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## Rising painkiller abuse damages lives



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**By Tom Breen, Associated Press**

GILBERT, W.Va. — When his craving for painkillers got to be too much, Steve Dotson lay down and let his wife drive a car over his leg. It hurt, but he didn't think about the pain. He concentrated on the medicated bliss that would follow. Soon, he lost his house, the state took his children away and he was spending nights under a bridge, where he hoped to die. "You get to where you don't even want them (pills) anymore, you just do them so you can get through the day," the 43-year-old southern West Virginia resident says.

Dotson is one of millions of Americans who has felt the harm that can come with addiction to the prescription narcotic hydrocodone. Less regulated than similar drugs, hydrocodone has quietly become the most widely prescribed — and, perhaps, widely abused — prescription drug of its kind.

With 124 million prescriptions in 2005, hydrocodone is the most often prescribed opiate painkiller on the market, sold under hundreds of brand names and generic titles. All are combination products, meaning they combine hydrocodone with another ingredient. The most commonly prescribed product combines hydrocodone and acetaminophen, which is marketed under brand names like Vicodin and Lortab. The federal Drug Enforcement Administration reported in 2006 that legal retail distribution of hydrocodone has grown nationwide by roughly 66% since 2001. Its illicit use has grown as well. In 2005, hydrocodone was the most frequently encountered pharmaceutical of its kind in drug evidence submitted to the National Forensic Laboratory Information System. And the Drug Abuse Warning Network says hydrocodone products are linked to more emergency room visits than any other similar drug.

Dotson has been off drugs since a religious experience in 2001. He now works at the Larry Joe Harless Community Center in Gilbert and is a board member of Strong Through Our Plan, a local anti-drug group. Today, he can walk under the bridge outside town where he lived and point to a spot where he was baptized in the Guyandotte River after getting clean. Not all of his friends are so lucky. "You've got three choices," he says. "You either die, go to prison or get saved. Mostly, people around here are dying."

In central Appalachia, prescription painkillers first became a national concern five or six years ago. Then, the drug causing alarm was named OxyContin, which became infamous as "hillbilly heroin." As OxyContin came under scrutiny, doctors were more careful about how they prescribed it. Many switched to hydrocodone products, which were already popular but didn't have the same stigma.

All 50 states saw increases in the distribution of hydrocodone between 2001 and 2005, but the trend was particularly significant in the South, where Tennessee and West Virginia saw three-digit rates of increase. The 10 states where hydrocodone distribution is highest are all Southern states, according to the DEA, and four of the top five — Tennessee, West Virginia, Kentucky and Alabama — are in Appalachia.

"When I started in this field, the primary client was involved with alcohol," says David Bailey, a community resource specialist with the West Virginia Prevention Resource Center. "I wish it were still alcohol. Not that that's not a very dangerous drug, but the addiction (to painkillers) seems to be much more intense, much more severe within a shorter period of time."

It's a mistake to focus on one region, though, says Jim Recktenwald, a member of a Kentucky group called People Advocating Recovery, which combats drug addiction. Painkiller abuse is not confined to Appalachia, Recktenwald says. "Eastern Kentucky was portrayed as the drug capital of the world, and it was such a falsehood," he says of the oxycodone years.

Dr. Peter Cohen, medical director of the Maryland Alcohol and Drug Abuse Administration, also warns against focusing on a single drug. He points out that while hydrocodone abuse has grown slightly in Maryland since 2002, it's still dwarfed there in significance by street drugs like heroin. The problem is not hydrocodone or even opiates per se, he says, but addiction itself. "If you're an opiate addict, you're going to find something, based on what's available and what you prefer," he says.

The DEA is currently considering moving hydrocodone from being classified as a so-called Schedule III drug to being a Schedule II drug. The reclassification would mean it would be harder to obtain refills. Doctors and pharmacies would also have to keep more stringent records about how many prescriptions are written and filled. The decisions made in Washington seem very far from West Virginia's southern coalfields, where struggles with addiction are a common part of life.

The spidery blue tattoos that cover Dotson's arms — with depictions of skulls and imprecations against the law — are a mute testament to his past. Just as fierce, though, is his determination to stay off drugs: Recently, faced with being offered painkillers from a dentist to have a tooth extracted, Dotson went home and used pliers to pull the tooth himself. That image is hard to reconcile with the man who fills notebooks with Bible commentaries and proudly displays a framed photo of his 11-year-old daughter, Stevie Dawn, in her spring gown.

It took a miracle for the man who wanted to die under a bridge to be born again in the Guyandotte, Dotson says, and that's what he got.