



ASAM

The Voice of Addiction Medicine
American Society of Addiction Medicine

Kevin's Story

On Labor Day weekend, 2014, Don Flattery and his wife lost their twenty-six year old and only son Kevin to an opioid drug overdose. Kevin enjoyed the blessings of a typical suburban upbringing, attending private schools, participating in youth sports and varsity high school ice hockey. He was a good student and was a graduate of a local all-male prep school in Washington, DC, and later the University of Virginia where he actively participated in student and fraternity life.

Kevin came to his addiction as a working adult, pursuing his talent and passion working in the film industry in Hollywood, CA. He had been battling and was being treated for issues related to anxiety attacks, stress, depression, and starting in 2013, after self-medicating with the opioid prescription drug Oxycontin, he was being treated for dependence and then addiction. He had returned home to Northern Virginia in the fall of 2013 to his family seeking treatment and support.

He was working hard to conquer his addiction. Like many struggling with opioid addiction, he tried a variety of treatment and recovery pathways including in-patient detoxification, intensive out-patient, taking the medication buprenorphine, step program support and a "28-day" abstinence only residential program. But, like others in pursuit of recovery, he experienced the painful and common process of apparent progress followed by relapse. Days before he was to start a course of treatment with extended release naltrexone he relapsed again and did not recover.

In the year since losing their son, Don and his wife have learned a great deal about the disease of addiction, the current epidemic, its underlying causes, and painfully, evidence-based treatment opportunities that work and offer hope, but now, only for others. Don is a committed supporter of the use of FDA approved medication in treatment for those afflicted by opioid addiction borne out of Kevin's treatment experience.

Lack of understanding about the role of medications in addiction treatment, meant that Kevin was confronted at some step program meetings where he faced judgment and pressure about his use of buprenorphine. He was made to feel that he was not in recovery, not serious about his sobriety and substituting one addiction for another. Don believes that under no circumstances should anyone with an already impaired sense of self-esteem be faced with judgment and stigma when using evidence-based treatment medications now known to be producing recovery success.

From this experience, Don is now committed to helping to bridge the knowledge gap in addiction treatment. Kevin was one of many who attended abstinence-only treatment programs that did not offer medication as part of treatment. Kevin was told he would have to taper off his buprenorphine in one week's time as a condition of participation in this program, which Don later learned is not a recommended practice when treating opioid addiction. At the time, Kevin and his family were conflicted and didn't know better.

Sixty-four days after leaving the abstinence-only residential facility and no longer taking medication as part of his treatment, Kevin succumbed to an overdose. Don later learned that it is well documented that when those with opioid addiction are taken off of their treatment medication they are at their highest risk for a fatal overdose even with a dose that previously would barely have an effect. Don is now working as a citizen advocate and as a member of the Virginia Task Force on Prescription Drug and Heroin Abuse and encourages parents and patients to ensure medications are considered as part of treatment for addiction and to seek out treatment providers who accept today's emerging consensus that the use of medications coupled with individual therapeutic assessment and supportive group program assistance offer the most promise for recovery from opioid addiction.

Don and his family are most appreciative for the development of ASAM's national practice guideline which they believe will provide the medical community with the tools necessary to appropriately and more effectively treat patients with opioid addiction.