

Lethal Weapon

OUTRAGED

AT AN EPIDEMIC
OF ACCIDENTAL
ADDICTION
TO PRESCRIPTION
PAINKILLERS
THAT'S CAUSING
DEVASTATION
AMONG USERS
AND BYSTANDERS
ALIKE,
SUPERSTAR
NARCOTICS
PROSECUTOR

BRIDGET BRENNAN

TAKES AIM
AT A SURPRISING
NEW FOE:
**THE AMERICAN
MEDICAL
ESTABLISHMENT**

BY_NANETTE VARIAN

PHOTOGRAPHED BY_
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“Are you sure I can’t get you a soda?”

I’m sitting in the anteroom of the vast corner office of New York City special narcotics prosecutor Bridget Brennan, who is reaching down to a minifridge wedged between the desks of her two assistants. She is one of the nation’s toughest pursuers of drug traffickers, kingpins and gang thugs, but right now Brennan is acting like my Italian grandmother, who never let anyone refuse an offer of food or drink.

“How about coffee?” she continues. “A tea! Water? I know *I’m* parched.” The second oldest of 11 children, Brennan learned early on to be a sort of third parent: a nurturing caretaker who also knows the importance of rules and proper behavior.

Satisfied that her guest does not need hydrating, she pulls out a ginger ale for herself. We are just back from a press conference in Brooklyn, and Brennan is coolly camera ready in a fitted dark-blue and white-stippled jacket with carbon piping, solid blue skirt and knee-high black leather boots. She prefers vibrant colors but thinks blue is a “serene” hue that photographs well at press events. Given that Brennan oversees some 3,000 arrests each year—suspects range from the most pitiable addicts, who may get treatment instead of jail time, to some of the most vicious criminals imaginable—“serene” seems like a wise choice for her fashion arsenal.

The Office of the Special Narcotics Prosecutor was formed in 1971 in response to the city’s heroin epidemic, a gritty, violent time portrayed in such films as *The French Connection* and *The Panic in Needle Park*. Brennan, 57, is the fourth chief, and the first woman, to run the division. She answers to five bosses—the district attorneys of each of New York’s five boroughs, who appointed her—and supervises a staff of 200.

The press conference, which was to announce a major bust, started late, and she had a packed day ahead. Brennan spoke movingly about a community “held hostage” by warring gangs. But she checked her watch discreetly; she wanted to get back in time for a strategy session about her newest top priority: the growing crisis of prescription-painkiller abuse.

Unlike the junkies of decades past, the victims of this epidemic are “not looking to get high, and they’re not using drugs as a crutch,” she tells me. Many of them—including a relative of hers who abused fentanyl patches—are instead what Brennan calls “accidental addicts,” people who became hooked “merely by taking their medication the way they thought they were supposed to take it. They had some legitimate pain issue, like a pulled wisdom tooth, but they were prescribed a 30-day supply when they only really needed it for four days.”

It’s doctors who write those prescriptions, and Brennan has the medical establishment in her crosshairs. “We learned that between 2007 and 2010, the prescriptions for oxycodone alone had gone up by 100 percent, to over a million per year,” she says. She pauses a beat. “That’s prescriptions, not pills. One million *prescriptions*. For New York, a city of 8.5 million people.”

The national statistics are equally alarming. Whereas physicians were once loath to prescribe opioid-based medications such as Vicodin (hydrocodone) and OxyContin (oxycodone) for anything but end-of-life hospice care or the short-term treatment of acute postsurgical pain, they’ve more recently changed their style. From 1997 to 2007, the number of milligrams of opioids prescribed per person in the U.S. skyrocketed by 402 percent. Admissions to rehab centers for painkiller-addiction treatment have quadrupled.

“I don’t think the medical profession has been really scrupulous about counseling people on the dangers of these drugs,” Brennan says. “Maybe the doctors themselves weren’t as aware as they should have been.” And even when patients are informed about their meds’ addictive qualities, they don’t always listen. That’s understandable, she says, because unlike illegal narcotics, these drugs don’t come with “a big red warning flag and society’s stamp of disapproval.”

Even when adults don’t become hooked, their pills are a danger to their children, who, looking to experiment, may swipe a few from the medicine chest. Brennan’s rehab sources told her this was becoming an especially big problem on Staten Island. “So some of our investigators went out there to take a look,” she says. “These people had been heroin investigators in the ’70s, and they said they saw the exact same thing. Kids nodding out in the shopping centers and all over the

DOCTORS AND PHARMACISTS WHO KNOWINGLY CONTINUE TO PROVIDE **PAINKILLERS** TO PEOPLE WHO HAVE CLEARLY BECOME ADDICTED “OUGHT TO BE PUNISHED LIKE ANY OTHER **DRUG DEALER**,” SAYS BRENNAN.

place. And so we started working on a case there where we identified oxycodone being sold out of an ice cream truck.”

Even people patronizing honest businesses are getting caught in the crossfire. U.S. drugstore robberies have risen 80 percent over the past five years; on Long Island, New York, a pharmacist, cashier and two customers were murdered in broad daylight by a gunman stealing more than 10,000 hydrocodone pills. “Drugged driving” arrests are also on the rise; New York senator Charles Schumer, citing the “explosive growth of prescription drug abuse,” has cosponsored federal legislation to fund technology and training that would help police better identify drug-impaired motorists.

Everyone, Brennan insists, knows someone who has struggled with chronic pain and/or become addicted to prescription painkillers. The issue hit close to home five years ago when Brennan’s daughter developed pain in her hip and knee.

“We were going to doctor after doctor and having test after test,” she recalls. “My poor daughter was waking up with tremendous pain in the middle of the night, and all I could do was give her some Tylenol. I remember phoning one doctor and saying, ‘Isn’t there anything we can do for her?’ This was an orthopedist I had seen a couple of times, and she said, ‘We’ll send you a prescription for Percocet.’”

Although she'd been seeking help, Brennan was outraged by the doctor's response. As much as it distressed her to see her child suffer, Brennan worried about giving her such a strong drug. "This was for an 11-year-old kid. Percocet for an 11-year-old?" She called her daughter's pediatrician. "She said, 'What? That's crazy. They can't treat the pain until they find out what's causing it.'" After more tests, it was discovered that her daughter had an autoimmune condition, says Brennan, adding that the disorder is now under control.

"It's always hard to strike the balance between prescribing adequate pain meds and not creating an addiction in an otherwise healthy person," she says. "And I think that balance has gotten screwed up."

Brennan has committed herself and her agency to combating this crisis, not just on the streets but also in the legislature. Last summer she formed a special Prescription Drug Investigation Unit; the data it provided helped police home in on the Long Island drugstore shooter by matching him to records the team was compiling about a doctor who was allegedly pushing pills in Queens. Brennan has consulted with President Obama's drug czar, Gil Kerlikowske, and has been called to serve on several state and local task forces, most recently by New York City mayor Michael Bloomberg. And she has taken her fight public, offering herself up as an impassioned spokeswoman every time a high-profile prescription drug crime hits the news. A central part of Brennan's mission is to push for stronger laws against the "pill mill" doctors and pharmacists who knowingly continue to provide painkillers to people who have clearly become addicted. She says such practitioners "ought to be punished like any other drug dealer." In November she indicted the drugstore shooter's doctor on multiple counts of criminal sale of prescriptions for a controlled substance and reckless endangerment (the physician has pleaded not guilty).

"This is the first drug epidemic to start with the medical profession," says Brennan. "And it has to stop with them, too."

LIFE IN BRENNAN'S hometown of Brookfield, Wisconsin, a suburb of Milwaukee, could not have been more different from that of 1970s mean-streets Manhattan. When asked about the crime situation while she was growing up, she jokes: "What crime situation? We lost the key to the front door and never locked the house again." Around the time the office she now runs was being formed, Brennan was organizing her high school's participation in the country's first Earth Day celebration. She says her position in the family, along with a Catholic-school upbringing, inculcated a spirit of service.

"When my mother was having babies, my older sister and I would take turns staying home from school with the little ones," she says. "We'd manage the house, do the laundry. It was the hardest job I ever had, because you'd have to get up before everybody else. There was an assembly line with the lunch bags."

"She has an acutely developed sense of justice," says her younger sister Maggie, who's not at all surprised by her sibling's career choice. "She also finds a lot of comfort in rules."

Brennan's mother, Mary, was an editor, and her father, Gale, a copywriter and children's-book author. He was also a district organizer for John F. Kennedy's presidential campaign. "My dad had us all doing literature drops," she recalls.

Young Bridget was the "most adventuresome" of their set, says Jody Dugan Cabezas, one of Brennan's oldest and closest friends. The pair competed in Junior Miss pageants in the hope of earning some scholarship money (they didn't) but also ditched the junior prom at Divine Savior Holy Angels to go to an All-Star Wrestling event in Milwaukee. Crime may not have been on Brennan's childhood radar, but her pleasant community wasn't immune to the temptations of early-'70s drug culture. "When I was in high school, marijuana was huge and so was LSD," she recalls, adding that she "never really liked" drugs. "I was certainly in plenty of situations where marijuana was being smoked," she says judiciously. "But it really aggravated my asthma. So I wasn't a big fan of it." She also didn't like the way drugs made people behave—a reaction that would have great resonance later in her career. Cocaine became popular when Brennan was an undergrad at the University of Wisconsin. "The way it was used by guys to get girls to have sex with them was kind of disgusting," she says.

Brennan was responsible for most of her own tuition and expenses; her résumé from this time includes "car jockey" at a rental outfit, cocktail waitress, magazine-subscription clerk and brewery worker. A journalism major, she also did stints at the *Milwaukee Journal Sentinel*—"My first front-page story was about a meth-lab bust," she notes—and at a TV station in Green Bay before moving into an on-air slot in Eau Claire after graduation. Reporting gave her a buzz. "I enjoyed the ability to be in the moment," she says, "to be a part of an exciting story, to try to interpret events and share them with the public." Deciding it would be useful to develop a niche, she returned to the University of Wisconsin for law school.

"My grades were not stellar," she said in a 2001 address to first-year law students at her alma mater; in the speech she also admitted to having gone through "periods of panic and gripping insecurity." That insecurity was not in evidence by the time she landed in Frank Tuerkheimer's Trial Lab class in the spring of her third year. "Bridget gave a closing argument as a prosecutor in a little mock trial that was close to brilliant," recalls the professor, who recommended her to his former boss, then-Manhattan DA Robert Morgenthau. Although Brennan had grown up thinking of New York as a place with "no trees" and prosecutors as the "old guys" in the TV cop shows, a summer job in a legal clinic had piqued her interest in the work of the other side. "I came to realize the tremendous clout that a prosecutor had in terms of discretion"—deciding what charges to bring, she says. "And, frankly, I also realized that most of the people convicted were guilty of the crimes they were charged with. The question was whether the punishment was appropriate."

Less than a week after the recommendation from her professor, Brennan headed to New York, where the cab ride from the airport confirmed some of her worst suspicions. "There was trash all over the side of the road and a carnage of cars," she recalls of that 1983 visit. "I'm thinking, Where am I?"

"She was one of the best applicants we had that year," says Morgenthau. As Brennan gained experience, the intensity of her cases ratcheted up. Robbery. Burglary. Sexual assault. Homicide. She began noticing a pattern: The late '80s were "a really awful time, and every time you turned around, it was about drugs." Especially crack cocaine. Those cases haunt her to this day. The addict **CONTINUED ON PAGE 102**

parolee who robbed the restaurant manager who'd given him a job, severed the man's neck with a machete and then smoked up all the money he had stolen. ("When I took a statement from him, he was weeping about having killed the man who had been so kind to him," she recalls.) The crack-addicted mother who "never showed up" to testify against the man accused of sexually abusing her four-year-old girl.

"Everything I was seeing reinforced the devastation caused by this drug," says Brennan, who took "a little breather" and transferred to the white-collar-crime unit, where the lawyers she supervised included the late President Kennedy's son. "By that time my father had died," she says. "But I've often thought that he would have loved it . . . [New York] is a remarkable city. The fact that Gale Brennan's daughter could become John Kennedy Jr.'s boss is sort of an amazing quirk of fate." Two years into her emotional respite, Brennan was offered the position of deputy chief of the Special Investigations Bureau (SIB) in the Office of the Special Narcotics Prosecutor. Here was an opportunity to attack head-on the evil at the root of so much of the despair she had seen. "I loved being on what I viewed as the front end of the problem," she says, "seizing the drugs before they hit the streets, rather than on the back end, sweeping up the debris."

When her supervisor downshifted to part time after a maternity leave, Brennan became the head of the SIB. Four years later, in 1998, she was sworn in as special narcotics prosecutor. She was pregnant for both promotions.

Brennan had met her husband, who is also a lawyer, on a blind date. "I didn't think I could manage running SIB and being a new mom," she admits. "But I've been extremely fortunate to have great babysitters"—Carol 1, followed by Carol 2. "Without them, I never would have had the peace of mind to come to work." The children are teenagers now. Still, Brennan says, "when I was feeling a little overwhelmed a few years ago, I was sort

of musing out loud, and I said to the kids, 'What if I just quit working and stayed home?' And my son said, 'No, then you'd just bother us all the time. And besides, what would Carol do?'"

Brennan laughs, pauses, then says, "If I were to bring all my focus and energy and lay it on my kids, I think it would be overbearing."

ALTHOUGH SHE RAILS against the physicians who now "prescribe this stuff like candy," Brennan, like most people today, would agree that nobody should suffer needlessly from debilitating discomfort. As boomers age—and life spans increase—the demand for effective pain relief will only grow stronger. There was a time when doctors were *too* reluctant to prescribe these drugs, says Andrew Kolodny, MD, chair of the department of psychiatry at Maimonides Medical Center in Brooklyn and president of the group Physicians for Responsible Opioid Prescribing. "It was silly to worry about addiction in someone who's got a terminal illness," explains Kolodny, who has served with Brennan on task forces and given presentations to her staff.

Perspectives began to change in 1986, when the World Health Organization recommended the use of opioids where necessary for end-of-life care. The undertreatment of people with chronic pain who were not about to die also gained traction as an issue, and by 1996 Purdue Pharma was marketing opioids—especially its new drug, OxyContin—as a safe, long-term solution. Addiction and OD rates soared, and in 2007 three top Purdue executives pleaded guilty to misrepresenting OxyContin's addictive qualities, an admission that led to charges against the individuals and the company and some \$634 million in fines.

A new hydrocodone pill, about 10 times as powerful as Vicodin, is now being tested by several manufacturers. Clearly, "opiophobia" has been overcome. But what many patients and doctors don't realize, says Kolodny, is that opioids are in the same pharmaceutical class as heroin. "And if taking heroin for your back pain sounds like a bad idea," he says, "you're right."

For an estimated 116 million Americans living with chronic pain, however, opioids may feel like a lifesaver. “Untreated or poorly managed pain can compromise every aspect of [a person’s] life,” says Micke A. Brown, BSN, RN, director of communications for the American Pain Foundation. The organization gets much of its funding from the pharmaceutical industry; Brown explains that the foundation seeks money from diverse sources, adding, “If government grants were available to address pain, we would be seeking those as well. Sadly, they are seriously lacking.”

Because she was traveling, Brown responded to *More*’s query via e-mail. She never uses the word *opioid* in her reply, despite several questions about this specific class of drug. She does say that we have a “basic human right to timely, appropriate and effective [pain] treatment” and that treatment plans “must include access to medications, including controlled substances.” Yet “barriers to accessing appropriate pain care are increasing,” Brown warns. “Those whose focus is law enforcement will use that lens and not necessarily think about the medical needs of others.”

Brennan would disagree with that characterization. Neither she nor Kolodny is calling for an outright ban on prescribing opioids for chronic pain, but they would like to see them used only as a drug of last resort—and only with careful monitoring by a physician trained in addiction-risk management. They want patients properly informed about the drugs’ dangers, and prescriptions tracked in a way that allows both health and law-enforcement professionals to monitor the use—and abuse—of these powerful medicines.

The White House has called for a new opioid-risk-management plan for doctors by the end of this year and for prescription drug monitoring programs in all 50 states by 2014. As *More* went to press, 37 states had some sort of monitoring program in place; 11 had passed legislation authorizing such programs, but they were not yet up and running.

BRIDGET BRENNAN WANTS TO MAKE SURE her prosecutions matter in the widest possible sphere. It’s all part of what she calls a holistic approach. In addition to mandatory physician training, better monitoring and stronger legislation, her wish list includes, not surprisingly, a vigorous public education campaign—not only about how to use opioids wisely but also about how to dispose of unused pills safely (for tips, go to more.com/drugs).

Even as she targets a more elite type of dealer, the “pill mill” doctor who dispenses misery instead of succor, Brennan is already thinking ahead to the collateral damage, brainstorming with her network of rehab providers and law-enforcement colleagues on how to help the patients of the physicians she’s about to bust. The team decides to ask the city health department to create flyers to hand out to patients as the doctor is taken away.

“We wanted to make sure we had something tangible to give the people who were in the office that day,” says Brennan. “Information on where they could go for treatment. That’s what I mean. You don’t just make your arrest and that’s the end of it.”

I ask Brennan if she would call herself a crusader on the prescription drug issue. “Crusader?” she wonders. “See, I won’t consider myself a crusader on any issue because I’m always a little skeptical. I never go all the way over to the edge. However, I would say on this topic, I feel like I’m a voice out in the wilderness. Like I’m shaking people and saying, ‘Wake up. Don’t you see what’s going on?’” *

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