On My Mind: A personal story of family opioid and alcohol dependence

A young Dr. Charles Silberstein, with his dad, Dr. Richard Silberstein. — Courtesy Charles Silberstein

My father was his high school valedictorian, started and ran a community mental health center and a department of psychiatry, and had a hand in the founding of Phoenix House and Daytop Village, two of the most influential drug treatment communities of the 20th century. He reportedly was the youngest person ever admitted to the American Psychoanalytic Association, claimed over 60 publications, and was a psychiatrist greatly valued and loved by his patients and colleagues. He adored being a doctor, and cared deeply for his entire community. My dad was also addicted to opioids and alcohol, and died an ignominious death as a result of those diseases. At the time of his death, he was only 64.

Substance use disorder (SUD) is an illness, no more a moral weakness than any other disease. As with any chronic relapsing illness, an individual's wisdom, spirituality, resilience, healthy relationships, and other personal assets can help in recovery, but a lack of those positives by itself does not directly cause SUDs any

more than it would cause hypertension or diabetes. I have often asked myself how and why my father got sick.

Richard Silberstein was born into a well-to-do family in Pittsburgh. Despite tensions in my grandparents' marriage, the family had dinner together every night, and was close. During Prohibition, as a boy on my great-grandfather's farm, my father delighted in eating fermented cherries that were used to produce alcohol. He also drank in high school, but by today's standards, his behavior wasn't outside the norm. His college years were punctuated with nights of drunkenness, but this didn't distinguish him from many of his classmates. But an early portent of future problems was one night when, home on break from college, he drank so much that he ended up in the emergency room, nearly comatose from a toxic level of alcohol.

When he graduated from college and medical school and moved on with his career, most nights my father drank bourbon during cocktail hour, and wine during dinner. In my early childhood, evenings often started with meetings with friends and colleagues about how they were going to conquer mental illness through Head Start programs, community mental health centers, therapeutic communities, psychoanalysis, and research. Drinking was always part of those gatherings. I can still hear the ice cubes clinking into tumblers, and smell whiskey, a drink that is so reminiscent of my father's demise that I did not try it until I was in my 40s. Yet I don't remember ever seeing my father drunk until years later. When I was 11, my father had his first heart attack. I don't know whether his drinking caused it, but heavy use of alcohol can damage the heart muscle, and its metabolic effects increase the risk of coronary artery disease. During that hospitalization, he found great relief in the intravenous morphine that muted the pain. For a while after his release, he stopped chain-smoking and started exercising, but his healthier lifestyle didn't last. His cardiologist told him to stop having sex because it would increase his risk of another heart attack. I don't know if abstaining from sex contributed to the progression of his SUD, but I do know that it caused him great distress. In his generation, stereotypical masculinity was the rule, and most men expected themselves to be stoic, not to cry, to carry on despite pain, never to be weak, and always to be virile. Heavy drinking was viewed as an expression of masculinity as well, as it probably was for my father. Smoke-filled rooms with the clink of ice cubes, glug and aroma of booze, were associated with healthy manhood.

One night when drinking heavily, my father fell and suffered a spinal injury that required surgery, and led to severe chronic pain. The pain was treated with opioids

— Talwin and Stadol — that their manufacturers promoted at the time as free of the risk of addiction, a claim made decades earlier about heroin and in modern times about OxyContin. My father's doctors eventually told him that he would have to stop using opioids, and his prescriptions for opioids were discontinued. This triggered an intolerable state of opioid withdrawal. In a different era, like so many who have become addicted to opioids today, my father might have turned to street drugs, but in the 1970s he was able to prescribe the drugs for himself. When that became suspicious, he prescribed them for his secretary, who later quit over this practice, and then for our housekeeper, who dutifully picked them up and brought them home. Closets in our house contained boxes of syringes and cases of half-gallon bottles of vodka and whiskey. A basement room was filled with fine wines, and bottles with labels printed with his name. He could see himself as a wine connoisseur rather than a man with a debilitating and severe illness.

From my teenage years I remember the odd smell of his sweat, which was infused with the metabolites of alcohol, his thick-tongued, garbled speech, and his cartoon-like, unsteady gait. I remember his nodding off mid-sentence, and how the furniture and rugs were punctuated with cigarette burns. I remember two times that he fell and hit his head. Both times, a physician neighbor sutured a gash so that he would not have to endure the shame of presenting with his injury at the emergency room of the same hospital at which he was chief of psychiatry. On both occasions, he asked me to inject opioids into his buttocks before he was sutured. Though I felt some pride in being able to help him, I later regretted colluding in his deception.

Some of his colleagues and students must have suspected what was happening, but as far as I know, no one ever confronted him or tried to get him help. My sister, who had become a nurse, turned to his gastroenterologist and to the second in command in the department of psychiatry and told them how much he was drinking. They both told her that was impossible, as my father continued to function on the job. On another occasion, the housekeeper called my sister at work. My father was on the floor, incontinent, unresponsive, and breathing very slowly. My sister called the same two doctors. They told her to let him sleep it off. It would not be good for the chief of psychiatry to be admitted in such condition.

When I was 16, my mother gave my father a choice: Go into addiction treatment or she would leave. She left. A few years later, with the advice of a former student of my dad's, my siblings and I managed an intervention while he was in the hospital for an alcohol-induced gastric bleed. With his reluctant agreement, my

brother brought him directly from the hospital to a rehabilitation clinic in Georgia designed for physicians. For a while afterward, he was clear-headed, wise, and articulate. Then, he had another heart attack, followed by open-heart surgery. The surgeon told us that due to cigarettes and alcohol, his heart muscle was so damaged and deteriorated that the surgery had been like "operating on cottage cheese."

Chronic relapsing illnesses like substance use disorders don't just get cured. When he returned home, my father (prideful, secretive, and always the resident expert), humbled himself, got a sponsor, and went to Alcoholics Anonymous. I felt close to him and proud of him in those days. But when his cardiac problems worsened again, he stopped going to meetings, and his SUD relapsed. For years he managed to maintain a professional practice, but outside of work he was a recluse, staying home alone with his booze and pills. About five years after his stay at the rehabilitation clinic, his liver failed, he went into a coma, and he died within a month. Few of his friends, students, or colleagues visited him during his terminal hospitalization, perhaps because it was too hard for them to see a man that they had once admired brought so low. His memorial service packed the local synagogue, and once again we were all able to connect with the man we admired and loved. It was a relief that the addict was dead.

I am certain that my father's shame over his substance use contributed to his decline and demise. But more than all of the other risk factors combined, the greatest risk factor for SUD is genetic. Alcohol use disorder (AUD) is three to four times more prevalent in close relatives of people with AUD than in the general population, with the children and siblings of alcoholics having the highest risk. I don't know for sure that my father's mother was an alcoholic, but I do know that she often carried a flask in her purse, and I suspect that her death was alcohol-related. We were told that the hepatitis that led to hospitalization was caused by bad oysters. More likely it was caused by alcohol. Furthermore, the high blood pressure that ruptured her cerebral aneurysm was probably due to alcohol withdrawal, not hypertension alone. My father's brother was also rumored to have experienced damaging effects of substance use, and I wonder about other relatives.

I might share my father's genetic vulnerability to substance abuse, but I did not succumb to the illness. In an act of rebellion against my father, I virtually never drank until I was in my 20s. Amazingly, studies show that, regardless of genetic predisposition, the incidence of substance abuse disorders is very low in people who do not start using alcohol or drugs before their early 20s. This may relate to

the greater plasticity of the brain during childhood and adolescence. Teenagers can learn quickly and remarkably well, for example learning to speak a new language like a native, mastering a new sport, or acquiring impressive mathematical skills. When a teenager learns to find pleasure and manage difficult feelings through alcohol or drugs, that pattern of behavior can become hard-wired, creating lifelong vulnerability to SUD. My father learned the language of self-soothing through substances early on, and became an expert.

I started thinking again about my father's story after receiving an article about how "the Center for Integrative Behavioral Medicine, also known as the Silberstein Clinic" on Staten Island is starting a medication-assisted treatment program for adolescents and young adults 16 to 24 years old who are struggling with opioid use disorder. The program offers patients Suboxone and Vivitrol. The first is a long-acting opioid that generally does not induce a high, and allows individuals with opioid use disorder to live normal lives free of withdrawal. The second blocks the opioid receptor, and eliminates the euphoric and analgesic effects of both opioids and alcohol, making them unappealing to users. Had Suboxone or Vivitrol been available to my father, he probably would have lived several more decades. He would have had a chance to know my wife and his grandchildren, and they him. He might have made many more contributions to the mental health of his community.

It was deeply ingrained in me that my father's illness was a secret and a family shame. I wonder if the people who work at the Silberstein Clinic know it was named after a man who suffered from addiction. They say that you are only as sick as your secrets. There is no doubt in my mind that my father's secrecy and self-deception hastened his death.

Substance use disorder knows no boundaries of class, race, intellectual ability, educational background, or occupation. It is an illness that has more impact and does more damage than almost any other, and yet we too often send the message that adolescent substance use is all right. Can you imagine how outraged we would all be if we learned that avoiding one behavior before the early 20s would come close to eliminating cancer, yet people still engaged in it?

It is time that we fully recognize that SUDs are illnesses no different from any others. I have known two smart, capable, youthful physicians who died from SUDs on Martha's Vineyard in the past 20 years. My father, too, had wonderful qualities, and yet, he was an alcoholic and an opioid addict. Today we have medications that save the lives of many people struggling with such illnesses. We

have 12-step programs like AA and NA (Narcotics Anonymous) that are more widely available, and less stigmatized than they were when my father was struggling with his illness. Psychotherapy and coaching are far more accessible as well. Like my father, all people who suffer with substance use illnesses deserve support, compassion, and affordable, non-stigmatized access to the treatments and services they need to recover and have long and fulfilling lives.

Do you have a story to tell?

Substance use is riddled with isolation and secrecy. Talking about it and writing about it can help diffuse the shame and secrets that are so rampant and damaging to family members, people with addictions, and to our community as a whole. The MV Times invites you to share your story, anonymously if need be, by reaching out to us at onisland@mvtimes.com.

Need help? Resources available on-Island:

The Martha's Vineyard Hospital substance use disorder (SUD) team offers assistance to the Island community by providing resources and referrals to services that support a use-free lifestyle. Services available include information and referral to community resources, education, and support, and staff and community education in all SUD areas.

The SUD team is also available to consult with the Emergency Department, MVH inpatient care units, primary care practices, maternity, and the Employee Assistance Program.

Detox and rehabilitation

Martha's Vineyard Detox Treatment Referral Program

Program gives Islanders easier access to off-Island detox facilities.
M.V. Community Services Emergency Services (24/7): 508-693-0032. M.V. Hospital SUD team (24/7): 508-684-4600.

Island Health Care Community Health Center

508-939-9358

Crisis intervention

M.V. Community Services Island Intervention Center (24/7)

508-693-0032; 111 Edgartown Road, Oak Bluffs

Urgent care, brief interventions, assessments, referrals, and outreach.

Intensive outpatient program

M.V. Community Services New Paths Recovery Program
508-693-7900; 111 Edgartown Road, Oak Bluffs

Structured outpatient addiction program for adults who seek substance use

support and who may also experience co-occurring mental health disorders.

Harm reduction services

Health Imperatives

508-693-1208; 517 State Road, Vineyard Haven

Clean needle exchange; Narcan distribution; HIV and HepC testing.

Medication-assisted treatment

Suboxone: Available for clients/patients at Martha's Vineyard Hospital SUD team: 508-684-4600; M.V. Community Services: 508-693-7900.

Vivitrol: Available for clients/patients at Island Health Care Community Health Center: 508-939-9358; M.V. Community Services: 508-693-7900.

Recovery coaching

Peer-to-peer support for recovery from substance use disorders.

Island Health Care Peer Recovery Coaching

508-939-9358; 245 Edgartown–Vineyard Haven Road, Edgartown

M.V. Community Services Recovery Coaching Program

508-693-7900, ext. 451; 111 Edgartown Road, Oak Bluffs

Recovery support center

M.V. Community Services Recovery Support Center

508-693-7900; 12 Beach Road, Oak Bluffs

A safe space for those in recovery to access a variety of supports.

Recovery support groups

Al-Anon/Ala-teen, 508-465-3100

Adult Children of Alcoholics, 508-693-3832

Alcoholics Anonymous, 508-627-7084

Depression Anonymous, 508-693-0332

Nar-Anon, 800-477-6291

Narcotics Anonymous, 866-624-3578

Learn to Cope, 774-563-9197

Refuge Recovery, 508-693-7900

Sober living facility

Vineyard House

508-693-8580; 56 Short Hill Road, Vineyard Haven.
Housing for Islanders in need of a safe and structured living environment while they are in the early stages of recovery.

Individual and family counseling

M.V. Community Services Island Counseling Center

508-693-7900; 111 Edgartown Road, Oak Bluffs

For additional resources, visit mvaddictionhelp.com.

More help

mvaddictionhelp.com/resources.html

firststopmv.org/provider-category/substance-use-disorders

Dr. Charles Silberstein is a psychiatrist at Martha's Vineyard Hospital and Island Counseling Center, where he is the medical director. He is board-certified in general, addiction, and geriatric psychiatry. He writes regularly about issues Islanders have with mental health.