned to Missoula in August, he moved into a sober-living facility for two months, "which wasn't much of a sober-living facility," he says. He saw everyone who lived around him relapse during the stay, but managed to emerge clean and sober, and soon he was celebrating his six-month mark.

His marriage was in deep trouble, though, and by October his anxiety had become unbearable. Havelka visited a walk-in clinic that had just opened in Missoula, and told a doctor about the anxiety and panic attacks. When the

subject of his pancreatitis came up, Havelka mentioned that the pain would sometimes flare up, especially around the holidays because of stress and a richer diet.

That's when the doctor mentioned OxyContin, and he reacted instinctively, agreeing that it was probably the best remedy.

"As soon as they said OxyContin, my addict brain just said 'OK,' " he said. "And then it was on."

A month later, Havelka was driving along Orange Street, high after snorting a few rails of Oxy. He crashed his car into a pair of boulevard trees and continued driving another few blocks, then ran a red light and T-boned a car that was making a left hand turn. Police arrived and gave Havelka a Breathalyzer, which he passed with flying colors. When they asked him to submit to a blood test, he agreed.

"I had a legitimate prescription for everything that was in my system," he says. "There was just too much of it."

At that point, Barnes recommended he begin taking Naltrexone, which like Suboxone works as an opiate antagonist, or blocker. The difference is that Naltrexone contains no opiates.

Instead, it is designed specifically to repress the brain's receptor sites and resist the effects of narcotics so they cannot be abused. It has traditionally been used in the management of alcohol dependence for curbing cravings, but is becoming increasingly popular in treating opiate dependence.

Naltrexone also induces rapid detox, or an immediate withdrawal of any opiates left in a person's system. For this reason, most doctors recommend waiting 10 days after a patient's final opiate intake before starting Naltrexone.

Havelka decided to hunker down in his apartment during that period, but didn't make it past Day One.

"That 10-day window was all I needed to start using again," Havelka said.

Havelka remembers lying down in his bed in an analgesic trance. He doesn't remember how long he'd been drifting in and out of consciousness when someone knocked on his door. It was Barnes, accompanied by a police officer.

He said that action probably saved his life.

"I mean I came so close to respiratory depression so many times. Dana used to think I had sleep apnea because I would stop breathing for over a minute at a time."

Barnes convinced him to go to his parents' home, which he did, but when it came time to start taking the Naltrexone, he switched the pills with his blood pressure medication. His mom was charged with monitoring his daily Naltrexone intake, and within a few days, during which Havelka continued using Oxy from his side stash, she figured out his scheme and switched the pills back.

"Within 17 minutes of taking that first pill, I was sicker than I have ever been in my life," he said. "That was game over."

'The missing link'

On a recent weekday morning, Todd Havelka opened his mouth wide and lifted his tongue so Jocelyn Nelson could peer inside and see that he had swallowed a tiny yellow pill. The remaining pills she poured out of the prescription bottle and onto a table in her Northside Missoula office, counted them and swept them back into

the container, marked with a pharmacy label: Naltrexone. Then she handed him a clear-plastic cup for a urine sample, for shipment to a lab in Colorado and screening for opiates, benzodiazepines, alcohol, marijuana and cocaine.

The entire process took just two minutes, but is the only effective method to manage Havelka's opiate addiction.

Nelson, who opened her own recovery assistance program last November, meets with Havelka three times weekly and repeats the same steps to be sure he is taking his opiate blockers, as prescribed by a doctor and ordered by a Missoula judge. The drug-monitoring piece of the puzzle is critical, experts say, and must be in place at least a year or two for the treatment to be effective.

Havelka was recently sentenced to a six-year deferred sentence for fraudulently obtaining dangerous drugs. He probably wouldn't have gotten such a lenient sentence if an effective drug-monitoring system had not already been set in place through his own efforts and those of his addiction counselor.

"Previously, there was no entity in town that would monitor someone taking Naltrexone," said Barnes. "That was the missing link."

In the first year after opening her recovery assistance program, Evolution Services, Nelson is already overwhelmed by the volume of clients. She works on contract with Child and Family Services, and checks in with addicted parents who have either lost their children or are in danger of losing them to state custody.

Havelka pays for her services directly in order to make sure his drug-monitoring system is in place, as required by his sentence. He doesn't mind. It's the first time that a combination of pharmacy, social services and therapy has kept him clean, and he's nearing the seven-month mark of abstinence.

Still, he worries.

He worries he'll have another pancreatic attack, or get injured in a car accident and wind up on a morphine pump, setting off another cycle of addiction. He doesn't think he can endure it again.

He worries about things that might trigger his drug-seeking behavior, noting that he is still hounded by Internet pharmacies.

He worries he won't be as successful at a new job, when so much attention is focused on avoiding a certain thing.

But despite those worries, Havelka is confident he'll survive by relying on a support system that most addicts don't have access to — a caring and devoted family, and counselors and doctors who know his entire history, recognize when he is isolating, and will know if he relapses.

He plans to re-enroll at the University of Montana, his alma mater, and get a master's degree in social work. Then he'll work to become licensed as an addiction counselor, like Barnes.

Last week, Havelka was invited by officials of the Missoula City-County Health Department to take part in a focus group on the growing opiate crisis in western Montana.

He views it as an opportunity to positively affect the community and his own life, because mostly he worries about the next addict. The one who can't make it.

Reporter Tristan Scott: 523-5264 or tscott@missoulian.com.