



Shoshana Walter

# Rehab

An American  
Scandal



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# Rehab

An American Scandal

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*For Miriam.*

## INTRODUCTION

# America's Other Drug Crisis

On a bright morning in May 2014, an amateur search party stepped onto a crumbling cliffside studded with stinging nettles and rattlesnake-infested shrubs. In front of the crew was an endless expanse of blue sky and snow-topped mountains. Beneath them, a near vertical drop into the San Bernardino National Forest, and its canopy of towering, swaying Bristlecone pines. The search party skidded down the incline as brush, dust, and rocks dislodged from the dry sandy soil and hurtled into the canyon, a mile down below. They were looking for the remains of 21-year-old Donovan Doyle, presumed dead. In fact, he had last been seen outside a quaint 1940s inn perched on the top of the mountain where the searchers now stood. That inn had an unusual purpose—as a drug rehab facility.

Donovan's parents had heard all sorts of stories from Above It All Treatment Center in Skyforest, California, and none provided a clear picture of what happened the day their son went missing. The for-profit rehab industry was rapidly expanding to meet the growing demand for treatment services that were now covered under the Affordable Care Act, and with this expansion came a meteoric rise in business practices intended to maximize profits—often at the expense of patient care. Each week Donovan Doyle had been at Above It All he seemed to get worse. Unbeknownst to the Doyles, even the employees at Above It All had grown concerned about Donovan's treatment. Donovan had started wetting the bed. One employee thought he was being overmedicated and that Donovan needed more intensive treatment services, which Above It All could not provide. Donovan routinely begged his parents to pick him up and take him home—requests that were denied at the recommendation of the rehab's owner. But it wasn't until Donovan refused to attend group sessions—preventing the program from collecting all his insurance benefits—that Above It All decided to discharge Donovan from their program. By that point, about two weeks in, the rehab had already billed more than \$14,000 for its services. That's when Donovan's counselor told him that he had to leave. A scuffle broke out. Then Donovan walked off, disappearing into the fog, without a trace. Eight months later, the Doyles were still looking for answers.

The crew descended the cliff carefully in a zigzag formation, carrying yellow caution tape to mark whatever they found. Donavan's father, Shannon, was among them. He was joined by a retired crime-scene investigator, but all the searchers were volunteers—mostly local townspeople who had worried for years about Above It All's expansion into their small town. At first, the locals were angry about the program's proximity to a school bus stop and the tattooed men they saw milling about. When they encountered the Doyles walking door to door, they had offered to help organize the search, more familiar with the rocky cliffside terrain than Shannon, a longtime truck driver from Fresno, whose heart thudded rapidly in the 90-degree heat. He carried only a plastic water bottle, squeezed into the back pocket of his pants, while he struggled to remain upright on the shifting soil.

While Shannon clung desperately to the mountainside, Donavan's mother, Cyndi, clung to another local volunteer, a woman named Wendy McEntyre. Wendy had joined the search party because she, too, had lost a son. The two women were a striking sight: Cyndi was short and round with a blond bob; Wendy was tall and lanky with a slight stoop and a frazzled blond coif. It had been almost ten years since Wendy's son had overdosed and died at a sober-living home. Following his death, she left her high-paying job as a mortgage broker, sold her suburban home in a wealthy Los Angeles suburb, and moved to this mountain community. She'd made it her mission to force a change in the rehab industry. She was so loving that she had cried with the Doyles at their first meeting. "You can tell how much she cares," Cyndi later told me. "When you're in pain, she's in pain." At the same time, Wendy could be so zealous in her pursuit of justice that—to bureaucrats and detractors—she could come across as unhinged.

Wendy didn't think they'd be able to find Donavan. It had been too long, and winters in the mountain were too extreme. But she knew her presence could help the Doyles accept whatever was to come.

The crew was almost 3,500 feet down when one of the searchers lost his footing. He cried out, the two hikers below him hurling themselves out of the way as he hurtled down the steep slope, clawing clods of loose dirt and rocks until he came to a stop. Covered in leaves and dust, the man rose to his knees and noticed something in the brush. It was a wallet. "Shannon," he called out. The father quickly confirmed it was his son's. They had bought it at an outlet mall on their drive to Above It All.

As Shannon stared at the wallet, the searchers continued on. Someone found Donavan's Nike sweatshirt, which was inside out with bite marks on it, as though animals had gnawed through it. They saw what appeared to be broken bones. And then they saw a skull, resting in a cluster of fallen trees. It was brown and gray, with several broken teeth—a detail that later stood out to Shannon because Donavan had always had beautiful straight

teeth. The group marked the location of the remains with the yellow caution tape. Shannon swallowed down his growing panic, and the search party began the difficult climb to the top.

The San Bernardino County Sheriff's Office, which had already classified Donovan's disappearance as voluntary, declined to dispatch its homicide unit to the scene. The next day, the agency confirmed the identity of the remains and reaffirmed their stance: This was not a suspicious death. The medical examiner soon reached a similar conclusion. Donovan had been staying at Above It All "for drug-related issues," the examiner wrote. "Attempts have been made to speak with family regarding Donovan's social history and medical history. Due to poor telephone reception and other issues, we have not been able to make contact." The coroner ruled Donovan's cause of death as "undetermined," but said that "exposure to the elements [was] a distinct possibility." The case was closed.

For the Doyles and for Wendy McEntyre, however, it was just the beginning. Wendy was used to hearing drug-addicted people blamed for their own deaths. Her own son's death had been ruled an accident. But after years of digging, she was convinced that negligent care and a lack of oversight had contributed to his fatal overdose. To her, it seemed there might also be more to Donovan's disappearance.

How did a young man from a loving family living five hours away end up at a rehab in the mountains of San Bernardino? How had Donovan Doyle managed to leave this rehab—blindly, into the fog, without a trace? And why was Above It All allowed to continue operating without any further investigation?

The story behind Donovan's death would reveal a largely hidden world that reached far beyond Wendy's mountain town. It was almost exclusively populated by desperate and addicted people who had been lured to rehab with the promise of a cure for what ailed them, only to repeatedly falter and fail inside a system that treated them like dollar signs. This was the world of addiction treatment, with thousands of programs scattered across the country that were mostly shielded from public view. This system had been transformed and emboldened by federal policies, but was ultimately governed by a uniquely American approach to addiction treatment: a philosophy that lurched between personal responsibility and punishment, all while driven by the need for profit. The industry was shockingly under-scrutinized, considering the scope of America's addiction crisis, which has killed more Americans each year than died in the entire length of the Vietnam war. The stark truth was that there would be no solving America's opioid epidemic unless the country developed an effective addiction-treatment system. And until a growing group of people like Shannon and Cyndi Doyle and Wendy McEntyre confronted a system that was

broken. It was a system that all too often seemed to believe people like their sons—people struggling with addiction—deserved their fate, up to and including death.

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MORE THAN A YEAR after Donovan Doyle's remains were found, in October 2015, then-President Barack Obama stepped up to a podium in a gymnasium in Charleston, West Virginia, and publicly acknowledged for the first time that the opioid crisis had reached epidemic proportions. "More Americans now die every year from drug overdoses than they do from motor vehicle crashes," Obama announced. "This crisis is taking lives. It's destroying families. It's shattering communities all across the country."

This speech reflected a marked shift in thinking, brought about by the deadliest drug epidemic in American history. In years past or present, the president might have pledged to unleash the full force of the police, to patrol lawless communities, to lock up drug dealers and users, to secure the border, and to cut off drug supplies. Instead, Obama took a different tack. He described the people buying the drugs as *people*. This was not a problem caused by minority communities overrun with crack and crime. This epidemic was universal.

"This could happen to any of us in any of our families," Obama said. "It touches everybody—from celebrities to college students, to soccer moms, to inner city kids. White, Black, Hispanic, young, old, rich, poor, urban, suburban, men and women. It can happen to a coal miner; it can happen to a construction worker; a cop who is taking a painkiller for a work-related injury. It could happen to the doctor who writes him the prescription."

During the crack epidemic, drug users—predominantly Black and Brown, from the inner city—were vilified and arrested. Now, a new generation of users and their families—predominantly white—were demanding a different, more compassionate approach. And the political capital of white families could not be so easily ignored. Members of Congress in both parties began framing addiction as a disease and the people afflicted with it as "victims." The villain responsible for this epidemic was identified as Purdue Pharma, the pharmaceutical company behind the blockbuster pain medication OxyContin, which became the target of widespread activism, prosecution, civil lawsuits, and dozens of books and television shows, eventually leading the company to declare bankruptcy in 2019. Lawmakers pledged to fund solutions to the problem, and they promised to never let it happen again. For this drug epidemic, treatment seemed to be the near unanimous answer.

In the years that followed, some forms of that promise took shape. The country's drug-treatment system underwent an enormous expansion. First, the federal government—led by then-Senator Joe Biden—partnered with a pharmaceutical company to produce



Suboxone, the country's first treatment for opioid addiction that could be prescribed from the comfort of a doctor's office. During the Bush and Obama administrations, a series of funding packages and additional rules followed, including a law requiring insurance companies to cover addiction treatment just like any other medical procedure. Then the Affordable Care Act expanded addiction treatment to millions of people. Today, addiction treatment is a \$53 billion per year industry. Once solely the domain of the wealthy, rehab is now accessible to more people than ever before.

But meanwhile, the epidemic continued its steady climb. Year after year, it broke new records as the deadliest drug crisis in U.S. history, far outpacing the overdose death rate of all other high-income nations. In 2021, there were more than 6,100 overdose deaths involving illicit drugs in the entirety of the European Union; for that year in the United States, there were more than 107,000. Since the start of the crisis in 1999, overdose deaths have increased 541 percent. In total, more than 1 million people in the United States have died of overdoses. In just two years, the deaths caused by synthetic opioids like fentanyl alone were more than triple the casualties from the Iraq, Afghanistan, and Vietnam wars combined.

Everyone seemed to agree: People need treatment. So why hasn't it worked?

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PURDUE PHARMA IS an easy villain to blame for the opioid epidemic. This book tells the story of America's *other* drug crisis—the one that has received but a small fraction of the attention: the profit-hungry, under-regulated, and all too often deadly rehab industry.

What began as a well-intentioned effort by lawmakers to stem the tide of overdose deaths instead became a key reason why today so many Americans remain mired in a cycle of relapse, addiction, and arrest. Lawmakers invested in finding a medical cure for addiction—Suboxone. But they created restrictive regulations that made Suboxone scarce during the most crucial years of the epidemic and enriched the pharmaceutical company behind it. Lawmakers passed the Affordable Care Act, creating greater access to treatment than ever before. But as the law came online, and for-profit rehab programs proliferated, both regulators and law enforcement failed to reel in unethical business practices that endangered lives.

Some of these practices had existed for decades, despite evidence they often did more harm than good. For example, at some rehab programs, patients worked full-time manual-labor jobs for free, classified as “work therapy.” Other programs overmedicated patients to the point of impairment, then were all too eager to re-enroll those patients once they had inevitably relapsed upon release. Insurance companies erected barriers to coverage,

preventing many patients from accessing any programs at all. But even patients who had access to “good” rehab programs were at risk. At their lowest and most vulnerable, with decreased tolerance, patients struggled and relapsed when the support of rehab evaporated. Studies show that patients are more likely to overdose and die after a 30-day stint in rehab than before it.

Rehab programs definitely help people recover. For the worst cases of addiction, some treatment is better than none. But the success of a program often hinges on what happens *after* people leave and what kind of support and opportunity patients have to fall back on. As lawmakers went all-in on treatment, these changes laid bare the gaps in our social safety net that left people—including those who attended rehab—even more vulnerable to relapse and death.

In the following pages, you’ll find the stories of four people, each in a different region of the country, who represent the failures of our treatment system. Some of these people meet tragic endings, while others manage, through a combination of luck and miraculous tenacity, to survive the system and even thrive.

April Lee, a Black mom in Philadelphia, is a self-described “crack baby” who witnessed firsthand how the government’s punitive response to the crack epidemic impeded her own mother’s recovery. As a child, April knew she wanted something different for herself. She dreamed of becoming a lawyer or a cop. But after she became addicted and wanted help—was even begging for it—she couldn’t get it.

Unlike April, Chris Koon, a young middle-class white man from Louisiana, got the chance to go to treatment instead of to prison. Yet the only program the judge permitted was one that forced him to perform backbreaking menial labor at for-profit companies. This was essentially his sole form of treatment, for which he received no compensation except one pack of cigarettes a week.

You’ll meet Wendy McEntyre, a mother from a wealthy suburb of Los Angeles. She’s the kind of clamoring and privileged constituent who has pushed lawmakers to treat this epidemic differently from the drug crises of years past. When Wendy’s own son died of an overdose in a sober-living home, she began investigating the treatment programs unleashed by the Affordable Care Act that prioritized billable services over individual needs. Yet, law enforcement and regulators routinely ignored her warnings. And the rehab patients continued to die.

You’ll also meet Larry Ley, a surgeon from Indiana who struggled with addiction, and who would eventually become one of the first Suboxone prescribers in the nation. But despite the medication’s successful use in other countries to stem overdose deaths, the United States kept a tight rein on it, limiting its availability during a crucial time and

enriching Suboxone's manufacturer in the process. And Larry, intent on finding ways to serve the many patients lining up outside his doors, soon drew the attention of the Drug Enforcement Administration, which launched an investigation of Larry and other doctors.

These four people do not reflect all the possible experiences of addiction, treatment, and recovery. Given the severity of America's drug crisis, it might sound like a turn toward more rehab is a good thing. When rehab works, it can save lives. It can mend families and be among the most redemptive narrative arcs in a person's life. People want to get better. Parents empty their bank accounts to put their children through rehab. People move across the country to escape the deadly grip of an addiction that controls every aspect of their lives. People struggling with addiction do need help.

But the treatment system we have today isn't working. Too often, rehab not only fails to help people but also contributes to a cycle of relapse that can prove deadly. Despite the rehab industry's many claims, there is no magical cure for addiction. As Obama, Biden, and countless other politicians have declared, anyone can get addicted. But in America, only certain people get the chance to recover.

Only by understanding this pattern and seeing how it plays out in our treatment system can we begin to understand how to do better—how as a nation we can actually overcome this epidemic, and the others to come.

# Part One

## An Epidemic Begins



## CHAPTER ONE

# Chris Koon

*Pineville, Louisiana*  
*2005*

Chris Koon was 15 when he tried opioids for the first time. He was visiting his cousin's house, showing off on a three-wheeler. Then, one of his shoelaces got caught on the pedal, and he hurtled onto the pavement. He woke up splayed in the middle of the road, blood and gravel streaked across the side of his face. *How can I play this off?* he thought at first. Then he tried to stand, the adrenaline wore off, his ankle collapsed, and the pain kicked in. He realized his ankle was broken. Three surgeries later, he lay in bed, feeling useless. He took one pill, and it made his ankle feel better. He took two pills, and it made him feel better about lying around useless in bed. "I felt happy," he said. "Felt good."

Chris had always felt kind of lonely, and he longed to fit in. According to his grandmother Pat Koon—otherwise known as Granny, a sturdy no-nonsense woman and a believer in astrology—Chris was practically destined to be exploited. He was born in September of 1990; in other words, he was a Virgo. "Virgos are real kind-hearted people," Granny explained. "Easily taken advantage of. They help people at their own expense."

Chris's parents had him young. In 1989, John Koon was in his second year of college and he went back to visit his old marching band teacher. Right there, in band class, was a senior who caught his eye. They began a courtship that soon resulted in a surprise. "I believe the exact statement was, 'You're what?'" John recalled. John's father had worked two or three jobs on and off his whole life, so John soon assumed the role he'd long seen his dad perform. He worked his ass off. Carrie and John moved in with John's parents while he finished college, and they both worked. In between shifts flipping burgers at fast-food restaurants, they played classical music for Chris while he was still in the womb and they dreamed of growing a large family.

It ended up being just Chris. When he turned four, his parents divorced and John graduated from college and began an overnight job at a mental health facility. Chris's grandparents became his caregivers. Chris was especially fond of his grandfather, who now had all the time in the world for his first grandson. They made cranberry sauce together at Christmas and listened to classical music. But then Chris's grandfather, too, moved on. He died when Chris was six. After that, Chris shuttled between Dad and Mom and Granny, switching houses and schools whenever he missed the other parent, got angry about something, or was just plain bored. His mom remarried and had two other sons, while his dad remarried and got a stepdaughter. They were two families, who saw each other full-time; Chris was part-time.

Chris's desire to belong led him to try many things, even when he knew he shouldn't. When he was 10, after his mother had remarried, Chris was hanging out with some older kids in the woods behind the house who were passing a blunt back and forth. "Eww," Chris said. "Smoking is gross." But they insisted it wasn't. This stuff was different. Try it. So, Chris did. Afterward, he went back to the house, swung open the freezer door, and consumed nearly all of Mom's leftover wedding cake. "They didn't know I had the munchies," he recalled. "They just knew my fat ass ate their cake."

Next, Chris tried Adderall. In junior high school, everyone seemed to have an ADD diagnosis and a prescription. Another time, an older boy in the neighborhood offered Chris and his friends some crack. No one seemed interested, so Chris decided to be the badass. This time, he was the first to try it, and then the others followed.

In high school, the only education Chris received about drugs was through DARE—Drug Abuse Resistance Education—a Reagan-era program that often deployed horror stories about drugs to scare teenagers away from trying them. That tactic didn't work for most kids. Studies had found that kids who learn "self-efficacy," who feel empowered to make their own choices, are also more likely to effectively deal with peer pressure, more likely to feel comfortable refusing drugs if offered, and more likely to talk to their parents about it. Of the schools that offered prevention programs, only 10 percent deployed these kind of strategies.

What Chris knew about drugs was this: They were fun. They brought people together. They alleviated anxiety and made people feel better. And the adults around him knew that, too. Pain pills were so ubiquitous in the parish that it was easy to find people willing to part ways with them. Procuring the pills made Chris feel like he had something to offer, like he was important and a little bit dangerous, a part of something greater than himself.

In his mind, this wasn't some kind of big criminal enterprise. He just tagged along with friends, met friends of friends, and neighbors of friends. Many of them were his parents'

age and older, people who had worked for years in physically demanding blue-collar jobs, who easily obtained prescriptions for OxyContin and other pain pills, and now had more than they could possibly use. From 2006 to 2019, more than 2.6 billion pain pills were supplied to patients in Louisiana. For many of those patients, out of work or struggling financially, selling their pills on the black market provided an easy income stream.

Others traded their medicine for something that worked even better. Chris remembered meeting one woman who had been diagnosed with late-stage lung cancer. She didn't want money for her pills; she just wanted marijuana, which was illegal in Louisiana but helped with the pain and nausea in a way the pills never did. Even though she gave Chris almost her entire bottle of pain pills, she never asked for more weed than she needed. "Are you sure?" he'd ask, concerned. Chris grew fond of her and visited her often.

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CHRIS'S ADOLESCENT DRUG experimentation coincided with a period of increasing inequality in and disillusionment with American working life. In 1960, the unemployment rate was about 4 percent. By 2009, a year into a national recession, the rate had more than doubled. Jobs were more unstable, and less likely to come with health insurance, while at the same time welfare benefits for families had plummeted. Amid the high rates of poverty and joblessness came higher rates of chronic pain.

A small, family-run pharmaceutical company best known for manufacturing pain pills for cancer patients cooked up the cure for what was ailing working-class Americans. In 1996, Purdue Pharma released OxyContin, an extended-release oxycodone pill that was twice as strong as other common opioid-based painkillers.

Over the next decade, Purdue Pharma invested heavily in transforming the hearts and minds of America's physicians and patients. There was an untreated epidemic of chronic pain in the United States. OxyContin, the company promised, would provide the cure: immediate relief without addicting people. Soon, other companies began marketing powerful opioid-based pills directly to the public.

The healthcare system was poised to embrace this pain pill revolution. Doctors, under pressure to see more patients, were spending less time with them, while insurance companies stopped reimbursing for more expensive, longer-term pain treatments. Purdue Pharma deployed a vast army of mouthpieces to sell physicians on OxyContin, claiming that it was specially designed to prevent misuse. Less than 1 percent of pain patients develop addictions from opioids, the sales reps said, citing an article from the prestigious *New England Journal of Medicine* that was, in fact, not a scientific study but, rather, a letter to the editor written by a single doctor. These pharmaceutical representatives all

insisted the drug was impossible to abuse. Its extended-release formulation meant that, once ingested, the painkiller would be absorbed over time, not all at once in one powerful high, they said. Purdue also poured funding into patient advocacy groups, launched educational programs for doctors, and offered paid speaking gigs and freebies, from plush toys to CDs to training conferences at fancy resorts.

But people who took the pills noticed they didn't last as long as described. To ease their pain, some people took more than was prescribed. Others saw how easy it was to get around the extended-release coating. If they crushed the pill, they could snort the powder or mix it with water and inject it. The resulting high was powerful and immediate.

By 2002, six years after its release and while Chris was in middle school, OxyContin's sales were soaring. Purdue Pharma was selling roughly \$1.5 billion worth of the drug every year, transforming the once fledgling family company into the biggest-selling pharmaceutical manufacturer in the country.

Meanwhile, deaths from the drug began to mount. At first, they were noted only by medical examiners in rural communities, but soon the numbers were impossible to ignore. When President Nixon had declared his war on drugs in 1971, annual overdose deaths were 6,771. By 2008, when Chris graduated from high school, the annual drug-overdose death toll had reached more than 36,000, soon surpassing car accidents as the leading cause of accidental death. Prescription narcotics were now killing more Americans than all illegal drugs combined, and joblessness seemed to increase the risk of these deaths. With every 1 percent increase in unemployment came a 3.5 percent increase in opioid-related deaths and a 7 percent increase in overdoses.

Rapides Parish, where Chris grew up, had once been a central hub for the slave trade, and following the abolition of slavery, home to a white community that thrived amid the brutal violence of Jim Crow. For decades after World War II, the federal government encouraged public and private investment in segregated white communities across the country, which was a boon for the white working and middle classes, who bought homes and found stable jobs in manufacturing and other industries, while Black towns and neighborhoods remained largely excluded from those benefits, sometimes violently. As parish leaders fought integration and school busing, Main Street in Pineville bustled with activity, a beacon of civic duty and commerce beside the bayous and pine forests. Then, in the 1980s, American lawmakers began to relax regulations on private capital. As employers closed plants or fled to cheaper pastures abroad, bleeding jobs from American workers, many white communities, too, began to feel the sting of capitalist betrayal and the pain of government neglect.



By 2008, amid a national recession, Pineville's Main Street had become mostly a series of dilapidated, empty storefronts. With so much industry now overseas, attracting major employers to a town or city had become a competitive sport, with offers of massive tax breaks to incentivize companies to relocate. But attracting new business to the parish was difficult because, in order to function, those companies would need functional workers, and it seemed to potential employers that most workers there could not pass a drug test. Developing a drug problem felt almost inevitable, especially for a young unemployed man, unsure of his purpose or his future.

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ONE DAY, not long after he turned 18, Chris went to his dealer's house. He was about to buy some weed when he got a text from a friend, who told him to wait. "Be there in ten minutes," he said. Chris plunked down into a chair in the backyard. The dealer rolled a blunt, Chris rolled a joint, and they waited, listening to the symphony of frogs that echoed across the night sky.

Less than ten minutes later, Chris heard loud whoops, the barking of dogs, and the dreaded sound of police. *Oh, shit.* Chris threw away the weed, swung his hefty frame over the fence, and ran until he felt lightheaded and out of breath. He slowed down in a nearby cemetery and ducked behind a tombstone, panting. He thought for a moment. His truck was still parked outside the house, and it was registered to his mom. Sooner or later, the police would find out who owned the vehicle and call them. He again began running, got to a friend's house, and then called his dad.

"Where the fuck are you?" John Koon asked. "The cops are looking for you." It was the middle of the night, but John drove over and picked Chris up from the friend's house.

Chris's mother was out looking for her son, too. As Chris expected, the police had called her when they found his truck. Apparently, a young woman had been trying to drive off in it, claiming she was Chris's sister. Carrie told them that was a lie. But now the police knew Chris had been there and they wanted to arrest him. Carrie believed Chris needed to learn there were consequences for his actions. She wanted to bring Chris to the police. She called John. "Where are you?" she asked.

John, a prison guard, had no illusions about the criminal justice system. It wasn't a place for his son. He told Carrie where he was, and then told Chris to hide in the back seat. "I'm still looking for him," Chris heard John say when his mother pulled up alongside the car. "I ain't seen him."

"Well, he needs to turn himself in," she replied.

“Well, I don’t know, I ain’t seen him,” John said. As soon as Carrie pulled away, John turned back toward Chris. “She’s crazy,” he said. “We’re getting you a lawyer.”

Chris was petrified at the thought of being handcuffed and interrogated, and taken off to jail. But as dawn broke, he felt even worse about putting his parents through hell. He decided to turn himself in.

Lucky for Chris, the cop at the police station saw a kid who had fallen in with the wrong crowd and was just experimenting. Chris walked out of the station with his car keys and a parking ticket.

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NOW OUT OF high school, Chris began to fill increasing amounts of his free time with drugs. He tried ecstasy, mushrooms, other hallucinogens. But pain pills were by far the easiest to find. He started eating pills—Dilaudid and Opana—and he didn’t stop. He bounced from house to house, from his grandma’s house to his mom’s. He would do well for a time; he’d hold down a job, his parents would breathe a sigh of relief, and then he’d do something stupid. Like shoplifting two CDs from a Best Buy store. Or hanging out with a friend who swiped a girl’s purse off the pool table at Riches. The sum total of these heists was about \$43. Chris was 21 when he was arrested a second time.

Chris was an adult now, which meant he had to get a job. Work seemed to be in his family’s DNA—he had grown up in a Czech immigrant community that prided itself on its work ethic. Also, he’d always loved to read—he and his dad shared a love of sci-fi and fantasy series—but his grades hadn’t been great, and his broken ankle had ruined his high school football career along with any hope of a college scholarship. So, Chris had no idea what he wanted to do. He had a hard time imagining himself like his parents, working long hours to eke out a marginally middle-class life. Both of his parents had college degrees and they worked multiple jobs, his dad as a prison guard and his mom as a nurse. These were dependable jobs, they advised him. “Do what you gotta do now so you can do whatever you want later,” John would tell Chris. He did try some jobs. There was an offshore job that ended with an oil rig explosion. An EMT trainee position that ended when he tested positive for weed. Nothing stuck.

By now, heroin from Mexico was beginning to flood into the United States, finding a ready customer base in users of OxyContin and other pain pills. Heroin was cheaper but it produced the same high—a bigger bang for the buck that was hard for a chronically underemployed person like Chris to resist. Before long, he injected heroin for the first time. Euphoria enveloped his body like a warm electric blanket, before spreading to his brain. “I couldn’t do nothing but sit there and feel splendiferous,” Chris said. “It doesn’t

matter if it was raining blood on you right then. You would be alright. You might nod out, might throw up. Who knows? It don't matter. Because you feel great and nothing can touch you." Chris sat there for who knows how long. He couldn't talk, he couldn't move. He was a fuck-up, he knew that; but using heroin made him feel like everything was alright.

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ONE DAY, Chris was deep into one of his shame cycles when he ran into someone he knew who once had a heroin problem. He'd always looked ragged and paranoid, but now he looked normal, even healthy. He told Chris that a doctor had prescribed him a medication called Suboxone.

Suboxone, a combination of the drugs buprenorphine and naloxone, is a maintenance treatment for opioid addiction, and a partial opioid agonist, filling the same receptors in the brain as illicit opioids. In essence, an opioid agonist moves into the same region of the brain usually stimulated by heroin or OxyContin, takes away the withdrawal symptoms that usually come with stopping opioid use, reduces cravings, and makes it difficult to continue to use a drug like heroin or OxyContin and get high. And unlike OxyContin or heroin, it has a "ceiling"; that is, if an opioid user like Chris took more than was prescribed—as he often did—it would have no effect.

Chris felt compelled to give it a try. He was the happiest he'd been in years, and lately the constant pursuit of heroin had begun to feel like more trouble than it was worth. At 21 years old, he was in love. The woman was a pretty brunette with two young kids, and Chris felt like he was fulfilling his dream of having his own family. He finally felt like he belonged. "So lucky to have found such a great woman to spend my life with," Chris wrote on Facebook. "Laying down with the kids just hanging out and dozing off—best high ever." Granny was not surprised. Even amid all his fuck-ups, she always thought he would make a wonderful father.

At first, Chris had trouble finding a prescriber, and he started buying it off his friend. Then he found a doctor. But Suboxone was expensive, and the clinic only took cash.

Chris started working as a night cashier at a Circle K convenience store. He found the job bleak and boring. Every night, he would stare at the line of refrigerators filled with beer that was located along the back wall, waiting for customers to come in. He felt like he was treading water. "Gotta go to school and get a career," Chris wrote on Facebook one night. "I have about 30 years of working ahead of me so I might as well be doing something I like, am I wrong."

Then tragedy struck. His best friend died in a car wreck. A couple of months after that, the girl he'd hoped to marry broke up with him. He stopped taking Suboxone because it was too expensive.

By that time, Chris had gotten a job delivering pizzas for Papa John's. He found himself craving that high, and soon he was stopping by the Circle K to shoot up in the bathroom before continuing on his route. He started showing up late for work—or not at all. He lost that job and started spending all his time and energy searching for heroin. After a few months of this, Chris was shooting heroin several times a day. He kept using more and more of the drug, just to feel something and to stave off withdrawal symptoms. He knew it was only a matter of time before he overdosed.

Finally, he did overdose. He was at his friend Zach's house. He felt himself sinking into his own body, then sinking into the ground, and then he was floating above, watching himself below, frozen in terror and euphoria, unable to move. Zach noticed Chris lying there, like a corpse. He had a Suboxone tablet in his pocket and he gave it to Chris. Soon, Chris was puking his guts out, in the thick of withdrawal—but he was alive.

Chris thought that would be the last time. He'd almost died; why would he feel compelled to use heroin again after that? One day, he was at Granny's when he noticed a pile of papers on the kitchen table. They were an application for a burial plot—for him. "Shook me to my core," he said. It made him want to stop. But, of course, he didn't.

The Suboxone was but a brief reprieve. It was so hard to find, so out of the mainstream, that Chris didn't even think of turning to it again. If the drug had been easier to get—if there were more doctors prescribing it, if it was cheaper, or covered by insurance—maybe Chris could have stayed on Suboxone and off the pain pills and heroin. But the pharmaceutical company that made Suboxone, and the U.S. government itself, had made that next to impossible.