

Key:

H = Hanna Ortiz

O = Lou Ortenzio

H: When planning this project, we wanted to provide you with access to the very best experts in the field talking about the most important aspects of the opioid crisis.

Experts from leading agencies and research institutions generously shared with us their knowledge, discussing biological and psychological components of opioid use disorder, medication assessment treatments, treatment of incarcerated individuals and future strategies. Yet the series would not be completed without one very important interview.

What you're about to see is the personal story of Lou Ortenzio, "Dr. O." as his patients used to call him. Lou is the face of the modern opioid use disorder crisis, an educated professional, a physician who had a family and successful medical practice, and who suddenly lost it all in his struggle with opioids. This is a story of a person who was able to break free from the cycle of self-destruction and find a new meaning in life by helping fighting their own fight against opioid misuse and abuse. I hope you will find Lou's story valuable. I hope his story will touch you, as it touched us when we recorded this interview. And I hope it will remind you that those who struggle with opioid use have many faces and come from many different backgrounds. Thank you for watching.

Lou, thank you for having us. Why don't you begin by sharing your story?

O: When I went in the practice of medicine, began to learn the trade and apply that to patients, it was all about me. I was kind of the center of my universe. Getting caught up in that, I found it to be extraordinarily stressful, I did not know a whole lot about boundaries or limits, did not accept my own limitations, by any means. So when things were stressful, even early in practice, when things got painful, or I had a tension headache, I knew that I could go to a sample cupboard and find a sample pain medication that the pharmaceutical companies had left for us to give to patients; Lorcet or Vicodin, Hydrocodone and Tylenol samples were in there. I found that they were -- the first time I tried a sample late one night when I had a headache, and I felt really tense and uptight, I found this tremendous feeling, this tremendous -- in addition to relieving the pain, it gave me this tremendous euphoria. I mean, it was 11:00, and shucks, I could go for another eight hours. I was 10 feet tall and bulletproof, faster than

a locomotive. You know, I could leap tall buildings in a single bound with just one Hydrocodone.

Over the course of years, it expanded from one sample pain pill that I found in the sample cupboard to using all the samples that we had, to begin to write prescriptions to patients that I trusted who will fill it and give it back to me. When I finally ran out of the number of patients that I could trust, I ended up writing prescriptions and filling them in pharmacies all over this area, all over north central West Virginia, thinking that I could run under the radar, and no one would catch that. And I found that, you know, I got single-handedly caught up in addiction, seeking not to feel better from relieving a headache or stress or tension, but just to keep from getting sick. What started as one sample pain pill at the beginning ended up being 30 and 40 a day.

I remember one particular incident, because I had gotten so consumed with practice and so consumed with my addiction, that I lost my wife and family in the process. One thing my ex-wife and I did agree on was selling our house that we had at a residential lake near here. I remember the realtor had scheduled a showing, but I was too dope-sick to get out of bed. I knew that they were going to tour the house and I was in bed, and I couldn't get out. So, I just covered my head up with the covers.

So, I remember the family talking lively with the realtor about the assets of the house, the beauty of the house, and then coming in and finding this body lying inert under the covers, and their talking stopped. And they walked through the bedroom and walked out. And needless to say, they didn't make an offer on the house. But that's how bad it gets. It seems ludicrous, but when you're in that dope-sick situation, there's nothing you can do.

One night, depressed and suicidal, I wandered into Intensive Care at our hospital to care for a patient. I was bad enough that I needed care, really, but I was still trying to take care of patients. And I met someone who had peace and serenity about her, even though my patient was very sick, and it was very stressful. And Donetta, who is now my wife, told me about -- asked me about what was going on in my life. And I shared a little bit. But then the second time I met her, I shared a lot more about my struggles. And over a period of time, she shared the good news of Jesus Christ with me about three months later, and next month will be 16 years, that nurse, Donetta, and I got married after I was three months' sober. And a month after we got married, the feds raided my office. I got convicted of federal felonies of prescription fraud and insurance fraud, falsifying medical records. And my medical license is revoked.

You know, by the grace of God, I got a very merciful sentence that did not involve incarceration. Somehow, the judge saw that maybe I could have a merciful sentence that would impel me into doing something positive for our community, more than I was doing. So, in the course of being on home confinement and supervised release for five

years, and paying the restitution that I tried to pay, and doing community service, I was able to get engaged in ministry in a big way. And I found that my story of healing and redemption through all this contributed to giving other people hope.

So, I got involved in our church ministry, then I got into full-time ministry at our homeless shelter in the community here, the Clarksburg Mission. Also involved in a Celebrate Recovery ministry, which is a Christ-based 12-step program that's housed at this church, which is two blocks away from our homeless shelter, through all kinds of opportunities here, I've had a chance to work at our community corrections organization. I've had an opportunity to establish an organization that produces recovery coaches, and then let those recovery coaches go out and make connections to help folks. I've seen our U.S. attorney have an addiction action plan, got to help a little bit with that to try to set in course some changes, some modifications that allow our community to prosper again. I got to participate on the treatment team of our county drug court for Harrison County at Clarksburg, and for our federal drug court here in the northern district. My greatest shame is now my greatest ministry. I was absolutely horrified that I was a federal felon. It's a different kind of medicine, maybe, that I practice, but it's an opportunity now.

H: That's quite an experience you went through. Thank you for sharing it with us. Now you told me you've been sober for 16 years. What do you do today to stay sober, and what do you attribute it to?

O: I've got friends now, and accountability partners, and a sponsor in our programs that I am held accountable to. They hold me accountable and let me know if they see something concerning going on. They warn me if they're concerned. And I hold them accountable also. So, we've got deep relationships, deep connection. I've got a very supportive family that helps throughout this whole process and stayed with me through these difficulties. That's all part of that. And while I run a meeting here, I go to meetings too, you know, I'm a leader in our meetings here, but I'm participant at other meetings. I'm surrounded by people who are honest and dealing in the recovery issues.

So, one thing we say in recovery is, we're only as sick as our secrets. Well, I sure try not to have any kind of secrets. Secrets are dangerous, you know, they lead people to distraction.

H: For you, what was the most difficult step in recovery?

O: The most difficult step in recovery for me was recognizing I truly was powerless, because I was reluctant to admit that I did not have power to fix everything. It's okay to be that way. I think that's contrary to our culture, that tends to think we can pull ourselves up by our bootstraps, which actually is a physical impossibility, I studied that once. You can't pull yourself up by your bootstraps, that doesn't exist. But that's a fiction that our culture -- and, you know, don't ever ask for help, just keep going on your own, which is another fallacy that we live with. Those are the kind of fallacies that I've had to deal with and turn upside down.

H: You told us a little bit about the programs you're leading or being a part of, and that's quite an impressive list. It seems to me that you devote your whole life to helping people. So, tell me, what does it feel like to help others?

O: You can see people change. You know, drug court's really profound, because you have people coming in maybe expecting the worst. You know, one fiction that people talk about is, drug courts are set up so that you can fail -- that's absolutely not the truth at all. If anything, drug court treatment courts have mobilized huge amounts of effort to try to help people make the right decision and continue to make the right decision and do the right thing. And you get to see the lights go off -- or the light go on, maybe, when they fully understand that there is help out there, that they can do the right thing. They don't have to be a victim; they can be a victor. You know, they may be going through a test, but they're actually developing a testimony. You know, they can really see change happen and be supported through that whole process, and it's life-changing for folks. So, you get to see lives change in that whole process. It's very rewarding to see that.

I answer a lot of phone calls and texts a lot of times for folks looking for help. I try to be as available as I can be to folks looking to bounce ideas off, or send people in the right direction, to find other people who do that sort of thing.

H: That really does sound like a 24-7 job.

O: It can be busy, but I do sleep at night, so that's a good thing.

H: So, we did talk about this a little bit before the cameras went on. When you look at the statistics, on average, 130 people in our country lose a battle and die from opioid use disorder every day. Do you see an end in sight?

O: You know, I think there are some statistics I've seen recently where the opioid overdose rates are going down. So, there have been some improvements made, but there's still a lot more to do. I think sometimes with addiction, recovery and addiction treatment, it's a whack-a-mole kind of thing, where one issue, one drug that will be popular, and then something else will come up. Right now, we're seeing an onslaught of fentanyl, which is an opioid which is deadly. But we're also see a rise of methamphetamine, which is much more effective in producing dopamine in the brain, and people get caught up in being stuck on methamphetamine, which does similar things in a different fashion. So, we've got to address human nature, somehow. We've got to address the needs people have that allow them to fall into addiction. And if we identify those things, it's usually trauma. We allow children to be traumatized, somehow, in all kinds of ways. And it is in dealing with the consequences of that trauma that folks lead into addiction. So that's really preventive work, is try to minimize children's trauma out there so that they don't fall into addiction. It's a long-term process, it's certainly not going to get better overnight.

H: How could we put a roadblock on this, and minimize the threat as a society?

O: The opposite of adverse childhood experiences is, or resilience factors, what makes a child stronger in dealing with those things. Because you can't minimize the trauma. Those things are going to happen. But you can build resilience. So, one of the resilience factors is, did I have someone in my life who told me I could do good? That I could do well? Did I have someone in my life who believed in me? Did I have a teacher, a Sunday school teacher, someone, a neighbor, that seemed to believe in me and boosted my self-esteem? So those are the kind of things that we need to develop. We live selfish, lonely lives. We've got to reverse that, you know? That's how we make the big difference. It's not a quick cure. It's not something you can put a Band-Aid on real fast, make it better. This is going to be a long-term adjustment in how we live our lives.

The opposite of addiction is connection. The opposite of addiction is not abstinence or sobriety. So, you've got to get connection. We've got to develop relationships. It's all about developing relationships with folks. So, we've got to be a much more deeply connected people than we ever imagined, not in our bubbles that we often live in.

H: It does sound very easy and logical when you talk about this, but boy, that will be a struggle in real life.

O: It is. It's counter-cultural, really, you know? It's against the grain of everything we're doing, and probably against human nature. But if we're going to survive this as beings, as human beings, we're going to have to do that.

Even if you look at something as simple as the drunk driving laws, Mothers Against Drunk Driving changed our thinking about going home, stopping at the bar and then driving home after that. You know, drinking and driving, our thinking has turned upside down on that. So, it takes a big effort of us all working together to make that difference. And we have to be willing to learn; we have to be open-minded. We have to -- the learning curve in all this stuff is very steep. I mean, it took me a long time to learn this, and I'm just in the beginning of understanding all of these things.

H: Thank you, Lou. It was a very productive conversation. Now my last question is, is there anything else you want to share with our audience?

O: It was very easy to get into addiction, amazingly easy for me to delude myself and have the powerful impact of these potent drugs. It was very easy for me to prescribe them. It's a whole lot harder to turn it around the other way, but it is possible. And people do recover. I think we get caught up in the negative news, but people do recover. I do see all kinds of success stories. Not everybody, certainly, maybe not even the majority. But a good portion of folks can recover and can live to give back.