

THE FIX

THE OPIOID EPIDEMIC HAS SHATTERED THE LIVES OF FAMILIES THROUGHOUT THE GREATER PHILADELPHIA AREA.

HOW DO WE GO ABOUT
ENDING THE CRISIS?

Brandon Novak's path seemed clear as glass. By his 10th birthday, he was regarded as a skateboarding prodigy, with limitless talent, just beginning to earn the perks that come from being a world-class athlete.

By age 14, Novak had a Gatorade endorsement and a spot on the elite Powell-Peralta skateboarding team. The chief responsibility of his 9-to-5 gig: tour the world and do skate demos with the likes of Tony Hawk and other skating legends. He worked hard during the day, played harder at night. He was the youngest in the crowd, a boy among men, staying out late, drinking, dabbling in drugs.

"I lived an extreme lifestyle at a young age," says Novak, a native of Baltimore who now lives in Philadelphia, not far from the Art Museum. "I was doing the things that 90 percent of the world would do Friday, Saturday, Sunday and then go to work on Monday morning, but I was doing that every day. And I was just a kid."

Novak tried to maintain the façade, but the unraveling had already begun. Wine, weed, prescription pills, cocaine, heroin—he sank deeper. Despite the signs that were becoming increasingly obvious to those around him, he refused to concede that the disease of addiction had its hooks in him—the same disease that would one day take his father's life.

Over the course of the next 20 years, the disease of addiction would do its best to destroy Novak: forfeiting his spot on the Powell-Peralta team; losing friends, family and business opportunities, because he had no room in his life for anything but the relief he sought through a bag, bottle or pill; spending time in prison for forging prescriptions; prostituting himself to grown men as a way to make money to buy more drugs;

BY BILL DONAHUE



CRISIS AT HOME

More than 90 Americans die every day from an opioid overdose, according to the U.S. Centers for Disease Control and Prevention. Pennsylvania ranks among the hardest-hit states. The rate of drug-related overdose deaths in the Keystone State increased from 26.7 per 100,000 in 2015 to 36.5 per 100,000 in 2016, well above the national average of 16.3 per 100,000.

Following are the 2016 rates of drug-related overdose deaths, per 100,000 people, for the counties in and around the Greater Philadelphia Area.

PHILADELPHIA	LEHIGH	DELAWARE	BERKS	MONTGOMERY	BUCKS	NORTHAMPTON	CHESTER
59.4	38.3	36.9	28.4	28.3	26.9	23.5	19.4

Source: U.S. Drug Enforcement Administration

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suicide attempts disguised as overdoses.

Throughout his struggles, Novak wandered in and out of the public eye. He appeared in two of MTV Films' *Jackass* movies. He was a member of the so-called "CKY Crew," the group of misfits linked to Bam Margera, Novak's longtime friend and a fellow *Jackass* regular, and the West Chester-born band CKY. He tried to get sober at a dozen rehabilitation facilities, both inpatient and outpatient. He wrote a book about addiction—he was still using when he wrote it—and received "hundreds of thousands of pieces of mail, telling me my book saved their lives," he says.

By 2015, he was back in Baltimore, a mere husk of his former self.

"I was a 35-year-old man living at my mother's house, stealing money out of her purse to get heroin every morning," he says. "All my worldly possessions fit in a bag that doubled as my pillow. ... I couldn't see past the next bag, bottle or pill. It produced a delusional effect where, once I shot enough heroin, I'm OK standing on a street corner [in Baltimore] selling my body for \$40. And it was OK because I could escape the reality I had created for myself.

"I had given everything to this \$10 bag," he continues. "I had all the opportunities. I had goals and dreams and ambitions. I went from knowing everything to knowing that I don't know anything. My very best thinking had gotten me to a point where my mother had bought me a [cemetery] plot and I had been on life support for seven days. That's where it got me."

No Simple Solution

Novak's celebrity underscores the fact that no one is immune to the risk of opioid addiction. The ever-growing crisis has poisoned every part of the country, having touched every demographic—male and female, young and old, rich and poor—often with deadly results. In 2016, Pennsylvania coroners and medical examiners reported more than 4,600 drug-related overdose deaths, an increase of 37 percent from 2015, according to the U.S. Drug Enforcement Administration.

The substances responsible for these deaths range from the illicit (heroin, for example) to the legal but unlawfully abused (fentanyl, hydrocodone and oxycodone, among others). DEA figures suggest the two most frequently identified substances found in decedents were fentanyl and fentanyl-related substances (52 percent of deaths) and heroin (45 percent of deaths), while prescription opioids were present in 25 percent of deaths.



Once considered a skateboarding prodigy, Brandon Novak spent more than 20 years addicted to heroin. Now sober, he spends his time helping other addicts find their way to recovery.

Bucks County physician Dennis Bonner, M.D., calls heroin "a major problem"—not only because of its powerfully addictive and destructive nature, but also because of its accessibility. Dr. Bonner says "a hit" of heroin used to cost \$25 in suburban Philadelphia neighborhoods. Today it's as little as \$5.

"You have federal authorities attacking doctors' offices for the amount of pills they prescribe to pain patients, but the mother of all narcotics is heroin," says Dr. Bonner, who often prescribes Suboxone, a medication that effectively blocks the high opioids create, to break addiction's hold on opioid-craving patients. "It's at the lowest price it's been in 30 years, and it's a lot cheaper than buying pills at the drugstore.

"If heroin is \$3 to \$5 a hit, the war on drugs is lost."

The current crisis stems from "two big tidal waves" colliding: heroin and the influx of prescription pills. So says Jerry Haffey Jr., the president of business development for Ambrosia Treatment Center, which has locations in Florida, California and Medford, N.J.

"Addiction doesn't care about your age, skin color or financial well-being; it hits everybody," says Haffey, a native of Northeast Philadelphia who grew up in Warrington. "Say a patient takes prescription pills and, as months go by, they become chemically dependent. ... When you can't get any more, where are you going to get it? Guess what is cheaper and accessible and not monitored by doctors: heroin or pills on the street."

So how does a civilized society go about reversing these grim trends? Experts agree there is no simple solution. Some suggest doling out stiffer prison sentences to dealers as a way to get increasingly inexpensive drugs such as

heroin off the streets. Some say tightening U.S. borders would prevent traffickers from getting their "product" into the hands of the vulnerable. Some say physicians need to take an ultra-conservative approach to prescribing opioids when trying to help patients manage chronic or post-operative pain. And some suggest even more radical measures, such as: following in the footsteps of nations such as Portugal, which has essentially decriminalized all drugs, including heroin, and shifted the money that had been spent on incarceration to treatment and rehabilitation.

While education alone won't end the crisis, Mariel S. Hufnagel believes it's essential for helping recovered addicts thrive. As executive director of the Ammon Foundation, a nonprofit outgrowth of Linden, N.J.-based Ammon Labs, Hufnagel is devoted to helping individuals in addiction recovery find and pursue their purpose. She's also a recovered addict who once sacrificed her education—and her freedom—in order to chase heroin.

"I had dropped out of college and got sober in jail," Hufnagel says. "Even though I was sober and in recovery by the age of 21, I lacked a sense of purpose. I also had a lot of barriers to being a normal member of society—a criminal record, bad credit—and I also lacked some general life skills. I didn't know what those skills were, only that I didn't have them. Going back to school leveled the playing field."

The Ammon Foundation, which was founded in 2016, aims to remove the kinds of barriers Hufnagel faced. The foundation provides financial scholarships and empowerment workshops in order to teach program participants "rudimentary" life skills such as time management, budgeting and self-care. So far, the nonprofit has awarded \$30,000 in scholarships to approximately 30 students from New Jersey, southeastern Pennsylvania and elsewhere. Hufnagel says the foundation has at least 50 workshops planned for 2018.

"So much of addiction has been stigmatized in inaccurate ways," she says. "It doesn't discriminate, and it's not just an inner-city or socioeconomic problem. In the last five years, it has grown to affect people of all economic backgrounds. Although that doesn't make the problem any more solvable, it does make it less taboo to talk about."

Tools in the Toolbox

Some people might consider opioid addiction strictly a bane to the young, but older Americans are hardly immune. Just ask Donna Raziano, M.D., chief medical officer for Mercy LIFE (Living Independently for Elders), a member of Mercy Health System in Conshohocken. As part of its mission, Mercy LIFE provides pre-

ventive health care to more than 1,200 seniors at adult day centers in Philadelphia, Sharon Hill and, soon, Norristown. Many of these individuals come to the centers seeking relief from chronic, crippling pain.

"I'm a believer in pain management, and prescription opioids do promote non-pain and patient satisfaction; they're also addictive and can be self-destructive," says Dr. Raziano. "Once someone becomes addicted, they just want relief all the time. So now it's taken one problem out of their life, but the pain morphs into something else."

Mercy LIFE has developed several "tools in the toolbox" to not only reduce the number of opioids prescribed but also to make sure these drugs are used in a controlled, responsible manner. These include everything from closely vetting each patient to confirm the need for opioid-based pain control, to having patients sign a "covenant" agreeing to use the opioids only in the prescribed doses, to issuing prescribed opioids in unmarked bubble-packed pill organizers as a way to prevent drug diversion. Other tools include limiting the dispensed amounts (doling out one or two weeks' worth of medications versus a full month's worth), home-

care visits to distribute medication in patients' residences, and mental-health support services, including medication therapy, if necessary, to address issues such as depression, anxiety or sleeping problems.

"Are there opportunities to improve further? I would say yes," Dr. Raziano says. "Storage remains an issue. If Grandma keeps her Percocet in the bathroom, we need to educate all the folks in the community to lock up their [opioids] because of the potential for diversion with their grandkids or someone else coming in. ... People are now breaking into other people's houses just to steal the opioids. We've reached that level."

Moments of Clarity

What compels an addict to finally overcome the disease? Often, it's the simple realization that life holds more promise than chasing a high. Sometimes, however, the moment of clarity comes only when an addict has hit bottom, such as hearing the door to a jail cell slam closed or waking from a near-fatal overdose. For Brandon Novak, his body finally gave up.

"I couldn't put enough [heroin] in me," he says. "It had stopped working."

On May 25, 2015, at his lowest point, Novak walked into a detox facility in Langhorne—No. 13.

"The gift of desperation had appeared, and with that came a side of willingness," he says. "I knew that if I use again, I'll die eventually, but when you're an addict, you're not scared of dying. What scares me is not dying and using against my will."

Novak recently celebrated two years of sobriety. He's preparing to release a graphic novel called *The Brandon Novak Chronicles*—his second book, following the 2008 memoir about his struggles with addiction, *Dreamseller*. He also works as a national business developer for Banyan Treatment Center, which intends to open a new location in Langhorne in early 2018. In this role, he shares his story as a cautionary tale as a way to help "whoever, however, whenever."

"I shot heroin for 21 years," he says. "Logic dictates that I should be high or dead right now. God granted me this gift [of recovery]. It's my honor to pay homage to this gift, and not just when it works for my schedule. When you sign up to help someone, prepare to be divinely inconvenienced." ■

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