The background of the entire cover is a dense, repeating pattern of white, round pills with a diagonal score line, set against a light grey, textured surface. The pills are arranged in a grid-like pattern, creating a strong visual texture.

*Stories
of Loss and
Recovery*

**THE
FACE
OF
ADDICTION**

JOSHUA LAWSON

Praise for

THE FACE OF ADDICTION

“There’s only one solid way to make change in a social problem—hear the stories of the folks involved. Their authentic voices, the poignant twists in their lives let us know that we walk with them and they with us. This is true of the addiction epidemic that plagues America, and *The Face of Addiction* brings them out of the shadows in powerful ways and make this book essential reading for us all.”

– **Sam Quinones**

Author of *Dreamland: The True Tale of America’s Opiate Epidemic*

“Empathetic, honest, and humanizing. Joshua Lawson’s heart-wrenching book *The Face of Addiction*, a collection of first-hand accounts of addiction in Appalachian Ohio, is defiant and life-affirming. He pushes against traditional narratives with love and grace. Lawson teaches readers to listen with open hearts and in so doing reveals a way forward, a path towards addressing stigma and the underlying causes of addiction.”

– **Jack Shuler**

Author of *This is Ohio: The Overdose Crisis and the Front Lines of a New America*

“*The Face of Addiction* offers tremendous insight into substance use and addiction through the voluntary stories of people with lived experience, and those who have been directly affected. Rarely does the public get to hear such personal and poignantly told stories by the very people most affected by the current addiction and mental health crisis. The author provides a rare opportunity to witness the struggles, strengths, failures, and successes of people who are often overlooked, as we as a nation attempt to address these issues. Compassionate and inspiring, readers are left with a better understanding of these issues, and how we as a society have, in many ways, contributed to them.”

– **Lisa Roberts**

R.N./Public Health Nurse, Portsmouth City Health Department

“I have been grateful to know Joshua Lawson as a pastor, activist, and friend for several years. Now with *The Face of Addiction*, I’m getting to know him as a writer, and I’m inspired. He presents a series of vulnerable and hopeful vignettes that harmonize with one message: people who use drugs are beloved by God. Lawson’s faith and relationships compel him to resist the deadly stigma and shame that harms people who use drugs and instead see the face, the person, the child of God behind the veil of addiction, incarceration, and chaos. For both veterans of the recovery or harm reduction communities, as well as folks exploring the complexities of substance use disorder for the first time, *The Face of Addiction* is an invaluable resource.

– **Rev. Dan Clark**

Ohio Director, Faith in Public Life

“*The Face of Addiction* offers a powerful look at substance use disorder from multiple perspectives by highlighting how addiction impacts everyone in its path. It is storytelling at its best, the kind that creates a deep empathy in the reader for the raw, moment-to-moment struggle to find hope and recovery. Lawson’s profound reflections, based on the lived experiences of the people he interviewed for this book, will challenge your underlying beliefs about addiction and jolt you out of compassion fatigue. He obliterates the stigma and shame by humanizing the struggle of addiction in a way that will induce true cultural change. Furthermore, Lawson compassionately delivers the raw truth about the gaps that exist between the multiple valid paths to recovery. *The Face of Addiction* is a must read for all of us who have the courage to seek understanding, change, and hope for those who struggle with addiction.”

– **Kendra Cram**

Social Emotional Learning Teacher, Minford, Ohio

“First, I should confess that I don’t consider myself a good example of faith-in-action, which might be the only genuine kind of faith. Those of us who can manage to get by without much of it generally do. However, we often fool ourselves by mislabeling things that keep us from needing or acting upon genuine faith as faith. The courageous volunteers who share their stories in *The Face of Addiction* do not have that luxury. To survive their hardships and have a chance at a decent and fulfilling life, they have been forced to act upon a faith that believes something better is possible for them. They

may not call it “faith,” but what else could it be when their own experience and most of society says that what they have achieved, namely recovery, is not possible? Lawson seems to recognize how much our world needs this type of faith-in-action to take hold beyond just those of us who are most desperate for change. It is clear that he is moved and inspired by the people he interviewed and wishes to share that experience with the world. Even more than that, he encourages us to find our own first hand inspiration by looking to those we might be inclined to write off rather than learn from, suggesting that in doing so we might both help each other find what we’re looking for.”

– **Chad Royer**

PharmD, JD, CSPI Drug and Poison Information Center, Cincinnati’s
Children’s Hospital Medical Center

“I grew up as an AA kid with a Dad who was a recovering alcoholic and prescription drug abuser. I also lived in Appalachia for four years, where I observed firsthand the impact of the opioid crisis on my neighbors and friends. And I currently work for a non-profit where addiction is a reality for many of the people we serve. I can say unequivocally that Joshua Lawson accomplished his goal in writing *The Face of Addiction*. It reveals the diverse backgrounds and stories of a frequently stereotyped group of people. Too many times I’ve heard the phrase “those people” used in reference to people who use drugs. Lawson reminds us that “those people” have a story not at all unlike our own. Stories of love, family, heartache, trauma, and pain. And through these stories, he reignites the hope that recovery and healing are possible. “Those people” have a face. In fact, they have many faces. I hope you are as impacted as I was as you take the time to read this book and gaze upon them. Because I believe you will discover that the face you’re looking at resembles your daughter, your son, your spouse, your neighbor, and perhaps even your own.”

– **Andrew Wehrheim**

Inventory Coordinator, The Hope Center

“Joshua is a storyteller and it shows in his work, *The Face of Addiction*. He has collected a series of true stories about the people that are so often disregarded, overlooked and shunned in our society. This book gives a real and human account of what addiction looks like in Appalachia and it isn’t what

you have seen on the news. Joshua breaks the typical stigma that is associated with addiction in Appalachia and instead receives these powerful stories and anchors them in hope. It is clear that Joshua's conviction—that every person has the potential to change the world—is the driving force behind his work. *The Face of Addiction* is a testimony to this belief.”

– **Rev. Paul Bennett**

All Saints Episcopal Church

“In *The Face of Addiction*, Joshua Lawson takes us behind the politics and headlines to offer a glimpse at the very human cost of both drug addiction and the war on drugs. As a family member of someone suffering from Substance Use Disorder, I thought I was well engaged on this issue. This book opened my eyes to exactly how apathetic I had become to the very real human suffering all around us. More than that, the book provides practical steps for all of us who are ready to more thoughtfully engage the people and policies behind the pain.”

– **Jason Elam**

Host of The Messy Spirituality Podcast

“Southern Ohio has long been represented as the face of addiction in rural America, often being labeled as the “Pill Mill Capital” of the United States and ground zero for the opioid crisis. Many people have come to the area to paint a very superficial picture of what those labels truly mean, however. In *The Face of Addiction*, Joshua Lawson transforms that nebulous image into something profoundly personal. With great care, he provides a platform for the human stories that often get lost among the national headlines, allowing space for vulnerability and honesty without exploiting or sensationalizing the people whose stories he shares. If you want to understand how southern Ohio has changed, and how our families, friends, and communities have lived, mourned, rallied, and recovered through this crisis, then read Joshua's book.”

– **Abby Spears**

Harm Reductionist & Community Organizer with River Valley Organizing
and the Scioto County Collaborative Opioid Consortium

*Stories
of Loss and
Recovery*

**THE
FACE
OF
ADDICTION**

JOSHUA LAWSON

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DEDICATED

To the people whose stories are contained in these pages. You are some of the bravest souls with whom I've ever been privileged to work. The fact that you trusted me to share your stories with the world is one of the greatest honors I will ever receive.

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PREFACE

Let's pretend we have a time machine and that you've travelled back with me about four years. You see that guy over there in the corner with the salt-and-pepper hair and a downcast look on his face, the one who appears to be at his wits end? Yeah, that's the one. Well, that guy is me. I'm lost, lonely, and confused—or at least, I was—trapped in the most desperate experience of my life.

Long before I ever got involved in recovery work or had the idea to write this book, I was struggling (and failing) to navigate a relationship with someone close to me that had become very dysfunctional. The details of that situation are better left unspoken, but trust me when I say that it was the most painful experience of my life. No matter how hard I tried, I just couldn't solve the problem. As a result, my physical health was deteriorating and I was becoming depressed. The situation had gone so far off the rails that it was even beginning to threaten the well-being of my family.

It was precisely at that point when I realized that something had to give. So, I sought counseling. I read books. I shared my struggle with a few trusted friends. Desperate for relief, I even tried bypassing the pain altogether by “giving it to God” in prayer. Nothing seemed to help. Finally, all my resources were exhausted and I hit my own personal rock bottom.

That's when two men crossed my path and changed the course of my life forever. One of them was a friend of a friend who reached out to me after seeing one of my social media posts online. He lives two hours away, but he brought his boat down and took me out on the

river to just hang out and talk about life. In the years that have passed since our first meeting, we've only missed getting together once a month a few times, most of them due to the coronavirus pandemic.

The other guy was an artist whose music I just happened to encounter on the radio on my drive to work one morning. His band has been around for a while but I'd never heard of them before. The raw emotional content of their lyrics arrested my attention, resonating deeply in my heart. All the light and darkness of the lead singer's personal journey reflected beautifully in the band's musical evolution.

These details may not interest you, but the point is that those guys saved my life. The first through his friendship and the second through his art. Where other people, even professionals, had failed to reach me at my point of need, those guys succeeded in giving me the tools I required to find a clear path through my relational mess.

Now, this is more than just a touching story. The plot twist here is that both those men are in active recovery from substance use disorder. If you asked them, they would gladly tell you all about the personal challenges they have faced related to their past drug use. Depression. Anxiety. Broken relationships. Suicidal ideations. You name it. But somehow, they emerged from the abyss of their dark ordeal onto the path of healing and wholeness. And they brought the "treasures of darkness" with them—the kind of insight that could help a guy like me face down his own inner demons.

This interesting correlation didn't occur to me until a few years later when I was campaigning for criminal justice reform in the state of Ohio, trying to shift the public narrative concerning people who use drugs. In the process of advocating for a more compassionate approach to addiction, I had started getting close to folks who were suffering the full weight of the opioid crisis. The more I listened to the tales of their struggle, the better I understood the nature of addiction.

As I tried to articulate this growing insight to other people, they would sometimes ask me why I cared so much about the issue since I had never experienced drug addiction myself. And that's when it dawned on me. Maybe my advocacy was a way of paying forward the help I'd received from those two guys. After all, they were the kind of men whom society will often write off as "junkies," "addicts," or "users." Some people will even go so far as to argue that their lives are worthless and not worth preserving.

But how could I ever accept such stigma, having seen the incredible value that those two "junkies" brought to my life at a time when no one else, myself included, was able to do the trick? They reached me at my lowest point when no one else could. They literally changed the course of my life forever. And they did it by speaking to me out of their own painful experience with substance use disorder.

I wrote this book for people like them—for anyone who has ever gotten lost in the dark woods of drug addiction. My dedication to this work is fueled by the simple conviction that there's not a single person out there with a needle in their arm right now who doesn't have the potential to change the world. People who use drugs are loved by God, they belong in our communities, and their lives are full of meaning.

Furthermore, those who struggle with addiction have been graced with a unique insight into the human condition that we would be foolish to dismiss. Sure, they may have chosen unhealthy ways to cope with their pain, but who hasn't? Honestly, I've lost all patience for people who look down their noses at those who use drugs just because their own poor coping mechanisms are more socially acceptable. Recovery is hard enough on its own. Those who struggle under the weight of addiction don't need the further impediment of social stigma blocking their way to healing.

I'm just a normie, so I only know so much, but what I do know is that people who have fallen prey to the specter of substance use disorder—for *whatever* reason—deserve our compassion. They deserve friends and allies who will fight for them to have easy access to treatment and all the harm reduction services they need to stay alive, in the hope that one day they will get back on their feet and enjoy their lives to the fullest.

With any luck, *The Face of Addiction* will help break down the stigma against people who use drugs that still pervades American culture. Because even as my own story shows, as much as our friends and family who struggle with addiction need our help, we need theirs just as much.

O / Introduction

CANARIES IN A COAL MINE: A BRIEF HISTORY OF THE OPIOID CRISIS IN SOUTHERN OHIO

Opioid prescription painkillers are a class of drugs considered controlled substances based on a classification system initiated by the U.S. Drug Enforcement Administration (DEA). The Controlled Substances Act (CSA) places substances with accepted medical uses into one of four schedules, with the substances with the highest potential for harm and abuse being placed in Schedule II, and substances with progressively less potential for harm and abuse being placed in Schedules III through V.

Opioids, also considered narcotics “from the Greek word for ‘stupor,’” originally referred to “a variety of substances that dulled the senses and relieved pain” (Drug Enforcement Agency, n.d.). Opioid prescription painkillers are commonly used for managing pain. In the mid 1990’s, major changes occurred in the United States in the way that these controlled substances were prescribed—primarily relating to a new movement to treat pain more aggressively in the community setting. The pharmaceutical industry responded with the creation of new potent opioid painkillers, many of which went on to become “blockbuster drugs.” They generated billions of dollars in revenue for their parent companies, and, increasingly companies began to make

more powerful opioid painkillers. The risk of addiction was downplayed significantly as prescriptions soared.

Reports of prescription drug abuse in southern Ohio and throughout the Appalachian region first began to appear in reports and the national media around the year 2000. These reports primarily mentioned the new potent painkiller OxyContin, although other pain pills such as hydrocodone-based products were already well established. OxyContin is a brand name prescription painkiller that contains the opioid oxycodone. What made it different than other “common” opioids at that time was its sheer potency as a pure oxycodone product packed into a time-release pill that could easily be crushed to release the medication “all at once” producing a euphoric feeling similar to heroin. One report stated that between March 11, 2000 and March 31, 2003 there were 573 stories in major U.S. papers which mentioned OxyContin in their title or lead paragraph. One of the earliest stories related to OxyContin to be featured in a major national publication was in U.S. News & World Report in February 2001 entitled “The Poor Man’s Heroin” based on a Scioto County, Ohio physician who had been indicted for providing illegitimate prescriptions for OxyContin for cash. The article described Dr. John Lilly who practiced medicine like a common drug dealer. Dr. Lilly was eventually arrested for flagrantly trading OxyContin prescriptions in exchange for “stolen” automatic weapons to two undercover police officers and FBI agents. In 2000 Portsmouth—Scioto County’s seat—first began to see an increase in fatal overdoses, crime, and opioid addiction related to OxyContin. Pharmacy and bank robberies also rose as more desperate and addicted people began to commit crimes to feed their addictions. It was the beginning of a long decade of human and social fallout from overprescribing prescription opioids.

In 2001, an article in *The Guardian* described the proliferation of OxyContin in the Appalachian region, even dubbing it “hillbilly heroin” due to its popularity throughout the mountainous regions of Appalachia (Borger, 2001). Over the next few years, many major publications such as *Time*, *Newsweek*, and the *New York Times* featured reports on the prescription pain pill epidemic exploding throughout Appalachia. They described stories of small rural areas that were being destroyed by pain killers such as OxyContin.

In 2000, the Appalachian Region was categorized as having the highest rates of OxyContin prescriptions per capita, according to an IMS Health and National Prescription Audit Plus Evaluation. Widespread abuse of the drug was prevalent as was diversion for profit in a growing practice referred to by law enforcement as “pill dealing”. Portsmouth, Ohio, became a hotspot for illegitimate pain clinics from 2000-2011, and thus for spreading of prescriptions across southern Ohio and Appalachia.

In 2007, one high-profile pain clinic in Portsmouth was raided by the Drug Enforcement Agency (DEA). Dr. Paul Volkman, identified by the DEA as “the largest physician dispenser of oxycodone in the U.S. from 2003–2005,” was eventually convicted and sentenced to four consecutive life sentences for his role in the illegal distribution of prescription drugs (Martin, 2011). But by 2010, Scioto County, Ohio, had half-a-dozen additional illegitimate pain clinics becoming a main distribution point for controlled substances in the region. The opioid distribution rate was 123 individual pain pills per citizen—by far the highest in the state of Ohio. Additionally, Scioto County’s fatal overdose rate was nearly triple the state average, and one in ten newborns experienced days of opioid withdrawal after birth leading to medical and social problems for these infants.

In January 2010, Scioto County became the first county in the nation to declare a public health emergency. In 2011, Ohio changed state laws to regulate pain management clinics, and the DEA eventually indicted numerous physicians and clinic owners from Scioto County. However, Florida became the national epicenter of illegitimate pain clinics. Carloads of local addicted citizens made regular trips south to score pain pills then transport them back to southern Ohio for illegal distribution.

Opioid pain medication and heroin are nearly identical in chemical structure. The overprescribing of prescription opioids created an enormous swath of people who are chemically dependent on opioids. Prescription opioids became much more difficult to get—but opioid addiction is a chronic condition. Beginning in 2011, southern Ohio experienced a rapid influx of heroin and illicitly manufactured analog opioids that continues to this day. As pain pills have become more regulated thus scarcer, heroin has infiltrated the Appalachian region leading to brand new problems and social fallout in a region that was previously of little interest to major drug cartels and metropolitan gangs.

Whereas the Appalachian region had struggled with the prescription drug and painkiller problem since around the year 2000, the rest of the nation was not as affected. Beginning around 2010, the problem spread across the country and attracted more state and federal attention. According to the Centers for Disease Control (CDC), between 1999 and 2017, almost 218,000 people died in the United States from overdoses related to prescription opioids. Overdose deaths involving prescription opioids were five times higher in 2017 than in 1999 (Centers for Disease Control and Prevention, n.d.).

In October of 2017, the United States President directed the Department of Health and Human Services to declare the opioid crisis

a national public health emergency. The epidemic continues to ravage most parts of the nation. The most recent complete data from the Ohio Department of Health and Centers for Disease Control shows Ohio ranked as one of the top five states with the most fatal overdose rates in the nation with 3,980 in 2018 alone. The nearly complete death data from 2019 shows that Ohio dropped slightly to 3,957 overdose deaths while Scioto County recorded a record 80 deaths—an 18% increase over the previous year, which gives the county the highest death rate of any county in Ohio’s history (Ohio Department of Health, 2019). The increased presence of deadly analog fentanyl drugs into the illicit opioid supply is now largely responsible for overdose deaths. Southern Ohio residents were indeed the “canaries in the coal mine” in terms of recognizing the devastating impact of opioid misuse and addiction.

– **Lisa Roberts R.N.**
Portsmouth City Health Department

“I UNDERSTAND THIS BETTER NOW.”

In the summer of 2009 in the heart of southern Ohio, the prescription pain pill epidemic was escalating. Doctors were handing out scripts for Percocet, Vicodin, Morphine, and other medicines like they were candy. People were in pain, in need of help, end of story. At least, that was the narrative many of the pharmaceutical companies were pushing on doctors. In reality, it was just the beginning of the story.

I remember that year vividly. I had a cavity in the back of my mouth pressing on an overgrown wisdom tooth. As you can imagine, the stabbing sensations I felt were a daily reminder that I had spent too many years drinking Mountain Dew. Suffice it to say, I learned my lesson and gave up the hard, sugary stuff that summer.

However, extracting a wisdom tooth and filling a cavity is not a simple matter when you're uninsured. My wife and I had two kids at the time. I was making just ten dollars an hour as a landscape laborer on an irregular schedule. One “rainy day” was enough to set us back for the month. We couldn't easily afford such luxuries as health insurance, so there I was, literally aching for relief until we could pay for the necessary dental work. So, I suffered through it for a while. I did my best to manage the pain, but sometimes it got so bad I couldn't focus on my work. Intervention arrived when my dad offered to share his painkillers.

Dad wasn't a recreational drug user, not by a long shot, but he did have cancer, a really nasty kind that gave him a lot of pain, especially during treatments. Consequently, he had nearly unlimited access to pain medication. He only took these pills when necessary, though. Dad was a beast of a man who preferred to live with his pain if he could rather than try to relieve it with chemical substances, so he was happy to share a few with me if he thought they would help.

And they did, somewhat. I've always had a high tolerance for medication, and tooth pain is some of the worst there is, so on my most sensitive days, I really had to pop the pills to put those nerve endings to sleep. It didn't take long for me to realize two things: 1) too many opiates can really "bind you up" as my grandmother used to say. In other words, the constipation sucks; and 2) taking opiates feels good.

I never crushed and snorted a pill or pushed anything into my veins, so I can't comment on the euphoric rush; however, consuming just a few pills was enough to give me a soothing feeling of underlying calm. That's what I remember most about the experience. And to be honest, there were some days when I didn't actually need to take them, but I did. Technically, I guess that's enough to qualify for abuse, or at least misuse.

Fortunately, my experience with pain pills went no further than that. I eventually saved up enough cash, got my wisdom tooth yanked, and filled that nagging cavity. Problem solved. Dad quit offering me pills and I didn't ask for anymore. Yet, I'd be lying if I said the thought never crossed my mind. That's how much I liked the feeling. Not only did I enjoy the calming effect of opiates, but I also saw how useful they could be in dealing with anxiety and certain stressful situations.

You might be nodding your head in agreement as you read these words. I wish I could say that I didn't know so many people whose experience with opioid use began innocently enough, like mine, but

then went on to destroy their lives whereas mine simply ended. Most folks started with a legitimate prescription but then spiraled into uncontrollable substance use disorder. Some of them died from that abuse, either through overdose or other health-related complications, while many others are still trapped in the merciless cycle of addiction as we speak. Others live in recovery with a long road of suffering behind them.

Take my friend, “Eric,” for instance. Eric and I went to the same high school back in the early 2000s. We played basketball and ran around together all the time. He was one of my closest friends. Life took us in different directions after high school, but we always remained in touch. One day, Eric hurt his back while playing ball. A doctor gave him a prescription to manage the pain. The rest, as they say, is history.

I saw Eric a couple times in 2006 after I moved back home from college. He was married to his high school sweetheart. They owned their own home and were awaiting the arrival of their first child. Then, we lost contact. I heard some gossip about his condition, but I didn’t make any effort to follow up. The next time I saw him was on my front porch in 2009. He came by asking for gas money to help one of his family members get their “meds” from a doctor in West Virginia.

I knew Eric was lying to me, but I couldn’t bring myself to confront him. I just didn’t get it. I looked at him, unsure of what to say. He was visibly nervous, shaking somewhat and pacing back and forth. I questioned the details of his story and tried to give him every opportunity to tell me the truth, but he persisted. He left me standing on the porch that day without a shred of real understanding.

How could he stand here and lie right to my face after all we’ve been through? I wondered. Doesn’t our friendship mean anything?

Of course, it did. Eric didn't mean to hurt me. At least, that wasn't his intention. He was the same guy I knew through high school and that guy was undoubtedly good. He wasn't a criminal, but he also wasn't himself. In that moment, the addiction had control of him. He saw an opportunity to exploit my kindness—that was all. The long-term effect of his actions wasn't on his mind. All he knew was that he needed a fix. I understand this better now.

That's how it went for a lot of people during the early days of the opioid crisis in central Appalachia. That's how it could have went for me, too. What made the difference? I'll never know for sure. All I know is that it took nearly a decade before I would start to get close to an answer.

“THERE’S ONLY ONE WAY TO DEAL WITH AN ADDICT: A TALL TREE AND A SHORT ROPE.”

In his 2015 book, *Just Mercy*, attorney Bryan Stevenson tells a story about his grandmother that helped direct his journey toward the work of social justice. Growing up amidst racial bigotry in southern America, he recalls her always saying, “You can’t understand most of the important things from a distance, Bryan. You have to get close.”

Aside from his work as a law professor at New York University Law School, Stevenson is the executive director of the Equal Justice Initiative in Montgomery, Alabama. His advocacy has won relief for multiple victims of systemic injustice within America’s prison system. I read Stevenson’s book for the first time during the summer of 2018, shortly after I quit my job as a mail carrier for the United States Postal Service. Despite the fantastic pay and benefits that came with being a federal employee, I found myself longing to move toward a more fulfilling vocation, something that would allow me to pursue my personal interests while utilizing my gifts for the benefit of other people.

One day, a professor friend of mine from our local university sent me a job posting from an organization called Faith in Public Life. The mid-term elections were just getting ready to fire up across the state of Ohio, and there was a constitutional amendment some people were trying to get on the ballot dealing with issues of drug treatment and

criminal justice reform. Faith in Public Life had received funding to expand their work, which was normally more urban-focused, into the southernmost reaches of the state. Rural Appalachia. My neck of the woods.

So, I applied. When the call finally came for an interview, I sold myself like it was nobody's business. As fate would have it, I got the job. Thus began my first formal experience as a community organizer.

Many memories from that season stand out to me now. I wouldn't trade the relationships and perspectives I gained from the work for anything. Although the campaign itself ended in overwhelming defeat—we knew it would be an uphill battle from the get-go, but we were still deflated when the final numbers came rolling in—my engagement in that effort opened other doors for me to be involved in my community and even provided the kernel of inspiration for writing this book. It gave me the time and resources I needed to “get close” to the people who were most directly affected by the opioid crisis. Everything I have learned from then until now has proven to me the truth of Stevenson's grandmother's words. Important things cannot be understood from a distance.

Early in the campaign, I got an emergency call to travel to a small town in Noble County, Ohio, to help collect the remaining signatures that were needed to get the proposed amendment on the ballot before the deadline. I never realized before, but it takes an insane amount of work just to bring an issue to vote in a statewide election. I had never been to this town, but I had seen many like it. Wedged in a small valley between the hills, it struck me as the kind of place you'd imagine from a Stephen King novel, where everything is normal and nice among the sleepy townspeople until, of course, it isn't. Our rag-tag canvassing team met up at a local diner, the name of which I have long since forgotten. After lunch, we split into pairs and divvied up

the surrounding neighborhoods for door-knocking duties—my least favorite thing in the whole world to do.

My pitch went something like this: “Hello. My name is Josh. I’m collecting signatures to get an issue on the ballot where people can vote to direct more of our public funds to drug treatment instead of prison for people who suffer with addiction. Would you like to see this issue on the ballot?”

Most of the people we talked to were nice enough, even the ones who politely said, “Thanks, but no thanks.” But in certain instances, we encountered some pretty clear prejudices. Like the guy who said we’d be better off trying to protect honeybees than helping “those people.” While I’m all for protecting the honeybees, both then and now, I wondered what relevance that dichotomy was supposed to have for the conversation about providing better access to drug treatment.

That response was fairly benign compared to others we ran into, though, both in Noble County and other parts of the state. At one public meeting, a sheriff in central Ohio said, “There’s only one way to deal with an addict: a tall tree and a short rope.” At another venue, the local sheriff shared his conviction that the public response to drug use should be to replace whatever substance people had in their syringes with cyanide. Yes, cyanide.

These were publicly elected officials, by the way. Beyond their few examples, I couldn’t begin to name the many first responders, police officers, and fire fighters around the state and country who have spoken out in public or posted similar sentiments on their social media pages.

Back home, I spent a lot of time talking one-on-one with local community leaders about issues related to drug addiction and how we respond to addicted people in our society. Early in the campaign,

I sought to immunize them from the inevitable onslaught of propaganda that I knew would come out once the issue became public.

“It’s important that we understand what’s really going on here,” I said, “because this is an issue that the general public will be easily swayed over with a billboard that says something stupid like, ‘Vote no on Issue 1! Keep the criminals behind bars where they belong!’”

Without fail, the person I was talking to would laugh and nod their head in agreement. However, many of them ghosted me later on. Often, they were either unable or simply too afraid to take a clear stand on the kind of criminal justice reform that they initially agreed the state needed to pursue. Imagine the irony I felt about a month before Election Day when, while driving through Portsmouth, I came across a large trailer sitting in a vacant lot at a busy intersection. The brightly-colored banner hung securely from its side read, “Keep criminals and drug dealers off our streets! Vote NO on Issue 1.”

I relate these stories simply to give you a general feel for the social climate surrounding drug addiction that pervades Appalachian culture. When it comes to substance use disorder, the struggle and the shame is real, no doubt, but so is the stigma. In fact, I can only imagine how the shame that keeps so many people trapped in the dark room of addiction is compounded by such displays of social ignorance.

There is a dark and foreboding relationship between shame and stigma, after all. Any battle is far more difficult to win when the lines have been drawn on two separate fronts, and the barriers to healing from the pain associated with substance use disorder are both personal and social. The twin experience of these two monsters lies somewhere near the heart of every individual’s experience of addiction. Taken together, they create a formidable obstacle to recovery.

Shame is that beast which lurks in the shadows of the human psyche, feeding on feelings of unworthiness and helplessness. We all

deal with it to a certain degree as part of the general human condition, but people with addiction experience shame as a special kind of hell, one in which they feel hopelessly lost and often despair of finding any safe passage out of. Desperately feeling their way around in hopes of an exit, they happen upon a door only to find it barred shut. Stigma stands guard like a sentinel on the outside, strengthening the power and presence of shame within. This matters to people seeking recovery because according to Dr. Brené Brown, a researcher and best-selling author at the University Of Houston Graduate College Of Social Work, “Shame corrodes the very part of us that believes we are capable of change” (Brown, 2007).

And what about stigma? Merriam-Webster defines it as “a mark of shame or discredit.” It is borrowed from a Latin word which means “mark” or “brand” and ultimately derives from the Greek word *stizein*, meaning “to tattoo.” The earliest English use of the word *stigma* referred to a scar left by a hot iron. This idea of scarring or branding has carried over into the popular modern use of the word which most often refers to “a set of negative and often unfair beliefs that a society or group of people have about something” (“Stigma,” n.d.).

Of course, it is easy to see how stigma both produces and reinforces the stories we tell ourselves in society about certain groups of people—in this case, about people who use drugs. Challenging these cultural narratives is important because they unconsciously dictate many things about our society, such as how we feel about our neighbors, how we vote on important issues, and how we prioritize public funding.

Overcoming the stigma surrounding drug addiction is no small feat, but I am convinced that the most effective way to do so is by telling the stories of people who use drugs and those who love them from a new perspective—humanizing rather than dehumanizing their

struggle. This is what I've tried to do in the following chapters. I've sought to center the lived experience of twelve courageous souls who were brave enough to trust me with their stories. I offer their insight to you now with the hope that you will see what I have seen in each one of them—though scarred, the overwhelmingly beautiful face of addiction.

“HE TRIED SO HARD TO STAY AWAY FROM IT.”

Joe Runyon was a legend. Just ask any of his friends. Or better yet, ask his wife, Laurie. Ask her about Joe’s arm bands, his studded belt, or the knee-high moccasins he always liked to wear. She’ll laugh out loud, and her eyes will light up with a hundred stories that tell you all you need to know about her feelings for Joe.

Every smile is tinged with sadness, though, because on the evening of October 31, 2018, Laurie awoke to find Joe laying on their kitchen floor. The sight was unbelievable at first. Joe had been clean since April and drugs were the furthest thing from Laurie’s mind. But the needle in his hand told her everything she didn’t want to hear. Laurie had been looking forward to visiting her sister in Alaska with Joe the next summer. As fate would have it, she ended up sprinkling Joe’s ashes over the ocean instead.

I met with Laurie at the Lofts Coffee Shop in Portsmouth in early December 2018, just a few months after Joe’s passing. She laughed a lot during our time together. She cried some, too. I was honored to bear witness to both her joy and her grief as she shared her most cherished memories of Joe.

This is their story.



O n the 500 block of Chillicothe Street in Portsmouth sits a little bar called Frankenstein's. Laurie met Joe at Frankenstein's one evening in 1987 during his "clean" years.

"This is kind of funny," Laurie says. "I was out with a guy who I was dating and Joe was out with a married woman. We just started talking. Me and the guy I was with actually had a big fight that night because he said, 'I know you like him!' I replied, 'I just met him, how do I know if I like him? Just because we were smiling in the same direction ...'"

She grins.

"Oh, but what can I say about Joe? He was just so vivacious. Music was his thing. It seems like everything we did together revolved around music. He would listen to music from the time he went to bed all night long. He'd just leave the T.V. on with music playing. And it seems like everywhere we went, we always ran into someone Joe knew. That's just the kind of guy he was. It didn't matter who you were either—rich or poor, whatever—he treated everyone the same. He had a good heart.

"He was a hard worker, too, and he was always proud of that. He started working when he was thirteen years old. Of course, he did a lot of drugs when he was younger. He almost got caught selling cocaine once. He had a bunch of it on him and the officer asked if he had a problem. Joe said, 'No, I don't,' and he never touched it again—for twenty years, at least. That's when we met, during his 'clean' years. At first we were just friends. He actually tried to get me to fix him up with my best friend, but I said, 'She's not gonna go out with you, you're too wild.' So, I asked him out instead. He came home with me that night and never left. That was 1990, three years after we first met.

"We rented a house in Rosemount on the Eden Park side. We had all kinds of parties and stuff at that house. His brother would come

over a lot and we would drink, but nothing else. We did all kinds of thing together. We got married in '92 with a big wedding and a thing at the house afterwards. Joe was working at Mill's Pride then. He started off temporary but worked his way up to supervisor. Then he worked at a few other places before getting a job at the Coke plant, where he stayed until they closed down in 2002. After that, he went back to school at the vo-tech [vocational-technical school]. That's when he started on the crack.

"He always said, 'I never thought it would get me', you know, because he'd done all that other stuff before and was able to walk away. The first time I found out about it, though, was after Thanksgiving that year. I was missing money, like \$800. At first, he tried to act like he didn't know anything about it, but then he called me back at work and said, 'I need to tell you something.' When he told me, I said, 'You've got to be kidding me.' I was shocked.

"But he tried, he really did. He tried so hard to stay away from it. When he went around certain people, though, it's like he couldn't resist. His friend would call, and he'd go off again. I got so angry with this one friend of his. He got arrested one time, and I said, 'I hope they bury you under the jail!' I know that's not nice, but I was angry."

Laurie looks at the floor and sighs.

"There were just so many ups and downs with Joe. I'd get mad, I would cry, I'd beg him to stay home ... It took him five years to get off the crack. And he wouldn't have got off, I think, if he hadn't got caught breaking into pop machines. You know, he said he wasn't actually doing it; he was just driving the car, but I told him, 'Either way, you're gonna go to jail over it.' There were two guys breaking into the machines for change, and he was driving the truck. Of course, when they got caught, all the stuff was in his car, so ...

“He would always say, ‘I think I’ll get over it. Maybe it’s just a phase I’m going through.’ I said, ‘No, Joe, I don’t think this is a phase. I think you need help.’ But he always thought he could beat it. Eventually, we got him into a rehab up in Huntington. They put him in detox for three days, but then the insurance wouldn’t cover anything else. So we took him to Dayton to the Salvation Army thing which didn’t cost anything. He was supposed to stay there for six months, but he only stayed forty days.” Laurie shakes her head. “We ended up having to file bankruptcy because we thought we were gonna lose our house.

“I couldn’t tell you how many cars we went through. I went to the guys Joe worked with and told them, ‘Guys, quit giving him money. I’ve got bills to pay, so if you give him money, you’re not gonna get it back.’ So the dealers told him he could drive for them to pay for his drugs instead. The first time he disappeared, he was gone for like a week. Everybody we knew was trying to find him. Finally, I found him in Rosemount in the Big Bear parking lot. He’d been high for seven days, and he looked *awful*. He hadn’t eaten or anything. I took him to McDonald’s to get him something to eat and he could not even function. He couldn’t hold the fork to eat. It was just unreal.”

Laurie’s voice strains at this point as if she can’t even believe what’s she’s saying.

“Well, once he finally got straight again, he went back to working construction. It’s funny because Joe always worked when he was off the stuff. One day, though, I got a call from someone who said they saw our car down at the Royal Motel. I thought, ‘Oh, you’ve got to be kidding me. Not again.’ So, I went down there and made a terrible scene. I was screaming at the top of my lungs, saying, ‘Joe F-n Runyon, get your ass out here!’ He wouldn’t come out, and they wouldn’t tell me which room he was in either. I ended up calling the cops. I was gonna have him arrested, but they told me I couldn’t do

that because we were married. They did tell me I could have the car towed, though, so that's what I did, and Joe got beat up because of it.

"I don't know, though," she says, looking down again as if she's trying to make sense of it all. "He would do really good for six months, and then he'd be gone again. It was almost always when his friend would call. I told Joe that that was his trigger and he had to stay away from him, but he'd say, 'I grew up with him. I can't just ignore him.' So, he would always go when he called. Man, I had so much anger over that guy."

Laurie and Joe never had kids. She goes back and forth now wondering whether this was a good thing or a bad thing in light of Joe's addiction. I ask her to tell me about the hopeful moments when she thought Joe might actually have a chance to beat it.

"It's funny because in his family there's a set of triplets and a set of twins, and I'm a triplet myself," she says. "We wanted kids, but I've had lots of health issues that made it impossible. I used to think, 'Well, if we had kids maybe Joe wouldn't have gotten into the drugs,' but then I think, 'Thank God we didn't have kids so they didn't have to go through all that.' I've got a lot of nieces and nephews, though, so I'm good.

"When Joe got out of rehab in Huntington that first time, he was good. He was back to himself. But he ended up hurting his back at work and then his friend gave him some pills to manage the pain." She sighs, "Eventually, he started taking trips to Florida and telling me it was for work. One time, he wanted to take my car, but I refused because I just couldn't believe his story. I was working afternoon shifts, though, so he came and got the car while I was at work. He ended up calling me from a number I didn't recognize in Florida. I called back and asked for Joe, and the woman who answered said she didn't know any Joe but that she had just let some guy borrow her phone.

Well, I figured out where he was, so when he called back I told him I knew he was down there buying drugs, and that if he didn't have my car back by the time I got off work the next day, I was gonna send the cops looking for him. Well, he came back, but he blew up my car on the way.

"It wasn't long after that when he started the heroin. He got busted for dealing and went to prison for two years. After he got out, he was good again. That was in 2012. He went through STAR [STAR Community Justice Center in Franklin Furnace] before they released him. He had a few good friends who passed away during that time, though, as well as his mom, and I think that really bothered him. Joe went to prison in May of 2010, and she died in September that same year.

"He stayed clean for about three years after that. He had some health problems, but he was able to go back to work. I think that was around the end of May. Then he got MRSA [Methicillin Resistant Staphylococcus Aureus infection] in his knee and ended up in the hospital again on the Fourth of July weekend. They sent him to Columbus for surgery, and then he came back here for six weeks of follow-up. It was hard because his veins were so bad. Home care people had to come in and take care of him. Well, after that he got a bone infection in his wrist from another injury and that took another six weeks in a few different hospitals.

"We got through it, though, and he was good until April of this year. In the spring, we took a trip to see my best friend. We stayed with her for a couple nights and then drove to D.C. to see the cherry blossoms that Saturday. Joe slept in the car the whole way there and back. I was like, 'What's wrong?' He told me he was just tired. He did seem to be better on Sunday, but then he slept the entire drive home the next morning, too, like seven hours.

“When we were just about home, his friend called. I said, ‘No. There’s no way you’re going over there. You’ve been comatose for two days.’ Joe tried to tell me the guy needed help with something—somebody broke into his house or something—but I was like, ‘No, you’re not doing it.’ I just had a feeling something bad was going on. His sister ended up giving him a ride, though. I was so mad I wouldn’t let him in the house when they got back. Oh, it was bad. The cops came, but Joe slept in the garage that night. I went and saw a lawyer at that point. I’d gone to see one a couple times before that, but I just never could bring myself to do it. I loved Joe so much.”

I nod my head as if to say I understand. “How did Joe’s condition affect you?” I ask.

Laurie answers quickly. “Oh—anxiety. Bad anxiety. It was so hard trying to work and pay the bills and keep everything going. I even learned to put up hay to work off one of Joe’s debts!” she chuckles. “I got pretty good at it, too. I was able to throw bales around like it was nothing. In fact, I learned to do a lot of things over the last few years that I never thought I would. Painting, fixing things—I’m a workaholic now. I usually sleep for two hours at a time at the most. I’ll do things just to keep busy.”

“I did drink a lot for a while there, too. Like, a lot, a lot. I remember this one time I got drunk and thought, ‘I’m leaving.’ I packed my Jeep plumb full and drove all the way to Charleston when I suddenly remembered, ‘Oh shit, I’m supposed to work!’ Then I thought about my dogs and was like, ‘What if Joe doesn’t come back? Who’s gonna take care of them?’” She laughs at herself. “So, I called work and told them to have someone come in for me. I decided I would sleep it off down there. I just didn’t think it through, you know? It was crazy.”

As surprising as it may sound given Joe’s history, on the evening of October 31, 2018 when he overdosed, drugs were the last thing

on Laurie's mind. When the end finally came, it came quickly and unsuspected.

"When I found him, I didn't even think drugs," Laurie says. "It didn't enter my head because he'd been clean since April. We'd had a good day, too. Really, the whole last week or so was good. We visited a few friends that week and talked about all the old stuff we used to do together. Saw all kinds of people whom we hadn't seen in a while. That Wednesday, we went to Spirit Halloween in Ashland—he was Slash and I was his groupie," she grins sheepishly, ducking her head as if to acknowledge how silly it sounds. "I got this purple wig and he had his whole hair thing. He kept saying, 'Do you think I need to curl this? It's a little fuzzy looking.'"

"After that, we ate at one of our favorite Mexican restaurants, then came home and watched Guns'-n-Roses videos. It was like four o'clock when I went to bed because I had to work midnight shift that evening. Joe was happy and drinking a tall boy. That was his thing. He'd usually have a tall boy every day. I woke up around nine—which is strange, because like I said, I never sleep more than two hours at a time—and went to shut the back door to the laundry room where we keep the dogs in. That's when I found him lying in the floor between the island and the stove.

"I was like, 'Holy crap!' I thought he had choked on something. I didn't even think about drugs. I went to flip him over to see if there was anything in his mouth and that's when I saw the needle in his hand. He must have fallen straight back, because he banged the back of his head and his knuckles were all busted from falling.

"I yelled, 'No, Joe, no!' and called 911. I had a NARCAN® kit they'd given us like four years ago. It was one of those nasal things, but I couldn't figure out how to use it. I don't know if it had been sitting too long or what, because when I tried to use it, it just busted.

The first responders told me it was probably too late by then, anyway, because Joe was already grey. When I did chest compressions on him, he was gurgling. The fire squad showed up in no time, and they tried everything they could, but it was just too late.”

Laurie sighs more deeply now than at any point in our conversation.

“It helps that we had such a good week,” she says, smiling through the tears. “Most of the time I’m good because I keep busy. I spend a lot of time at my mom and dad’s because they only live ten minutes away. I just ... I don’t know. I just keep busy. When it came to Joe’s addiction, I never could understand it. I’d never done anything like that myself, so I always told him, ‘Joe, just stop. It’s just a choice.’ But he’d say, ‘You don’t understand; it’s not that easy.’ And I didn’t understand. He tried to get me to go to counseling to talk to people, but I figured if it wasn’t helping him, why should I go? I’ve read lots of stuff, though. I’ve gotten on Google and looked at articles. Plus the things he sent me, like when he was in prison and would write me letters telling me everything he felt. But ... I never could understand it.”

As I listen to Laurie share the final chapter of Joe’s story, I remind myself that what she’s telling me only happened a few months prior to our conversation. In fact, I recall seeing the news of Joe’s passing—though I didn’t know him or Laurie at the time—on Facebook the day after he died. I think back to where I was the night when they were spending their final moments together, and I try to imagine how I’d feel being in Laurie’s shoes with the person I love more than anything else in the whole world lying dead on the ground in front of me. It hurts. I don’t want to end their story with the sadness of Joe’s passing’ however, so I ask for one final memory.

“When you think of Joe now,” I say, “what comes to your mind?”

Laurie responds immediately: “His smile. Joe had such a beautiful smile.” She takes a deep breath, then wipes the corner of her eye with

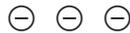
one hand. As she does, I think of all the people I know who have done things I couldn't understand when they were caught up in the throes of addiction. Feeling what I assume to be the same strange mixture of love and regret, I smile at her.

“Joe was such a kind-hearted person,” she says. “Everyone loved him. Even through the drugs and everything, everybody loved him.”

“I’M JUST A GIRL.”

Of all the people I interviewed for this book, Christine was the most eager to share her story with me. She reached out to me first through Facebook, and she kept reaching out until we were able to nail down a time to get together. Her enthusiasm for helping people who struggle with addiction is palpable.

It was bitterly cold the morning we met in the lobby of the Ironton Holiday Inn in early 2019. Christine was light-hearted but all business. We found a quiet place in the conference room where we could talk uninterrupted, and she began by telling me about the last time she overdosed—November 2017.



“Toward the end of my addiction I was using heroin,” Christine says. “I actually ended up in the hospital with a spinal infection because of it. I still wasn’t ready to quit, though. I was dealing dope out of the hospital room! I checked myself out to keep from going to jail. I went home, and later that night was when my daughter and son-in-law pulled me out of a tub of water where I had overdosed and fell over. I woke up to my son crying and screaming, ‘Mom, please wake up!’ I had been gone for six minutes.

“Stephen and I are close and he’s always been very protective of me. I think a lot of it has to do with everything he witnessed growing

up—the abuse and dysfunction.” She pauses. “He kept his distance there at the end because he had a new baby and he didn’t want him to be exposed, so I don’t have a great relationship with my only grandson because of it. But it’s time to rebuild, and now that’s finally possible.

“I was in Columbus when I overdosed. After waking up in the hospital, I had a nurse who was really infuriated with me. I was freezing and they kept putting warm blankets on me—from all the NARCAN®. But he got mad because I was asking for more blankets. He literally yanked that bed out and started wheeling me down the hallway and said, ‘You’re going to the morgue. You think you’re cold now, but this is where you’re headed.’ Then he wheeled me back. That was an eye-opener.”

I ask whether Christine thinks the nurse was just reacting out of anger or whether he was genuinely trying to help her see the outcome of her choices. She thinks it was the latter. Either way, it didn’t make much of an immediate difference.

“I went home and did another shot,” she says flatly. “That’s exactly what I did. My son took me home, and I went in and did another shot. The next morning, I wanted to check myself into detox, so I started calling places for treatment. Everyone kept telling me to call back or that they would put me on a waiting list, though. I wasn’t getting anywhere.¹ Finally, I found a bed at Talbot Hall. They gave me a resource list, and on the back page I found information for a place called Land of Goshen in Ironton. I called them and they took me right away. That’s how I ended up here. Best decision of my life.”

¹ I’d be remiss here if I didn’t point out the disparity between treatment and incarceration as a response to addiction. If Christine had been arrested while she was in the hospital, they would have found a bed for her in jail even if they had to double her up with someone else. Finding a bed for treatment took a little more work. Ohio still has a long way to go to address this shortfall.

Christine had been abusing drugs in one form or another for thirty-five years before she arrived at treatment in 2017. I ask about the impact this had not only on her but on her family.

“I think what kept me using all those years was the guilt and the shame over what I was doing to my family,” she says. “I felt like I would be better off dead. Like I should do everybody a favor and just be gone. That’s where addiction takes you. You deal with so much guilt and shame that it makes you feel unworthy of anything, even of living. I pretty much isolated everyone through the years. I ran them all off. I robbed everyone. I broke their trust. There was no one who wanted anything to do with me. That includes friends, family—people I’d known for twenty, thirty years. They loved me and told me they loved me, that they knew I was a better person than I was acting, but they still didn’t want nothing to do with me. I don’t blame them. I wouldn’t have, either.

“Now, however, it’s amazing. My son comes here to see me. They come down once a month or every other month. My entire family does. This past Christmas was the first one I spent with my entire family. Fifty years old, first Christmas ever with my kids and I was sober. I could finally sit with my brothers and sisters and my mom, and they weren’t ashamed of me. I was no longer that toxic person in their life.”

“How does that feel?” I ask.

Christine smiles wide. “It’s pretty amazing,” she says. “Yeah. I thought the bridges were burned completely. My addiction kept telling me that it was too late, that I’d done too much. But it’s never too late. After thirty-five years of addiction, even, it’s never too late.

“I was married at sixteen. That’s when I was introduced to IV drugs. I married into a crime family, which I didn’t know before. But I found out very quickly. By the age of twenty-one, I had lost my first child and was introduced to prostitution. I was raped three times.” Her

voice quivers. “I watched my mother-in-law overdose. That was after a night of doing dope together. We thought she was sleeping, but she passed away. When we went to her room to wake her up, she had been laying there dead for five hours. The whole time we were sitting there getting high.

“My husband spiraled out of control after that and ended up in prison for burglary. We separated, and I got into another toxic relationship with an abusive man. I thought that was normal, so I continued abusing drugs and it kept cycling over and over. I ended up with five kids before I finally left him. We buried him a few years ago. Heroin-induced heart attack. One year later, I buried my niece, who died in Ross County jail due to complications from heroin withdrawal.²

“Before I ever started using drugs, though, my life was full of dysfunction. I’m the oldest of ten in my family. We always had cousins and aunts and uncles living with us. Lots of family, lots of partying. My mom had me when she was fifteen. I know she did the best she could being that age, but there was a lot of dysfunction and chaos.

“Do you have any positive memories?” I ask.

“I don’t remember having any aspirations for my life,” Christian says. “I was given a lot of adult responsibilities before I was even grown up. I just remember wanting to go out and be with my friends and play and stuff like that. I never really made it to school. If I did, it was in one door and out the other. I do remember getting three trophies one year from basketball. Other than that, my childhood was

² Statistically, the likelihood that a person will overdose or die from other drug-related health complications goes up in jail. Those who are unable to obtain drugs in jail are also at a higher risk for overdose immediately after release due to their decreased tolerance level. All the more reason to reform the criminal justice system.

pretty crappy. My parents never showed up to school events or games. There was always fighting at home. All the drinking and partying and using was my normal. It was the cool thing to do. If I would have had a role model, or more mentorship in my life—that would have made a big difference. Someone to look up to. That, and getting rewarded for doing good. I think that’s what a lot of kids are missing.”

When Christine walked through the doors at Land of Goshen for the first time, she was mentally and emotional exhausted.

“I just felt tired,” she says. “I had no emotions. I was kind of numb. I think I was just ready to take a break from using. I didn’t know at that point if I was ready to quit entirely. I was just going to take a break, get my health back, and then maybe go back to using. I didn’t know. Either way, I thought my life was over. I figured that dying as a junkie was all I had to look forward to. I had accepted that. But slowly, the people at Goshen worked with me and showed me that I was worth so much more than that. They stood beside me. They saw so much more in me than I had ever been told about myself. I’d always been told that I was a failure who would never amount to anything. I never felt like God hated me, but I also didn’t think He really liked me, either. But they stood with me and they loved me until I could love myself.”

Christine’s voice cracks. Her eyes fill with tears.

“It was so amazing,” she says. “Now, all I want to do is give other addicts what they gave me. Because I know what it’s like. You can’t just quit using drugs and go on. You have to get rid of the behaviors and the attitudes and that old mindset. You have to rewire yourself. And it’s possible! If I can do it after thirty-five years, anybody can do it. I’m not special. Details of each person’s story may be different, you know—some may be more graphic than others, for instance—but

what is it that's the same in every story? The guilt, the shame, and the feeling of unworthiness. We all share that same pain.

"My recovery was slow-going at first," she says. "It took a few months. I had to go back to the hospital and battle the spinal infection. I was only at Goshen ten days before I got put back in the hospital. They shipped me to Cincinnati, Ashland, West Virginia. It was 6-8 weeks of treatment.

"After all that, though, one day I was sitting in a group with Mark at Land of Goshen. He looked me in the eye and said, 'You're not a failure. You are worthy. You are loved. And you can do anything you want to do.' When he said that, something clicked. It's always stuck with me. It made me feel like somebody." Her voice breaks again. "That made a big difference. Just to look a kid in the eye—because at fifty years old, that's what I felt like—and say, 'You're not a failure. You're worth so much more than people have told you.' To hear that for the first time ever at fifty years old ... that was pretty amazing."

"What role does shame play in all of this?" I ask.

"Shame breaks a person down to make them feel like they're nothing," Christine says. "Like they're not worthy to even be alive. If you have someone who is struggling with addiction, just let them know that no matter what, they are still loved. I had a lot of family and friends tell me that they wished I was dead. They would say, 'Are you ever gonna OD the right way? You can't even commit suicide right!' But just knowing you are loved is so important. If you have someone in addiction, let them know that you see them for who they really are, not the person who is doing those things. A lot of this comes down to the issue of identity. People will act according to who they believe themselves to be."

Christine's long-term goal is to open a safe house where people can stay for a few weeks while they are waiting to get into treatment. This

desire coincides with the general need for transitional living that I've heard many other people in recovery talk about.

"I feel like my purpose is to be out in the midst of addiction and reaching those addicts who are ready now," Christine says. "I don't want to be sitting in an office in a clinic. There are just too many people who are never gonna walk in and ask for help. So, I feel that I need to go meet them where they're at and give them hope. But when I'm talking to somebody, and they tell me they are ready, I don't have anywhere to put them. Transitional living is a big obstacle for people who are ready to get help. That's my goal.

"There's a lot of details to work out—getting grants and stuff and figuring out how to handle people in different situations. But that's ok. I hustled to get dope, so now I can hustle to do legal stuff." She laughs. "I'm doing that kind of thing already when I help organize our 'Come to the Table' community event. I'm out hustling to get donations and gift cards and catering and all this stuff. It's sad, but I've found more people in the bars willing to help than I have in the churches."

As unfortunate as this is to hear, I can't dispute Christine's findings about the faith community. There are exceptions, of course. For instance, Christine has worked a lot with the folks at Real Life Ministries in Ironton, Ohio. Christ Episcopal Church is heavily involved in recovery work throughout Lawrence County, and Land of Goshen is a faith-based organization.

"People don't realize how hard it is to maintain a drug addiction," Christine continues. "I was out hustling every day to get the money and the drugs I needed. But the shame I felt over stuff I had to do was just overwhelming. Most people who steal from others to maintain their addiction aren't criminals. In other words, they wouldn't be doing these things if they weren't being driven by their addiction.

That's why people are so amazed when they meet me today and hear about my past. A year and a half ago, I was a junkie. I was taking a needle and shooting up a gram of heroin a day. Now, people look at me when they hear that and go, 'Huh?' They just can't see it. That's how much addiction changes you. My friends and family who knew me then, though—they know. For instance, I had my daughter look at me ..."

Christine begins to break down again. Her voice quivers and she has to force the words out. "I saw her looking at me, and it was finally, 'Mom, I'm *proud* of you.' I didn't have to say anything. She saw the change in me. She saw the difference. Today, my family sees someone they can be proud of for the first time ever, and I just want other moms to have the same experience. My kids are grown now, but others ... we've got to spare the kids. Because if we don't deal with our monsters, we're just gonna pass them down to our kids. *We've got stop feeding our demons to our children.*

"My two youngest kids got put on medicine for separation anxiety and night terrors. All they wanted was their mom. I truly believe they developed mental illnesses because of my choices. So, if I can help one mother spare her kids from that ... Am I rebuilding now? Yes, absolutely. Is it amazing? Yes, absolutely. But there are bonds I broke in the past that can never be fully repaired. Parents need to know how to be a role model in their children's lives. That means so much to them as they develop their identity. They need to know that they can do anything they want, and that they are loved and they are important."

As our conversation winds down, Christine turns the interview around and asks me what I think it will take to break down the stigma and shame that keeps addicted people from getting help. How do we make society see that people with substance use disorder need compassionate care and not punishment? How do we get folks who have

never experienced drug addiction, or the kind of trauma that often leads to it, to care about people like herself?

“I’m just a girl,” Christine pleads. “I’m not an ‘addict.’ I’m not some piece of trash. I didn’t *choose* to go through the things I went through. Who would?”

Of course, I hardly know what to say. But something inside me—the same drive that led me to write *The Face of Addiction*—believes that it all comes down to the stories we tell ourselves about addiction and addicted people. The cultural narrative I grew up with led me to believe that people who use drugs were essentially moral degenerates, the kind who lived in dark alleyways and crack houses and would never amount to anything in life other than being a public nuisance. The only solution society gave me to the problem of drug addiction as a child in the 1980’s was to “just say no.” I’ve come to see that it is far more complex than that.

So, yes, we can and should advocate for increased funding for treatment, the passage of humane criminal justice reform, legal prosecution of pharmaceutical companies, and the implementation of evidence-based treatment. But the root of the issue is deeper. The source of addiction lies in the general fragmentation of society and its failure to provide for healthy human development. Every civilization is built on certain cultural narratives that inform how we understand and relate to one another, and frankly, our current story surrounding addiction is wholly inadequate to meet the needs of people engulfed in this crisis. Until that story shifts in such a way to change how we see the world, people will continue to fall through the cracks and die. That is why I wrote this book. It is why I support people like Christine. I may be able to write complete sentences and put a manuscript together, but she has the kind of lived experience that people desperately need to hear.

“Anyone can reach me on Facebook,” she says, “or they can call me. I make my phone number public on there. I make it available to anyone at any time. I know my story reaches a lot of people, so my phone is always on and I always answer it for that reason. It takes a lot of courage to make that call for help, so someone has to answer when they do.”

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Joshua Lawson has worked as an organizer, pastor, and ally to people who use drugs in central Appalachia for the past three years. *The Face of Addiction* tells the stories of twelve people he met when he first began "getting close" to the things that matter in his community.

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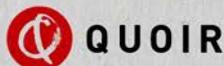
Sam Quinones

Author of *Dreamland: The True Tale of America's Opiate Epidemic*



Joshua Lawson is a writer who lives in southern Ohio with his wife and kids and their ever-reproducing family of cats. He loves strong coffee and good books. To support future projects, including his upcoming follow-up book to *The Face of Addiction*, visit www.patreon.com/JoshuaLawson.

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