

ago, Webb was living in Gulf Port, Mississippi, working as a market-training manager for Taco Bell and was in a long-term relationship with her then-partner. Hurricane Katrina ripped the roof off of her Mississippi home — and leveled the Taco Bell — so she relocated to her mother's home in Mobile, Alabama.

Webb's decade-long relationship ended abruptly, and she began taking prescribed pain medications for a back injury. Vicodin and Percocet helped Webb's pain, and she says Xanax and Soma, a muscle relaxer, were later prescribed.

A few years later she met and began dating a new partner who "had a very similar past as mine. We both had traumatic childhoods and we clicked, and it was a recipe for disaster because neither of us knew how to support each other. We triggered each other."

Webb says nearly everyone in her Alabama social circle had access to prescription opioids, used them or sold them.

Opioids saturate Oregon. With a population of 3.9 million, 25 pills are available every year for every man, woman and child, according to the Oregon Prescription Drug Monitoring Program, a program run by the Oregon Health Authority. That's 100 million pain killers prescribed annually, and from 2012 to 2013, Oregon was number two on the list of non-medical use of opioids, according to the National Survey on Drug Use.

In Oregon, 43 percent of overdose deaths are caused by prescription opiates, according to an Oregon Health Authority statement. The statement acknowledges the increase in prescription pain medication since the '90s.

In February, the Oregon Coalition for Responsible Use of Meds hosted the Lane County Summit to Manage Chronic Pain and Reduce Prescription Drug Abuse. Lines For Life Executive Director Dwight Holton says there was an audible gasp in the room when he presented a specific slide. Lines for Life is a nonprofit dedicated to preventing substance abuse and suicide.

The slide showed numbers from study published in 2014 by Express Scripts, a pharmacy benefit management company: "47 percent of those on opioids over 30 days are still on them three years later and 60 percent of those on opioids longer than 90 days are still on them five years later."

Holton served briefly as Oregon's U.S. attorney and left that office to run for state attorney general in 2012. While in the U.S. Attorney's Office, he worked on policy changes with Lines for Life. He says in 2010, when working as a federal prosecutor, he thought that it was heroin that was responsible for more than 400 overdose deaths in 2009 as reported by State Medical Examiner Karen Gunson. "The medical examiner told me to guess again," Holton says. Prescription opioids were responsible — not heroin.

Sam Quinones tells *EW*, "This has been a quiet epidemic." Quinones is the author of *Dreamland: The True Tale of America's Opiate Epidemic*, a nonfiction narrative that chronicles the history of the medical advertising industry, the use of opiates prescribed to treat pain and the evolution of opiate addiction that made room for the easy delivery of Mexican heroin throughout the U.S.

In *Dreamland*, Quinones details a series of meetings where doctors met in Milan to discuss treating terminally ill patients with opiates. The World Health Organization called morphine "an essential drug" for treating cancer pain and also "claimed freedom from pain as a universal human right." According to Quinones' research, this changed medical and public opinion; therefore, if someone sought medical attention for pain, that person should be believed by doctors who should then "prescribe accordingly."

The opiate problem has evolved over the past several decades. "It used to be that half of the country was supplied by Turkey and Burma and it was very expensive, very weak and hard to get," Quinones says. Then a "total paradigm shift takes this pill epidemic to awaken the trafficking that has made them readjust their production."

Quinones says that huge amounts of heroin are now coming from Mexico. "It doesn't get cut, it's really cheap, really prevalent, really potent, and Oregon has become a big hub." Another problem is black tar heroin; Quinones found that "when people get out of jail or rehab they go back to this stuff [because] it's much cheaper."

According to the CDC, prescription opioid deaths have quadrupled since 1999 with 165,000 people dying between

1999 and 2014 — 14,000 deaths in 2014 alone. The Oregon Health Authority says, "In Oregon in 2013, more drug overdose deaths involved prescription opioids than any other type of drug, including methamphetamines, heroin, cocaine and alcohol."

Holton says, "People have been dying from opiate addiction for a long time now." Holton has seen the epidemic shift, too. "For the longest time we did not use opiates for pain treatments precisely because of a concern for addictiveness — we've known about the addictiveness of opiates for hundreds of years," he says.

Despite that knowledge, another pivotal moment in opioid prescription practices that was discussed at the Lane County Prescription Summit was Dr. Hershel Jick's 1980 study, "Addiction Rare in Patients Treated With Narcotics," in the *New England Journal of Medicine*. Holton says aggressive marketing and perpetuation of the myth that opioids can be non-addictive are some of the reasons behind the current epidemic.

So as opiates spread uncontrollably across the country and here in Lane County — paving the way for heroin because of its cheap cost and interchangeable high — why has it taken decades for people to talk about it?

"Stigma," Holton says. "For many years people did not understand the breadth of this problem because of the stigma."

Quinones says, "There's no public violence. Doctors prescribing opiates thought it was a good idea and parents of overdoses were ashamed."

He adds, "I had a hell of a time finding parents who wanted to talk about it."

## KICKING THE HABIT

As Webb struggled with addiction in Alabama, she was hit with another blow. "Losing my insurance plan was how I moved from opiates to meth," she says.

The drug abuse worsened for her girlfriend, too. "A year later, I almost died. A year and a half later, my girlfriend died." Webb says her partner died of a combination of meth and Roxycodone, an immediate-release version of oxycodone.

The day before her girlfriend overdosed, Webb brought her a chicken sandwich, a soda and clean needles. "I'm glad that the last time we were together it wasn't a fight," she says. The day after the funeral, Webb was on a one-way flight to Eugene with the goal of getting clean. But she got high by injecting crystal meth before takeoff.

In his research, author Sam Quinones discovered that a drug trafficking operation out of Xalisco, Mexico, known as the Xalisco Boys, developed delivery operations that made it easy for addicts to get their hands on dope. An informant in *Dreamland* noted that the new heroin cells operate "like a pizza delivery service." The drivers navigate around cities to deliver the black tar heroin, which is stored in balloons the drivers carry in their mouths.

Quinones tells *EW* that part of the business model includes hanging out near methadone clinics. "These guys just made an art of it — going to a town, getting an addict to go to a town and an addict will take them to places," he says. In his book, Quinones writes that the Xalisco Boys saw methadone clinics as "game preserves," where they'd lurk and catch people at clinics to provide them with "free samples."

Methadone treatment is also highly stigmatized, according to Linda Hill, a spokesperson at the Lane County Methadone Treatment Program. "An important role for clinic staff is to provide advocacy and support to patients."

Hill says, "Methadone is a synthetic opioid that suppresses withdrawal by acting on the opioid receptor sites in the brain. It is an important, lifesaving "medication assisted treatment" option for those struggling with opioid addiction."

Methadone treatment breaks down like this: Most new patients are required to show up daily to receive their dose of methadone; one-to-one counseling and other treatment services are provided. With demonstrated stability patients can eventually earn "take-out" privileges and come to their clinic less often, according to Hill. She says that most methadone clinics embrace the dual focus of harm reduction and abstinence.

Holly Peters kicked her addiction because what she "learned was that opiate addiction is a mental, emotion and physical experience, learned that my recovery needed to be an experience, too." After she completed a recovery program, she earned her bachelors degree in psychology and her master's in social work.

"My recovery needed to replace all of those things," she says. "That's what we are trying to do at our program by taking a holistic approach so people can get that without having to reach out to an illicit substance."

And users always face the risk of getting caught. More than 800 meth and heroin cases were filed in a seven-month period in Lane County, according to Chief Deputy Attorney Erik Hasselman. But he says those numbers don't necessarily indicate a spike.



DWIGHT HOLTON SPEAKS AT A SUMMIT TO END DRUG ABUSE

Holly Peters is the intensive services director at South Lane Mental Health. She watched her father suffer after a back injury and the death of her mother. He was prescribed opiates for his injury, and she says that when it came time for him to taper off, he didn't have the support and resources that were necessary. Peters began drinking and taking opiates and heroin at the age of 14 and eventually watched her father lose his struggle with addiction.

"We've been working with very limited number of lawyers," Hasselman says. The voter-passed 2013 Lane County jail levy "also had some money for the DA's office built into it — we were able to prosecute with that money. We had not been prosecuting the overwhelming majority of the drug charges for a few years."

And if a person is carrying a pipe or a baggie with trace amounts detectable, they can be cited for possession. Eu-