“Every so often I read a work of narrative nonfiction that makes me want to get up and preach: Read this true story! Such is Sam Quinones’ astonishing work of reporting and writing.” —Mary Ann Gwinn, *The Seattle Times*

The True Tale of America’s Opiate Epidemic

DREAMLAND

SAM QUINONES

WITH A NEW AFTERWORD BY THE AUTHOR
A word on terminology: I have used the term "opiate" throughout this book to describe drugs like morphine and heroin, which derive directly from the opium poppy, and others that derive indirectly, or are synthesized from drugs derived, from the poppy and resemble morphine in their effects. These derivative drugs are often described as opioids. But I felt that going back and forth between the two terms throughout the book would confuse the lay reader.

TIME LINE

1804: Morphine is distilled from opium for the first time.
1839: First Opium War breaks out as Britain forces China to sell its India-grown opium, and the British take Hong Kong. A second war erupts in 1957.
1853: The hypodermic syringe is invented. Inventor’s wife is first to die of injected drug overdose.
1898: Bayer chemist invents diacetylmorphine, names it heroin.
1935: The Narcotic Farm in Lexington, Kentucky, opens as federal prison/drug rehabilitation and research center.
1951: Arthur Sackler revolutionizes drug advertising with campaign for antibiotic Terramycin.
1952: Arthur, Raymond, and Mortimer Sackler buy Purdue Frederick.
1960: Arthur Sackler’s campaign for Valium makes it the industry’s first $100 million drug.
1974: The Narcotic Farm closes and is transformed into a medical center and prison.
Early 1980s: First Xalisco migrants set up heroin trafficking businesses in the San Fernando Valley of Los Angeles.
1984: Purdue releases MS Contin, a timed-release morphine painkiller marketed to cancer patients.
Early 1990s: Xalisco Boys heroin cells begin expanding beyond San Fernando Valley to cities across western United States. Their pizza-delivery-style system evolves.

1996: Dr. David Procter’s clinic in South Shore, Kentucky, is presumed the nation’s first pill mill.

1996: President of American Pain Society urges doctors to treat pain as a vital sign.

1998: “The Man” takes Xalisco black tar heroin east across the Mississippi River for the first time, lands in Columbus, Ohio.

1998: In Portsmouth, Ohio, Dr. David Procter has an auto accident that leaves him unable to practice medicine but still capable of running a pain clinic. He hires doctors who go on to open clinics.

Late 1990s: Xalisco Boys heroin cells begin to spread to numerous cities and suburbs east of the Mississippi River.

1998–99: Veterans Administration and JCAHO adopt idea of pain as fifth vital sign.

2000: Operation Tar Pit targets Xalisco heroin networks—the largest joint DEA/FBI operation and first drug conspiracy case to stretch from coast to coast.


2002: Dr. David Procter pleads guilty to drug trafficking and conspiracy and serves eleven years in federal prison.

2004: Washington State Department of Labor & Industries Drs. Gary Franklin and Jaymie Mai publish findings on deaths of injured workers due to overdoses on opiate painkillers.

Mid-2000s: Xalisco black tar heroin cells are now in at least seventeen states. Portsmouth, Ohio, has more pill mills per capita than any U.S. town. Florida’s lax regulations make it another center of illicit pill supply.

2006: Operation Black Gold Rush, a second DEA operation targeting Xalisco heroin cells across the country.

2007: Purdue and three executives plead guilty to misdemeanor charges of false branding of OxyContin; fined $634 million.

2008: Drug overdoses, mostly from opiates, surpass auto fatalities as leading cause of accidental death in the United States.

2010: Drug violence between Los Zetas and Sinaloa cartels spreads to Xalisco, Nayarit.

2011: Ohio passes House Bill 93, regulating pain clinics.


2014: Actor Philip Seymour Hoffman dies, focusing widespread attention for the first time on the United States’ opiate-abuse epidemic and the transition from pills to heroin in particular.

2014: The FDA approves Zohydro, a timed-release hydrocodone painkiller with no abuse deterrent. It also approves Purdue’s Targiniq ER, combining timed-release oxycodone with naloxone, the opiate-overdose antidote.
INTRODUCTION

In the middle-class neighborhood on the east side of Columbus, Ohio, where Myles Schoonover grew up, the kids smoked weed and drank. But while Myles was growing up he knew no one who did heroin. He and his younger brother, Matt, went to a private Christian high school in a Columbus suburb. Their father, Paul Schoonover, co-owns an insurance agency. Ellen Schoonover, their mother, is a stay-at-home mom and part-time consultant.

Myles partied, but found it easy to bear down and focus. He went off to a Christian university in Tennessee in 2005 and was away from home for most of Matt’s adolescence. Matt had attention deficit hyperactivity disorder and schoolwork came harder to him. He started partying—smoking pot and drinking—about his junior year in high school.

The two brothers got to know each other again when Matt joined Myles at college for his freshman year in 2009. His parents were never sure when exactly Matt began using pills that by then were all over central Ohio and Tennessee. But that year Myles saw that pills were already a big part of Matt’s life.

Matt hoped school would be a new beginning. It wasn’t. Instead, he accumulated a crew of friends who lacked basic skills and motivation. They slept on Myles’s sofa. Myles ended up cooking for them. For a while he did his brother’s laundry, because Matt could wear the same clothes for weeks on end. Matt, at six feet six and burly, was a caring fellow with a soft side. His cards could be heartfelt and sweet. “I love you, mommy,” he wrote the last time to his mother, after his grandmother had been hospitalized for some time. “All this stuff with grandma has made me realize you really don’t know how long you have on this earth. You’re the best mom I could ask for.” Yet the pills seemed to keep him in a fog. Myles once had to take him to a post office so he could mail their mother a birthday card, as Matt seemed otherwise incapable of finding the place.
Myles was a graduate teaching assistant and saw kids his brother’s age all the time. It seemed to him that a large chunk of Matt’s generation could not navigate life’s demands and consequences. Myles had taught English in Beijing to Chinese kids who strove ferociously to differentiate themselves from millions of other young people. American kids a world away had enormous quantities of the world’s resources lavished on them to little result; they coasted along, doing the bare minimum and depending on their parents to resolve problems, big and small.

At year’s end, Matt returned home to live with his parents. Myles spent the next years at Yale getting a master’s degree in Judaic and biblical studies and never knew all that happened later. At home, Matt seemed to have lost the aimlessness he displayed in college. He dressed neatly and worked full-time at catering companies. But by the time he moved home, his parents later realized, he had become a functional addict, using opiate prescription painkillers, and Percocet above all. From there, he moved eventually to OxyContin, a powerful pill made by a company in the small state of Connecticut—Purdue Pharma.

In early 2012, his parents found out. They were worried, but the pills Matt had been abusing were pharmaceuticals prescribed by a doctor. They weren’t some street drug that you could die from, or so they believed. They took him to a doctor, who prescribed a weeklong home detoxification, using blood pressure and sleep medicine to calm the symptoms of opiate withdrawal.

He relapsed a short time later. Unable to afford street OxyContin, Matt at some point switched to the black tar heroin that had saturated the Columbus market, brought in by young Mexican men from a small state on Mexico’s Pacific coast called Nayarit. Looking back later, his parents believe this had happened months before they knew of his addiction. But in April 2012, Matt tearfully admitted his heroin problem to his parents. Stunned, they got him into a treatment center.

Myles hadn’t spoken to his brother for some time when he called his parents.

“He’s in drug rehab,” said his mother.
“What? For what?”
Ellen paused, not knowing how to say it.
“Matt is addicted to heroin.”
Myles burst into tears.

Matt Schoonover came home from three weeks of rehab on May 10, 2012, and with that, his parents felt the nightmare was over. The next day, they bought him a new battery for his car, and a new cell phone.
He set off to a Narcotics Anonymous meeting, then a golf date with friends. He was supposed to call his father after the NA meeting.

His parents waited all day for a call that never came. That night, a policeman knocked on their door.

More than eight hundred people attended Matt’s funeral. He was twenty-one when he overdosed on black tar heroin.

In the months after Matt died, Paul and Ellen Schoonover were struck by all they didn’t know. First, the pills: Doctors prescribed them, so how could they lead to heroin and death? And what was black tar heroin? People who lived in tents under overpasses used heroin. Matt grew up in the best neighborhoods, attended a Christian private school and a prominent church. He’d admitted his addiction, sought help, and received the best residential drug treatment in Columbus. Why wasn’t that enough?

But across America, thousands of people like Matt Schoonover were dying. Drug overdoses were killing more people every year than car accidents. Auto fatalities had been the leading cause of accidental death for decades until this. Now most of the fatal overdoses were from opiates: prescription painkillers or heroin. If deaths were the measurement, this wave of opiate abuse was the worst drug scourge to ever hit the country.

This epidemic involved more users and far more death than the crack plague of the 1990s, or the heroin plague in the 1970s; but it was happening quietly. Kids were dying in the Rust Belt of Ohio and the Bible Belt of Tennessee. Some of the worst of it was in Charlotte’s best country club enclaves. It was in Mission Viejo and Simi Valley in suburban Southern California, and in Indianapolis, Salt Lake, and Albuquerque, in Oregon and Minnesota and Oklahoma and Alabama. For each of the thousands who died every year, many hundreds more were addicted.

Via pills, heroin had entered the mainstream. The new addicts were football players and cheerleaders; football was almost a gateway to opiate addiction. Wounded soldiers returned from Afghanistan hooked on pain pills and died in America. Kids got hooked in college and died there. Some of these addicts were from rough corners of rural Appalachia. But many more were from the U.S. middle class. They lived in communities where the driveways were clean, the cars were new, and the shopping centers attracted congregations of Starbucks, Home Depot, CVS, and Applebee’s. They were the daughters of preachers, the sons of cops and doctors, the children of contractors and teachers and business owners and bankers.
And almost every one was white.

Children of the most privileged group in the wealthiest country in the history of the world were getting hooked and dying in almost epidemic numbers from substances meant to, of all things, numb pain. “What pain?” a South Carolina cop asked rhetorically one afternoon as we toured the fine neighborhoods south of Charlotte where he arrested kids for pills and heroin.

Crime was at historic lows, drug overdose deaths at record highs. A happy façade covered a disturbing reality.

I grew consumed by this story. It was about America and Mexico, about addiction and marketing, about wealth and poverty, about happiness and how to achieve it. I saw it as an epic woven by threads from all over. It took me through the history of pain and a revolution in U.S. medicine. I followed the tale through a small town of sugarcane farmers in Nayarit, Mexico, and a town of equal size in the Rust Belt of southern Ohio. The story transported me through Appalachian Kentucky and the gleaming suburbs of the cities that most benefited from our age of excess that began in the late 1990s. I met cops and addicts, professors and doctors, public health nurses and pharmacists, as I tried to follow the threads.

And I met parents.

On New Year’s Day 2013, I was in Covington, Kentucky, and beginning full-time research on this book. The only place open for lunch was Herb & Thelma’s Tavern—a cozy, darkened place for chili. Inside were a dozen members of a family celebrating a girl’s birthday. I sat in a corner, eating and writing for an hour in the glow of the college football games on TV and the neon Bavarian beer sign on the wall.

I rose to leave when, seeing the Berkeley sweatshirt I wore, the grandmother in the group asked, “You’re not from around here, are you?”

I told her I was from California. She asked why I was so far from home. I told her I was just beginning to research a book about heroin and prescription pill abuse.

The party stopped. The tavern hushed.

“Well, pull up a chair,” she said, after a pause. “I have a story for you.”

Her name was Carol Wagner. Carol went on to tell me of her handsome, college-educated son, Chad, who was prescribed OxyContin for his carpal tunnel syndrome, grew addicted, and never got unstuck after that. He lost home and family and five years later lay dead of a heroin overdose in a Cincinnati halfway house. Carol’s daughter-in-law had a nephew who’d also died from heroin.
“I no longer judge drug addicts,” Carol said. “I no longer judge prostitutes.”

I left Herb & Thelma’s and drove the streets, stunned that so random an encounter in America’s heartland could yield such personal connections to heroin.

Later, I met other parents whose children were still alive, but who had shape-shifted into lying, thieving slaves to an unseen molecule. These parents feared each night the call that their child was dead in a McDonald’s bathroom. They went broke paying for rehab, and collect calls from jail. They moved to where no one knew their shame. They prayed that the child they’d known would reemerge. Some considered suicide. They were shell-shocked and unprepared for the sudden nightmare opiate abuse had wreaked and how deeply it mangled their lives.

Among the parents I met were Paul and Ellen Schoonover. I found them anguished and bewildered a year after Matt’s death.

“I kept trying to figure out what just happened. Why did our lives become devastated?” Paul Schoonover said to me the day we first got together at his insurance agency in Columbus. “How could this have happened?”

Here’s how.