

Something to Talk About

Addiction, treatment, and the need to change course

BY NATALIE JACOBS



A TALE OF TWO ADDICTIONS

There are a lot of things people don't like to talk about. For Lisa Smith and Scott Silverman – Jewish professionals who lived with severe alcoholism for years – addiction is no longer one of those things they keep to themselves.

“Out of drugs is a very bad place for an addict to be,” Smith, a New York City lawyer who has been sober for 12 years, says. She’s recalling the day she decided to quit using.

It was a Monday morning after a sleepless weekend spent mixing alcohol and cocaine, her preferred combination.

“I had meant to save more [cocaine] but didn’t. So I was out. ... I started thinking about all the things I would need to do [and] started having a real anxiety attack.”

Through 10 years of heavy drinking and drug use, Smith had managed to remain employed at her law firm, first as a junior lawyer and then on the business development side. The cocaine had helped to even out the effects of alcohol, which started to cause tremors, night sweats and nausea very early on in her addiction.

“That is an exhausting, painful, painful way to live,” she says. “I knew that I was in a horrible place. I was physically very sick, I was throwing up blood. But at the same time, I was terrified of getting sober.”

That Monday in Manhattan, Smith says she arrived at her office and through the panic of being drunk and knowing she was out of drugs, she stood paralyzed in the lobby and eventually returned home. She called a friend who lived in her

building, the only person in her life who had first-hand experience with how bad her addiction was. That same day, she signed herself into a psychiatric hospital with a detox unit. Because of the severity of her addiction, she underwent a five day medical detox to mitigate the risk of heart attack and other physical complications of getting clean.

“Around the fourth day they came to talk to me and said ‘Let’s talk about where you go from here. There’s a 28 day place, and this two month place,’” Smith recalls. “I said ‘absolutely not, that is not part of the deal, I’m not going away.’”

Smith hadn’t told her law firm, and didn’t plan to.

Scott Silverman is from San Diego but his rock bottom came in New York City, too. Like Smith, Silverman considered himself a functioning addict because at the time he got sober he still had his job, his housing, and his relationships with family and

alcohol and marijuana mainly, but also cocaine, methamphetamine, and Seconal (a prescription sedative). At one point, Silverman sold meth and operated as an unlicensed pharmacist. The only reason he didn’t go to jail, he says, is because he didn’t get caught.

During a week of blackouts on a business trip, Silverman attempted suicide. He called his wife whom he had married two years earlier.

“My rubber band snapped, call [the psychiatrist],” Michelle recalls Scott saying in that phone call. It was the fall of 1984.

“I’ll never forget this,” Michelle says, “I said [to the psychiatrist] ‘is Scott an alcoholic?’ He says ‘Michelle, not only is he an alcoholic, he’s an addict too.’”

Though she knew Scott “liked to party,” neither considered that he was addicted.

“I was always transparent about my substance

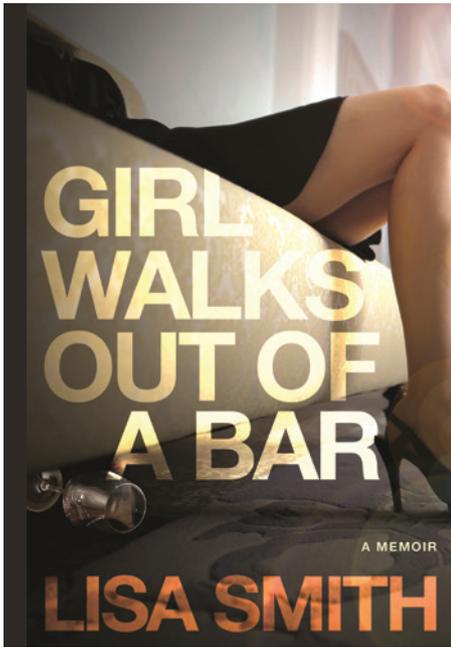
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friends were mostly in tact.

Silverman tells me he started abusing alcohol and drugs at the age of 14. Although he completed school and maintained a job in the family retail business, he spent the better part of 16 years under some sort of mood altering substance –

abuse because I never thought of it as substance abuse,” Scott says.

When the problem became undeniable, he returned to San Diego and checked into Sharp Cabrillo, a psychiatric hospital that closed in 1998. He has been sober for 31 years.



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Lisa Smith

LAWYERS AND LIQUOR

In October of 2015, the Journal of Addiction Medicine published a study on substance use among lawyers conducted by the Hazelden Betty Ford Foundation in conjunction with the American Bar Association. Of the 12,825 lawyers included in the study, 20.6 percent were found to have “hazardous, harmful and potentially alcohol-dependent drinking.” Lawyers aged 30 and younger and those who have been practicing for 10 years or less were most likely to drink at problematic levels. Lisa Smith wrote about this study and her addiction in an op-ed for the Washington Post.

Upon completing her five day detox, Smith returned to work and opted for an intensive out-patient program that she could attend at night so she didn’t have to tell her firm.

“It wasn’t even that I had seen people stigmatized or that I had seen terrible things happen if people when to rehab,” she says. There were lawyers who took medical leave for things like foot surgery or pregnancy, but she’d never heard of anyone going to rehab and she says she didn’t want to be the test case.

Going to rehab “felt to me that it was against the grain of being that reliable, dependent, hard work[ing] over-achiever with your act together.”

It’s not only lawyers who have trouble coming out about addiction and worry about what will happen to their jobs if they go away to an in-patient program for months. When Scott Silverman started his out-patient treatment center Confidential Recovery a couple years ago, he

initially imagined it as a place for first responders like fire fighters and police officers to overcome their addictions with privacy and according to their own schedules.

“What we discovered [when opening up Confidential Recovery] was that up to 25 percent of first responders have an active addiction issue,” Silverman says. “The rest of the world is about 15 percent. The reason: their type of job, the trauma, the inability to [share details with loved ones].”

Confidential Recovery is located on a nondescript industrial plot at the end of a winding street, across the train tracks that run parallel to Miramar Road. Silverman’s program starts with nine hours of individual and group sessions per week, three hours per day, for six weeks.

“What we encourage people to do is make a two-year commitment and come in once a week, [then] every other week and then taper it down to once a month over the next two years because it takes that long for the body, mind and soul to really transform. You can’t be under the influence of something mood altering and have a problem with it for a decade and hope to fix it in a couple weeks.”

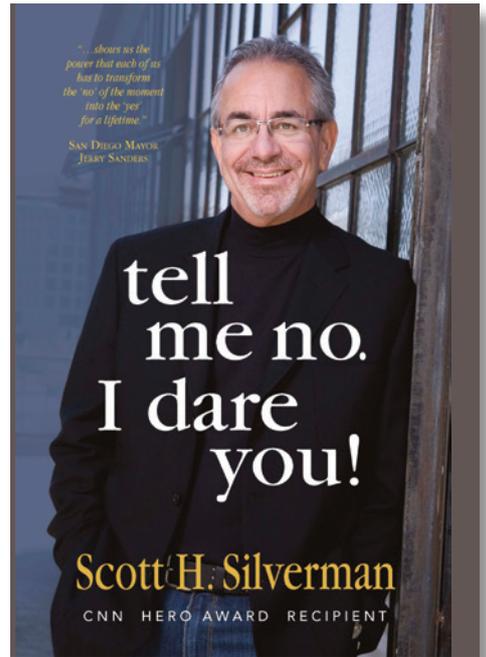
GOVERNMENT SCRAMBLES

Nationally today, there is a lot of talk about the epidemic of heroin and prescription drug abuse. Prescription pain pills like OxyContin, Percocet, Dilaudid, and others are derived from opium, as is heroin, and there is something of a prescription-to-street-drug pipeline cropping up in communities across the country. In the HBO documentary “Heroin: Cape Cod, USA,” several of the young

addicts who were profiled mentioned becoming addicted to pain pills post-surgery for sports injuries or car accidents. After becoming addicted, they transitioned to heroin for a cheaper and faster high. Scott Silverman notes that prescription pain pills can sell for up to \$80 per pill on the street, whereas heroin, he says, can go for as low as \$10.

At a Senate Judiciary Committee hearing in January, Senator Jeanne Shaheen of New Hampshire said that her state has experienced sharp rises in deaths related to opioid addiction, with three times as many people dying of drug overdose than traffic accidents (previously the leading cause of death in the state). Chairman of the Committee Senator Chuck Grassley (R-Iowa) noted that heroin seizures at the U.S. border have more than doubled since 2010. For her part, California’s retiring Senator Diane Feinstein, who serves on the Judiciary Committee, sponsored the Transnational Drug Trafficking Act of 2015 to target drug cartels that are flooding American drug markets with cheap heroin. The bill was enacted in May.

Ahead of the House’s passing of the Drug Trafficking Act, the Obama Administration announced sweeping measures to address the “prescription opioid abuse and heroin epidemic” in late March. Many of the measures focus on access to care once an addiction is established. The Department of Health and Human Services agreed to expand mental health and substance use services for people on public health insurance plans, and expanded funding (\$11 million) was allotted from the Substance Abuse and Mental Health Services Administration for states to purchase the overdose



reversal drug naloxone. Notably absent from the announcement is any expanded funding for the Drug Enforcement Agency to further monitor licensed prescribers, although the agency did reinstate its Drug Take-Back program in an attempt to keep unused prescription pills from entering the black market. With the March 29 announcement, the Centers for Disease Control and Prevention issued their first-ever Guideline for Prescribing Opioids for Chronic Pain. Although that agency does not have the power to enforce any of its recommendations, 62 medical schools across the country said that, beginning this fall, they will require medical students to take some form of prescriber education course that outlines the CDC's guidelines.

Concurrently, the Senate and House are resolving differences between their versions of the Comprehensive Addiction and Recovery Act of 2016 to authorize more funding to "combat this epidemic," as described by a press release from Sen. Grassley's office.

MORE TALK ABOUT ADDICTION

The comedian Marc Maron, of recent mainstream notoriety for interviewing President Obama on his "WTF with Marc Maron" podcast, is himself an addict. Maron has been sober for 16 years, but he told Fresh Air's Terry Gross that it took him about 26 years to get there. In his television show "Marc," on the IFC network, he stars as a fictionalized version of himself and this season his character is in rehab for an opioid addiction. He gets a back injury, is prescribed pain pills, becomes addicted, loses his house and lands in an in-patient

treatment center. For Maron, the decision to depict rehab and the 12-step program didn't come lightly.

"It's a little dicey dealing with the program publicly because there is part of the traditions of the program that say that you shouldn't deal with it publicly," he told Terry Gross in May. "But it was my belief that if it was handled with some subtlety and with some respect, that it would not be demeaning to the program and it would actually raise awareness. ... However anyone takes this in — how I captured rehab and that experience — I've already gotten a lot of emails from people who are either in the program or need the program that really kind of responded in a positive way to it."

Addiction is an intensely personal matter, but as the problem grows, open dialogue about family history, individual struggles, and risks associated with prescriptions becomes increasingly important.

"We talk more about lice in kid's schools than we do about addiction and treatment," Scott Silverman says. For his part, Silverman wants his work in recovery to "really make it easy for people to choose [to do] something about it. To create that environment for people to feel free to make the call."

He appears on local media to discuss addiction, most recently surrounding the rise in prescription pain pill addiction in this country.

Lisa Smith continues to talk about addiction as well, through speaking engagements with bar associations and in writing. June saw the release of her addiction memoir "Girl Walks Out of a Bar." ☆

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People struggling with addiction in San Diego can contact Scott Silverman through confidentialrecoveryisd.com, Jewish Family Service of San Diego, jfsd.org, also maintains a Behavioral Health Committee that can direct individuals to addiction and recovery services. For a full list of San Diego County's Health and Human Services Agency Alcohol and Other Drug Services, call (888) 724-7240 or visit sandiegocounty.gov