ON PILLS AND NEEDLES

The Relentless Fight to Save My Son from Opioid Addiction

RICK VAN WARNER

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Some names and details have been changed to protect the privacy of the individuals involved.

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Rick Van Warner, On Pills and Needles

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To my son Tommy,
whose courage, resilience, wit, and huge heart continue to inspire me.
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With tremendous gratitude, love, and thanks to my beautiful wife, Mary, whose pioneer spirit, love for her family, and unwavering support and belief in me made this book possible. The love of my life has been our family’s rock—through all the good times and the bad—and has been an incredible mother, partner, and friend. Your caring nature and determination have always sustained me.

A special thanks to our three incredible young men and awesome daughter, who each day bring light into our lives and the lives of others. I love each of you more than you will ever know.

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else to go and who was a constant source of love and support for her grandson, even though his parents often disagreed with her decisions.

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We found him curled up in a fetal position on the concrete floor of an abandoned, multistory military barracks, alone except for the broken glass, empty medicine bottles, and lurid graffiti covering the walls. A disillusioned, broken teenager, he was barely breathing, the hood of his black sweatshirt hiding the pain and confusion lying deep behind inflated black pupils that nearly blotted out his hazel eyes. Through the drug-induced haze of his fourth escape from reality in as many days, he lay motionless, staring straight ahead, not even recognizing the sound of his older brother’s voice.

How could this possibly have happened, I wondered in relief, sadness, and terror. How had the most gentle and caring of our three sons, the laid-back boy with the easy smile and open heart, been reduced to an emotionless runaway, the self-inflicted lighter burns on his body a testament to an indifference to pain, living, or dying? How could this sixteen-year-old, who less than a week earlier had left home on a typical Friday morning for school, now be flirting with death by overdose?
Much has been written and many parental hands wrung over the perils of growing up in a digital world in which incessant Snapchats and selfies seem to have replaced interpersonal connections or conversations, even when both parties are in the same room. What has been lost when teenagers no longer have the patience or courage to drop their social media personas long enough to share face-to-face conversations about their insecurities and challenges with others going through the same thing? Meanwhile, constant digital access has created a false expectation within many businesses of 24/7 availability, further reducing time for focused interpersonal interactions within families.

This current state of human impatience and dysfunction has made our world tougher than ever before, especially for teens and young adults searching for their identity and niche. But the plague of addiction claiming a growing number of our kids stretches far beyond the pervasive influence of digital media, disconnected parents, and typical teen angst.

Since the dawn of the new millennium, an unprecedented prescription pain pill and heroin epidemic has been claiming American lives—including a disproportionate number of teens and young adults—at an alarming rate. Spawned by big pharmaceutical corporation greed and deception, this growing epidemic kills over ninety Americans per day, the CDC reports, eclipsing auto accidents as the nation’s leading cause of accidental death. With the possible exception of methamphetamine, no substance can create dependency and ensnare a user in its deadly grip more quickly than oxycodone—the primary ingredient in OxyContin and copycat drugs—and its older cousin heroin. Even those experimenting just a few times, perhaps idolizing such media-celebrated heroin heroes
as Kurt Cobain, can quickly and unexpectedly find themselves stuck in the powerful web of addiction. Sadly, death or jail is often the only way heroin or synthetic heroin’s grip can be broken for many addicts. Those who can afford rehabilitation programs or seek recovery through state-funded centers typically do so repeatedly, only to relapse again and again.

How this deadly public health crisis grew to today’s epic proportions is maddening, particularly for those of us grappling with the agonizing journey of trying to keep a loved one alive. Similar to the nation’s financial crisis from 2007 to 2009, lax oversight by government regulators beholden to powerful corporate lobby interests allowed the addictive pain pill problem to grow unchecked for more than a decade. For years Big Pharma lobbyists threw millions of dollars at politicians and regulators to look the other way, and it wasn’t until staggering numbers of teens and twenty-somethings began overdosing and dying that officials finally took action, inadvertently worsening the problem by pushing it from pharmacies into the alleys. Street dealers were more than happy to serve this new generation of opiate dependents, providing inexpensive heroin and copycat oxycodone pills, both often cut with deadly chemicals. This shift from Mom’s medicine cabinet to the street has mostly just poured gas onto a spreading wildfire that shows no signs of abating.

In Florida, ground zero for a synthetic heroin (aka Oxy) crisis that eventually spread to all fifty states, more than 650 million oxycodone-based pills flooded the market by 2010, leading to most of the state’s 1,516 overdose deaths that year. While three of our four children were coming of age during their middle and high school years, pain clinics known as
pill mills were popping up like dandelions after a hard rain throughout our region. Unscrupulous doctors, many with mail-order degrees, gladly lined their pockets by doling out scripts to anyone who had cash, credit, or Medicaid.

On streets and in schools, Oxys became inexpensive and easy to find. Disenfranchised and bored teens learned that crushing the pills into a powder that could be snorted, injected, or smoked neutralized the time-release mechanism, creating an intense and nearly immediate escape from reality. Odorless and hard to detect, the pills became a recreational favorite, especially for disillusioned kids who struggled to find their group or feel accepted. The drugs did not discriminate, and kids and adults from all types of social and economic backgrounds soon became hooked.

The pain any of us with an addict in our life must endure, whether we are a parent, child, sibling, spouse, or friend, is the harsh reality that we are powerless to alter the course of their path. Only the person suffering from drug dependency can change course, leaving the rest of us in their chaotic wake as cringing observers. Like a car crash on the highway, we don’t really want to look but have no choice.

As the father of three young men and a daughter, and as a son who has spent a lifetime recovering from psychological wounds inflicted during childhood from an abusive, alcoholic father, the particularly complex dynamic between fathers and children plays an important role in the stories shared in this book. The complicated, intertwining relationship between substance abuse and mental disorders is also an important topic, based on practical perspectives gained over several long and often agonizing years of trying to save our son versus any formal psychological schooling.
Introduction

This arduous journey has taken us through numerous twelve-step meetings, residential and outpatient recovery programs, and therapist offices, and we’ve come to understand that a person’s individual psyche and will to change is the only chance they have to overcome addiction. Most people accept the medical definition of addiction as a “disease,” but as the years passed, I grew to detest this label as far too simplistic for the incredibly complex stew of brain chemistry, socialization, genetic predisposition, and life experience that leads to substance abuse. One size does not fit all, and there are no easy solutions when it comes to addiction.

In our case, we discovered that our family’s unconditional love and acceptance proved far more powerful than any programs, group therapy sessions, medicines, or doctors in helping our son survive. Only by putting conventional wisdom aside and accepting our son with love, no matter what, were we able to help him inch forward. Tough love and detachment proved highly overrated with our tremendously sensitive son, serving only to push him to the brink.

The razor-thin line between love and boundaries is a difficult balancing act, and by no means does this book purport to offer the solution to this terrible problem or suggest that new or unique expertise can be found within its pages. It was written with a sincere desire to help others survive the trials of parenting, coping with an addict, or simply navigating life itself. By sharing the raw, honest experiences and mistakes made while engulfed in our son’s battle, along with the seemingly endless mental struggle to regain hope, we wish to offer a small measure of solace to others stumbling down the same road.
As darkness fell on the day after Tommy disappeared, his mother became increasingly anxious when her call to his phone went straight to voicemail.

“I’ve got a really bad feeling,” Mary said. “Where could he be?”

It wasn’t unusual for my worrisome wife to jump to conclusions that could inject panic into nearly any situation. But this time, I shared her dread.

“Calm down, you always imagine the worst,” I replied, ignoring the growing ball of tension in my stomach. “I’m sure he just went to hang out with a friend. He knew he was grounded if he came home, so it shouldn’t be a shock that he didn’t show after all we’ve been through this week.”

She glared back at me. “What if you’re wrong?”

Tommy choosing not to ride the bus that day was not that surprising, since this was humiliating to a high school junior who had been driving himself to school since the previous semester. Losing driving privileges was one of several
punishments leveled due to his abysmal behavior of late, which
included failing home drug tests, cursing at his parents, not
coming home by curfew, and being arrested with a friend for
stealing change and electronic devices out of unlocked cars.
When you’ve taken every possible privilege away and essen-
tially have a child on permanent lockdown except to attend
school or a job, it is very hard to determine what to do next.

By now we had visited doctors and therapists and had
tried to reach Tommy in every way possible, but emotionless
detachment had replaced his sensitive and silly nature. The
defiant, stone-faced look he now always gave us was both
disturbing and maddening. He simply no longer cared, as if to
say, “There’s nothing more you can do to me, so screw you!”

As we learned later, Tommy was among a growing number
of kids that had discovered they could experience euphoric
escape from whatever pain or insecurities they wrestled with
by crushing prescription painkillers known as Oxys into pow-
der they could then snort, smoke, or inject.

With the twentieth century winding down and doomsday
techies beginning to warn about the imminent Y2K threat,
Connecticut-based pharmaceutical company Purdue Pharma1
won FDA approval for a new pain pill containing oxycodone.
OxyContin, unlike earlier oxycodone-based painkillers that
had been used in the United States for nearly fifty years,
promised up to twelve hours of relief due to “revolutionary”
time-release advancements that eliminated the highly addic-
tive qualities associated with traditional painkillers such as
Percodan or morphine.

After winning FDA approval in 1996, Purdue launched a
massive sales and marketing campaign deceptively centered
on the wonder drug’s “nonaddictive” qualities. Purdue’s
principal owners, three brothers who were all psychiatrists, had earlier discovered the power and profits possible through marketing directly to doctors to influence the pharmaceuticals they prescribed. The eldest was both a psychiatrist and the lead ad man behind the rise of Valium to become the first drug to surpass $100 million in sales, an achievement that won him induction into the Medical Advertising Hall of Fame. The brothers’ pioneering efforts to market to and incentivize doctors to prescribe their products essentially created the Big Pharma sales model that exists today.

Long before big data was a marketing term, Purdue was leveraging sophisticated market-by-market databases to target doctors who would be most likely to prescribe their pain pill, focusing their efforts on those who historically were most liberal in writing scripts for opioids. Between 1996 and 2001, Purdue hosted more than forty national pain-management and speaker-training conferences at resorts in Florida, California, and Arizona, all-expenses-paid boondoggles designed to influence their highest potential prescribers and deputize attending doctors, pharmacists, and nurses to spread the word about OxyContin. By 2007 more than seventy-five tons of synthetic opioids were being manufactured worldwide, with the United States accounting for 82 percent of consumption, according to the International Narcotics Control Board.

Purdue also more than doubled their on-the-ground sales force, with sales reps swarming doctors’ offices across the nation to push their new wonder drug, rewarding lucrative bonuses to reps with the most success. The OxyContin pushers were well armed. A starter-coupon program offered patients free limited-time prescriptions for a seven-to-thirty-day supply, enough to create initial dependency for some. OxyContin
fishing hats, plush toys, and a distasteful “Get in the Swing with OxyContin” music CD were in the giveaway mix.

The efforts by Purdue clearly worked. By the turn of the century, OxyContin sales exceeded $1 billion (topping $35 billion to date), and by 2001 Purdue was spending more than $200 million per year marketing it as the drug of choice for everything from wisdom teeth removal to lower back pain. According to the US Department of Health and Human Services, between 1999 and 2010, sales of opioid pain meds nearly quadrupled, as did the number of opioid overdose deaths. By 2012, doctors wrote more than 282 million opioid painkiller prescriptions.⁴

When Tommy entered high school in 2007, the epidemic in Florida was in full swing. By 2010 Florida pharmacies were churning out 650 million opioid pills per year, with ninety-three of the top one hundred oxycodone-dispensing doctors in the United States working in the Sunshine State.⁵ More than half of the pills were not used by the patients who filled their prescriptions, research suggests. Instead, the plastic bottles were regularly left half or three-quarters full in the medicine cabinets of mothers, fathers, aunts, uncles, and grandparents, who might have taken a few after a minor surgery but disliked how the pills made them feel and quit taking them after a day or two. With the pills now fetching $5 or more each, kids soon learned how easy it was to steal a few of the forgotten pills from the bathrooms of family members or friends. In the halls of high schools and middle schools, Oxys became “as easy to get as candy at a 7-Eleven,” a police officer told me during one of many incidents involving my son. Two out of three teens who abuse the drugs obtained them from family or friends,⁶ and 80 percent of heroin users started out
using nonmedical prescription opioids before progressing to heroin, according to the National Institute on Drug Abuse.7

Florida, one of the least restrictive in the union when it comes to government regulation, did not have an electronic prescription tracking program in place at the time, a measure several other states had successfully deployed to curb prescription drug abuse. All this created a perfect storm. Nearly anyone could easily get a prescription from a pain clinic doctor that they could then fill as many times as desired at various pharmacies. More and more Floridians, including a disproportionate number of younger residents, soon became hooked on the white or colored pills.

A self-absorbed generation of parents was initially oblivious to the growing problem, which was far more difficult to detect than marijuana or alcohol use given the absence of odor or signs of intoxication. By 2014, some fifteen million Americans aged twelve and older were using the prescription drugs recreationally, the US Department of Health and Human Services reported.8

Demonstrating the widening gap between perception and reality, a Partnership for Drug-Free Kids study found that 95 percent of parents believed their child had never used a prescription drug recreationally, yet 25 percent of teens reported having done so, beginning as young as age twelve.9 Initially it seemed that the only ones who understood the spreading problem were those on the front lines left to deal with the consequences: police officers knocking on doors in the middle of the night to let parents know their child had overdosed, EMTs and paramedics trying to keep someone alive in their ambulances, emergency room doctors fighting to treat a largely untreatable patient.10 Despite clear warnings from the
law enforcement and medical communities that society had a huge and growing problem to address, Big Pharma–backed lawmakers and regulators turned a blind eye to the situation.

It was during this period of public inertia and ignorance that Tommy graduated from pot and alcohol to Oxys, marking the start of his descent into the abyss. We too were mostly clueless about the destructive forces our son and family were facing or how bad things would eventually get.

The night before Tommy disappeared had been a particularly bad blowout, with me losing my cool and regressing to one of my late father’s meanest traits, name-calling. It was not the first time this had happened. In fact, as much as I fought to break the cycle of yelling and verbal abuse that I’d endured myself, there were times I failed.

After picking Tommy up from his job at a sub shop, it was clear that he was completely stoned. His report card days earlier showed plummeting grades, and I sensed that drug use was behind his defiance and lack of motivation.

“What’s going on with you?” I asked on the ride home.

“Nothing, why?” he replied.

“It’s like you’ve thrown in the towel since quitting the crew team. Your grades have slipped, and it seems like all you want to do is go to your friend’s house.”

“Okay, Dad, you’re right, I’m giving up,” he replied, not trying to disguise his sarcasm.

“Don’t be a smart-ass,” I said. “I’m worried about you.”

“Don’t worry, as soon as I save up enough money I’m going to get my own place, and you won’t have to worry anymore; I won’t be around to bother you.”

“That’s not what I’m saying, Tommy. I’m trying to figure out what’s going through your mind and want to help you.”
“You want to help me?” he snarled. “You and Mom need to stop asking me so many questions!”

After dinner, I was pulling into the driveway after a brief errand when I saw my youngest son, Barry, then fourteen, put something in the garbage can that was next to the street for collection day, then run back through the garage. Suspicious, I parked and looked inside the can. On top of the tied trash bags was an unopened red can of Coca-Cola, which felt full when I picked it up. On closer inspection on my garage workbench, I realized that the metal top actually twisted off, revealing a hard plastic canister inside with a bag of marijuana concealed inside it. I immediately lost my cool. Barry had now somehow gotten caught up in Tommy’s nonsense, I thought, storming in the house to confront Tommy.

“What the hell is this?” I demanded. “And why are you having Barry do your dirty work for you? Is he smoking pot too?” My fears were not unfounded, as I learned years later that Tommy had introduced both his older and younger brothers to occasional pot smoking during their high school years, but thankfully no other drugs.

“It’s a Coke can,” Tommy replied, defiantly looking me in the eyes as if to say, Go ahead, what are you going to do to me? By now all his privileges had been removed.

“Listen, this has to stop now!” I shouted. “It’s bad enough that you’re turning into a loser, now you want to drag your brother down with you?”

“Whatever,” he said, attempting to walk away. I grabbed him by the shoulder and spun him around to face me.

“Don’t you walk away from me, smart-ass!” I yelled. By now Mary, Barry, and young Jessie were observing my temper tantrum, and latest loud argument with Tommy, from
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up the hall. “This is our house, and you’re going to live by our rules. Get it?”

“Fine,” he said without a hint of remorse.

Repressed anger is like a vicious, caged animal, ready to slash and gore anyone within striking distance on the awful, embarrassing occasions it breaks free. It repulses and disgusts me, and is always immediately followed by sincere regret and apologies to those I’ve unintentionally hurt. Yet as hard as I try to overcome my inner anger, it still lurks in my battle-scarred subconscious. Only through counseling and faith have I found sustained periods of peace.

My son’s blank stare and lack of response had been infuriating, and all the angst and worry that had been building over his erratic behavior boiled over that night. Words hurt much more than physical punches or slaps, as sadly both my sons and I know. Thankfully, I’ve gotten better at muting this ugly side of myself with age and have become more adept at beating back the beast during the heated moments when it seems ready to burst through the cage door. While the name-calling associated with my moronic outbursts stopped some time ago, rarely a week goes by that I don’t loathe myself over the damage this might have caused to my sons. It took subsequent years of Tommy’s detoxes, rehabs, and relapses, and the work I did on myself through support meetings, therapy, and reading, to eventually let myself off the hook. In retrospect, I had far less impact on his decision to disappear that fateful Friday than I then imagined.

“Relax,” I told my wife, still trying to calm her as the night got darker. “He’ll be home in the morning or sometime tomorrow. It’s not the first time he hasn’t come home, but he always comes back the next day and apologizes.”
“I don’t think he will this time,” she said.
“He will,” I assured her.
He didn’t.

As Saturday evening approached, my temporary relief over not having our unmotivated, defiant son in our house began to turn into genuine concern, although I was not yet ready to share this with Mary. My mind raced with terror over finding him dead by an overdose or from violence or even suicide. As darkness fell we decided we must act.

We enlisted the help of our youngest son, Barry, and thanks to Facebook, we found that our son had spent the previous night at the house of an older girl he’d recently started seeing. It turned out that my wife had found the same girl hiding next to my son’s bed at 4:00 a.m. a week earlier—having snuck in through his window after we’d gone to sleep. The girl popped up from the floor that night, extended her hand with a smile and said, “Nice to meet you, Mrs. Van Warner,” and then lied about her name.

Tonight my wife insisted that we storm the girl’s house, and within thirty minutes I was knocking on her front door. Her older brother, who answered suspiciously, claimed not to have seen Tommy. The two siblings, eighteen and twenty, apparently lived in this rented house by themselves, courtesy of a parent who was either disconnected or had given up hope. After scanning the place for hiding spots and finding no clues, we left.

After receiving a new tip, we drove to the home of another of Tommy’s friends and spoke with the friend’s mother.

“I haven’t seen him since last weekend, and Max is grounded. They’re all smoking way too much pot, and I’m worried they’re also experimenting with other drugs.”
This was not a shock since our son had already tested positive for opiates once, and we had found two white pills, which we later identified online as OxyContin, stashed under his lava lamp. His friend began telephoning mutual friends while we were speaking with his mother, and before we left he gave us a tip that made our hearts sink.

“I just spoke with a friend who says he thinks he is with our friend Connor in Baldwin Park and they are robo-tripping,” said Tommy’s friend, who seemed as excited to unearth this clue as an explorer discovering a new island. “He says he saw them, and they’re really messed up!”

We learned that it was becoming increasingly popular for kids to chug an entire bottle of Robitussin cough syrup, activating enough of its active ingredient DXM to induce a hallucinogenic trip—that is, if the user’s heart didn’t stop beating first. Tommy’s friend suggested searching for our son in this planned community, which had been built on an old naval base in Orlando. More specifically, he added, we should check out the abandoned naval barracks there.

Thinking overdose or worse, we sprang into crisis mode. Given that it was now after 10:00 p.m. and our exhausted young daughter was with us, we decided that she and my wife would return home and I’d continue to search. Ill-prepared for what lay ahead, I grabbed a flashlight and began the twenty-minute drive to Baldwin Park, enlisting the help of my friend Rich along the way. After picking him up and explaining the situation, we headed to the abandoned building.

It was an imposing structure, rising seven stories high and longer than a football field, and completely engulfed in darkness with not even a streetlight near it. Situated in the middle of a completely overgrown, trash-strewn lot and
surrounded by a chain link fence, it looked like it belonged more in a ’70s-era burnt-out South Bronx neighborhood than in the middle of this manicured new development.

“What are we going to do if we find him?” Rich asked after I picked him up.

“Bring him home,” I replied, not really confident this would be possible.

“But what if he doesn’t want to come?” he asked, fore-shadowing events that were to unfold in New Jersey less than a year later.

“I don’t know.”

By this point I’d already considered what might happen should Tommy refuse to come with us if found. I knew he was fast and could easily outrun either of us. But if I had the chance to get close enough, I was confident in my ability to restrain him until reinforcements arrived. After all, I outweighed him by one hundred pounds and, although out of shape, had retained much of my upper body strength from previous athletic pursuits through workouts and outdoor physical activities. The ballooning tire around my midsection would have made chase futile, but there was no way he could escape my grasp. Worst case, I’d hold him until police or medical personnel arrived with proper restraints. Nothing was going to stop me from getting him into a hospital for treatment, with the exception of leaving him an open path for escape.

Once at the site, we stepped over a section of the chain link fence that was knocked down, one of a few entry points we would later find out was used by the numerous kids who frequented this place to use drugs or escape from their parents. As we got closer to the building, it became even more imposing, massive in size and covered in graffiti. We were
almost immediately swept with a sense of evil, a very dark vibe I felt every time I was in close proximity to the building and a feeling so strong it resurfaced each time I drove past the monstrosity in later months.

As we navigated broken bottles and shattered glass along a sidewalk leading up to the building—in our haste to reach the destination I was still wearing flip-flops—we were overcome by fear. It was pitch dark except for the weak beams from our small flashlights, and we could see many of the windows had been broken, most covered by plywood, with police “no trespassing” warning signs stapled to the wood. As we circled the building looking for an opening to get inside, we came across two empty Robitussin cough syrup bottles on the ground. They looked new and freshly discarded, which indicated our tip was likely accurate.

Just around the corner we found an opening where a piece of the plywood had been kicked and broken off, creating an entryway into the sinister den. When we stepped inside it was even worse. The floors were strewn with broken glass, empty cans, insulation, and other debris, and more graffiti plastered the walls. We soon discovered that the place was a labyrinth of long hallways lined with rooms, supply closets, bathrooms, and stairwells, not to mention empty elevator shafts. Tommy and his friend could be anywhere, if they were here at all. So could anyone else. After calling out Tommy’s name a couple times with no response and taking stock of our weak flashlights, lack of defenses, and inappropriate footwear, we decided to retreat.

Back on the street we called the police.

The first officer who arrived was bored and disinterested in our plight.
“How long has he been missing?” he asked.
“Since yesterday.”
“How old is he?” the officer asked, clearly annoyed by my first answer.
“Sixteen,” I replied, adding, “He didn’t get off the bus after school and we haven’t seen him since yesterday morning. He may be on hard drugs that can kill him!”
“Look, he’ll probably come home when he gets hungry or comes down,” the officer said, tucking his notepad into his pocket. “You can choose to file a missing person report, but since you don’t live in this city, you’ll have to do this where you live. Kids run away all the time these days, and usually they come back before long. Sorry I can’t help you; good luck.”
As he turned to walk back to the driver side of his cruiser, I could feel my face flushing in anger.
“You mean you won’t even help us search the building?” I asked.
“Look buddy, that place is way too dangerous to search in the daytime, and certainly too dangerous to search at night. I wouldn’t suggest putting anyone at risk by going in there. For one thing, you never know who could be hiding inside. I’ve also heard the floors are crumbling and not structurally sound. You should not go in there, and I’m certainly not going to send anyone in there. Good luck finding your son.”
With that, one of Orlando’s finest climbed into his car and drove away, leaving my friend and me standing on the edge of the overgrown lot, dumbfounded. The same pattern would repeat itself over the next seventy-two hours, as we tried several more times to receive assistance from the city’s police department.
When you have a kid who disappears, the first thing you learn is that unless they have been gone for a long time, most police officers do not want to hear about it. With the many challenges today’s police officers face, including lack of basic respect from those they serve to protect, it is understandable they are not anxious to spend time chasing runaway kids. But this does nothing to change how disheartening this was that night. We were on our own.

We combed Baldwin Park for the next few hours, asking the few people who were out if they’d seen the two boys, with one saying he had and repeating the friend’s line from earlier, “They looked really messed up.” Dejected and more worried than ever, I pulled into the driveway at 3:00 a.m. to give Mary the bad news.

“What do you mean you can’t find him?” she demanded. “What did the police say?”

As usual, Mary’s tone was shrill and accusatory, as if I’d left stones unturned or absentmindedly forgotten to mark some of the boxes on whatever checklist resided in her mind. Only recently has she become aware of how quickly her tone can spark defensive or combative responses from any of us on the receiving end. Too exhausted to be irritated, I replied, “They were not helpful at all. We need to get some sleep. Then I’ll go back in the morning when it is light out.”

She began sobbing, reverting to her habit of envisioning the very worst. While I fully recognized that his drug abuse might kill him, I wasn’t ready to go there yet. When any such dire thought would manage to slip past the curtain of my fierce focus on finding Tommy, I’d immediately stomp it back down. Like confrontation, which I usually try to avoid—likely a result of the loud verbal warfare that dominated the
house I grew up in—I subconsciously knew that allowing such thoughts any space could disrupt my ability to complete the task at hand.

“We may never see him again!” she moaned. “What did we do wrong?”

Fighting back my own tears, I did my best to comfort her before she fell asleep.

After a couple hours of restless sleep, I returned to the scene early the next morning, determined to fully search the vacant building. This time I was prepared, wearing steel-toe boots and carrying a high-powered flashlight in one hand, an aluminum baseball bat in the other, and a particularly nasty hunting knife in my pocket. In the early morning light I reentered the building, which remained mostly dark inside. Scared and alone but determined, I began searching the first floor room by room, swinging open doors to pitch-dark boiler rooms and quickly scanning the area with my flashlight beam, half-expecting someone to jump out at any second. I kept pivoting my head, certain that someone was sneaking up behind me. As I entered the black stairwell leading to the second floor, I had progressed from scared to terrified.

The higher floors of the building were each split into two wings, separated by stairwells with an elevator at either end. With no windows, the stairwells, areas outside the elevators, small broom closets, and boiler rooms on both ends of every floor were pitch black. I systematically searched each of them but found no sign of my son. Stepping to one of the outer wings was a relief by comparison, with at least some light coming through the mostly broken windows. Presumably once the sleeping quarters, each wing was about the length of two bowling alleys; massive bathrooms were located at
the ends. The huge, communal, windowless bathrooms were also cloaked in darkness, making the process of pulling back every shower curtain and opening every bathroom stall door tedious and scary. In one of the bathrooms a broken mirror had a disturbing message borrowed from the horror movie *The Shining* written in what appeared to be blood, but was more likely lipstick or red spray paint—“REDRUM” (murder spelled backward).

Floor by floor my routine continued, and at any turn I half-expected to find my lifeless son on the floor. There were many signs of the drug use, drinking, and vandalism that took place here, but no indications that my son or anyone else was present this morning.

By the time I reached the top floor, sweaty and tired from my two-hour search, my fear had abated, and I was more confidently moving through the building, especially the well-lit wings. Hope that my son was likely still alive gave me relief. The entire morning I’d moved through the building in relative silence, except for the eerie creaking of metal doors I opened to peer inside and the thump of them closing behind me. As I started up the final stairwell, this one leading to the roof, a sudden explosion of sound nearly caused me to fall down the stairs. A startled pigeon flew inches over my head and away from his interior perch. Breathing a sigh of relief, I continued to the roof and found no one.

Never had the air felt so fresh and the sun so bright as when I left that decaying building and returned to my car. But I was discouraged. Perhaps Tommy wasn’t here after all and was somehow on his way to California, somewhere he talked frequently about wanting to travel to. We learned later that the Golden State was also where he told friends he planned to go.