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The pain of prescription drug abuse



The Daily Progress/Megan Lovett

Adam Kegley, co-founder of Pantops Addiction Recovery System clinic, talks with two recovering opiate addicts.

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By [SCOTT SHENK](#)

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The 32-year-old mother of two wasn't high this Christmas for the first time in two decades.

For the average person, staying straight on Christmas Day might not be a big deal. But the Augusta County woman stopped being normal a long time ago.

For the better part of 10 years, Rhonda was caught up in the vicious cycle of prescription drug addiction — every day dedicated to feeding the habit and searching for the next batch of pills.

Her friend and fellow patient at the Pantops Addiction Recovery System clinic, Linda, also had spiraled down into the dark world of prescription drug addiction.

The Daily Progress agreed to conceal Rhonda and Linda's identities by using fictitious names.

Both women recently told similar tales of troubled lives and the myriad ways they obtained prescription drugs, from "doctor shopping" to using the Internet.

They and others say prescription drug abuse is a bigger problem than illegal drugs in the Charlottesville area. The women also say prescription meds are readily available for savvy addicts desperate to get them.

Lives of 'despair'

Rhonda and Linda got an early start with drugs, first trying them at ages 12 and 13, respectively.

Rhonda's parents were addicts.

"I was kind of left to my own devices," she said.

She used marijuana and dipped into narcotic pain medications prescribed to her mother, who used them after breaking her neck.

“I just liked the way it made me feel,” she said of the pills.

Linda, 35, started out with marijuana, cocaine and alcohol, but said she quit when she had her first child 10 years ago.

In 2004, she started using again after her grandmother’s death and a fire destroyed her family’s home.

She initially was prescribed medication for migraines, but quickly started abusing such drugs as Vicodin and Percocet, both narcotic pain relievers.

Rhonda said she used whatever opioid-based prescription drugs she could get her hands on.

Adam Kegley, who owns the Pantops clinic, said opioid addiction is a “chronic disease” that changes a person’s brain chemistry. The drug causes brain receptors to stop producing endorphins and in turn an addict needs more and more of the drug to artificially produce them.

So instead of getting high, opioid (including heroin) addicts eventually use the drugs just to function and to avoid withdrawal symptoms such as vomiting, chills and cold sweats.

“You feel like you’re coming out of your skin,” Rhonda said.

Eventually the addict’s life becomes a miserable existence focused solely on finding and using drugs.

“You do not feel human,” Rhonda said. “You cannot find joy” without drugs. “It was like despair. ... There was no way to get out of it. It’s like playing Jenga: You build as fast as you can but it gets pulled out from under you.”

Rhonda and Linda said they got to the point where they would do or use anything to avoid withdrawals.

Shopping for meds

Prescription drug addicts have to stay on their toes to stay high. Opioid-based medication will keep them high typically about eight hours before they need replenishing.

Within three months of getting her migraine prescription, Linda’s family doctor cut her off. So she started doctor shopping.

The state created the Prescription Monitoring Program in 2003 to fight doctor shopping, and it has created challenges for addicts.

Linda, of Free Union, said she avoided big pharmacies, which were better in tune with the monitoring program than mom-and-pop pharmacies.

Rhonda mostly got her pills from prescription drug dealers.

She lives on family-owned farmland in rural Augusta County, but had no problem feeding her habit: There are four prescription-drug dealers within five miles of her home.

But she also found alternatives when necessary.

“You go into an E.R. and say ‘I’ve got a sore back’ or ‘I’ve hurt my ribs,’” she said, explaining that it’s difficult for doctors to disprove such claims. She would even prick a finger and mix blood into her urine to create the appearance that she had kidney stones.

Typically, she would get a dose at the hospital and then a prescription, too.

“It was survival,” Rhonda said.

Hospitals and pharmacies eventually blacklist doctor-shopping addicts, though. Unless they're willing to cross state lines, users have to find other sources.

That's where the Internet comes in.

"It was exhausting," Linda said of doctor shopping. "Then I figured you can do anything online."

"It's easy," said Rhonda.

But it's also expensive. Buying prescription medication online often costs four times more than getting it at pharmacies or on the street, the women said. That can add up for an addict taking 35 to 40 pills a day, which both women said they did. Rhonda said she needed more than that. Plus, her fiancé was also an addict. He too is in treatment at the Pantops clinic.

The women said they spent between \$4,000 and \$6,000 a month for their drugs.

Rhonda and her fiancé earned about \$9.50 an hour from their full-time jobs, and every penny went to their dealers. Family, most of who knew about the couple's addictions, also gave them money, and the couple found "other" ways to get cash when necessary, she said.

As a "Web site shopper" for drugs, Linda said all you need to do is type in your personal information and symptoms, and a "doctor" will sign off on a prescription.

Users can get blacklisted on the Internet, too, though. Linda adapted by using her husband's name. She said he didn't know about her problem.

"You turn FedEx into a distributor," Rhonda said.

Problem becomes public

Each day, about 100 patients come to the Pantops addiction clinic owned by Kegley, who also has similar facilities in Pennsylvania, Delaware and New Jersey.

About 95 percent of those patients are addicted to opioids.

"At least two out of three are for prescription painkillers," Kegley said. OxyContin, Vicodin and Percocet are some of the most commonly abused medications.

Although many prescription drug addicts start using for legitimate reasons, there is a misconception that medication isn't as bad or dangerous as illegal drugs, Kegley said.

Perhaps that's why so many people die as a result of prescription overdoses.

According to the Virginia Office of the Chief Medical Examiner's 2007 annual report, 388 prescription drug-related deaths accounted for more than double the illegal drug-related deaths (152) and half of all drug-related deaths (717). Mixtures of drugs accounted for another 113 deaths. Alcohol poisoning (20) was the next highest total. The annual report covers about 10 percent of all Virginia deaths.

Kegley said that while prescription drug abuse is a big problem locally and especially in Southwest Virginia, it is not necessarily a new or growing problem.

"It's now becoming public that it's a problem," he said. "But it's been a problem all along."

Charlottesville Commonwealth's Attorney Dave Chapman agrees.

"It's among the different kinds of drug offenses. It's among the more common," he said, referring to prescription drug fraud and forgery. Offenses involving illegal drugs, such as cocaine and marijuana, are still the most common drug cases handled by his office.

In the past year, city police arrested only 10 people on prescription fraud charges, according to the department's statistics.

Chapman said there are many other cases involving prescription drugs, explaining that many drug possession cases include prescription medication but are officially documented as Schedule I or Schedule II drug cases. Cocaine is a Schedule II drug, as are such prescription medications as OxyContin and Vicodin.

Also, much of what prescription drug addicts do likely goes undetected, Chapman said. Though there may not be as many arrests for prescription drug crimes, "that doesn't mean it isn't going on undetected."

"It's a significant public health problem and law enforcement problem," he said.

Rhonda and Linda said the prescription drug culture is broad and varied.

"You would be amazed," said Rhonda, noting that she bought drugs from all kinds of people, including a housewife. "It's sad. It's scary. It's very real that it's a big problem."

She said that when she was using, virtually everyone she knew was also abusing prescription medication.

It's something communities don't want to discuss, said Kegley, but education and openness are the only way to quell the problem.

Kicking the habit

Rhonda and Linda hit rock bottom before they came to the Pantops clinic.

Linda and her husband, who have two children, filed for bankruptcy.

Rhonda, who with her fiancé also has two children, had been shunned by her family and suffered serious injuries in an auto accident before she went to the clinic in May 2008.

She said she's lucky she didn't lose everything, including her children and the house her grandparents let her family live in.

Still, she realized the scope of her problem when she couldn't even take her kids to McDonald's because she'd spent all her money on drugs.

Both women said coming to the Pantops clinic has changed their lives.

The clinic's opioid treatment program uses a combination of medication (synthetic opioids methadone or suboxone) and counseling.

Suboxone is relatively new, but methadone has been around in the United States since the 1940s, when it was introduced as pain medication. In 1973, the Federal Drug Administration approved it for addiction treatment.

Both drugs stabilize the opiate level in the bloodstream but do not produce the euphoria or high of the addictive opioids.

Kegley said opioid addicts suffer from a disease and need the combined treatment to have a chance of recovering. He equates opioid addiction to other diseases such as high blood pressure, which many control with prescription medication.

Dr. Erik Gunderson agrees with Kegley. Gunderson joined the University of Virginia's psychiatry and neurobehavioral sciences department in September, and is focusing his study on integrating opioid dependence care into primary care centers, primarily with suboxone.

Still, methadone has long been a controversial manner of treatment, with critics believing it is trading one addiction for another.

Also, many of the Virginia deaths caused by prescription drug overdoses were attributed to methadone, alone or combined with other drugs, according to the 2007 medical examiner's report.

Kegley and Gunderson said methadone gets a bad rap. Both said that many of the overdoses involve methadone prescribed for pain management, not addiction treatment.

Such overdoses likely result because doctors, patients and illicit users do not understand that the drug is slower and longer acting. In turn, users often take another narcotic or more methadone, a deadly combination.

Kegley said opioid treatment program clinics such as his are strictly regulated to avoid such problems.

He and Gunderson also argue that methadone works well both for pain management and for addiction treatment.

Rhonda and Linda tried other treatment programs and those didn't work. They praised the Pantops clinic, which costs patients on average \$13 a day.

Both women realize they may have to use methadone the rest of their lives, but they're OK with that.

Methadone, along with counseling, has changed their lives for the better, they said.

"I have no problem with" taking methadone, Linda said. "It saved my life."

Reader Reactions

Posted by (akegley) on February 08, 2009 at 9:43 am

To contact our facility to learn more about getting treatment for opiate addiction, please go to www.pantopsclinic.com or call (434) 220-0080.

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Posted by (NancyB) on February 08, 2009 at 7:55 am

Painkiller & Heroin Addiction help.

Buprenorphine (Suboxone) is a medication when combined with therapy treats the medical condition of opioid addiction in the privacy of a doctor's office. FDA approved in 2002, this treatment has improved quality of life for patients and provided dignity to opiate addiction treatment.

The naabt.org Patient/Physician Matching System has connected 17,870 patients with at least one of the 2,348 participating physicians.

This confidential System naabtList.org helps connect people addicted to opioids to doctors providing buprenorphine treatment. The free 24/7 service lets patients reach out for help anytime with privacy.

Patient registration is fast. A short list of questions helps match patients to physicians. All information is confidential residing on a secure server. Once the application is sent, emails are sent to physicians. The System then allows the physician to contact patients confidentially by email.

For information visit www.naabt.org

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