



SHOOTING

UP IN

SUBURBIA

Over the past decade, an influx of pure heroin into Philadelphia has turned on some new users: suburban middle-class moms **By Sabrina Rubin Erdely**

“**M**om, I’m sick. I have a stomachache.”

Mom, I’m sick. I have a stomachache. In her sunlit kitchen, Tina swallows down a wave of nausea, tries for a Patient Mommy voice. “Lizzie, honey, you’re fine. You have to go to school,” Tina pleads. *Go. Go. Get out.* “Now get dressed.”

Nine-year-old Lizzie storms off to her bedroom. Tina concentrates on washing Lizzie’s cereal bowl, her hands shaking. She just needs to keep it together until the school bus comes. Another—she glances at the microwave clock—15 minutes. *Fifteen minutes:* An eternity. Until then, Tina needs to act normally, as though she is any other suburban mom.

“Mooom! I’m not wearing these pants! I hate them!” Lizzie wails from upstairs, and Tina is seized with panic.

“You put on those pants right now and get dressed!” she screams, shriller than she intended. Tina clutches at the counter

with both hands, so anxious that she’s having trouble breathing. *Be here now,* she inwardly chants. She and Lizzie go through this push-and-pull routine every morning; the school psychologist says it’s on account of the divorce. Well, the divorce hasn’t been easy on Tina, either. Neither has the custody battle, for that matter. Tina’s stressed. Wound up. Needs to relax. Tina thinks of her shoebox upstairs, stashed away in the dark, and wants to cry out with need. *Eight more minutes.* She tries distracting herself with other thoughts, and her mind instantly fills: her ruined marriage. Lizzie’s falling grades. Her mother’s breast cancer. Her high-intensity job as an emergency room nurse. Her loneliness. A whimper escapes her throat. *Five more minutes. Hold on.*

“I didn’t do my book report, Mom.” Lizzie is suddenly at her side, startling Tina. She searches Lizzie’s freckled face for a moment: her sad, scared blue-eyed girl. Fully

Photo dramatization by Kate Swan





Shooting Up

dressed, thank God. Tina's mind forms a thought—*What book report?*—then pushes it away. *Get her out.* "You'll miss the bus, let's go," Tina murmurs, swiftly guiding Lizzie into her fall jacket and out onto their quiet, upscale cul-de-sac.

No neighbors in sight, but Tina tugs down the cuffs of her sweatshirt anyway, making sure the tender crooks of her elbows are well covered as she speedwalks Lizzie down their leafy block. "Mrs. McConnell hates me," Lizzie's complaining, but Tina is no longer listening. Every nerve in her body is on fire with the most desperate yearning she's ever known. She wants to vomit. She wants to scream. A flash of yellow rounds the bend, and tears spring to Tina's eyes. She wills herself to stand still long enough to see the bus doors close behind Lizzie's backpack. Then Tina's Uggs-clad feet start flying, pounding back down the street, up the driveway, into their colonial-style house—*gotta have it gotta have it*—up the stairs and into the bedroom closet, where Mommy keeps her heroin.

Amazing, the things a person can rationalize. In Tina's heroin-added mind, she was still a reasonable suburban mom making reasonable decisions. Like refraining from shooting up until Lizzie left

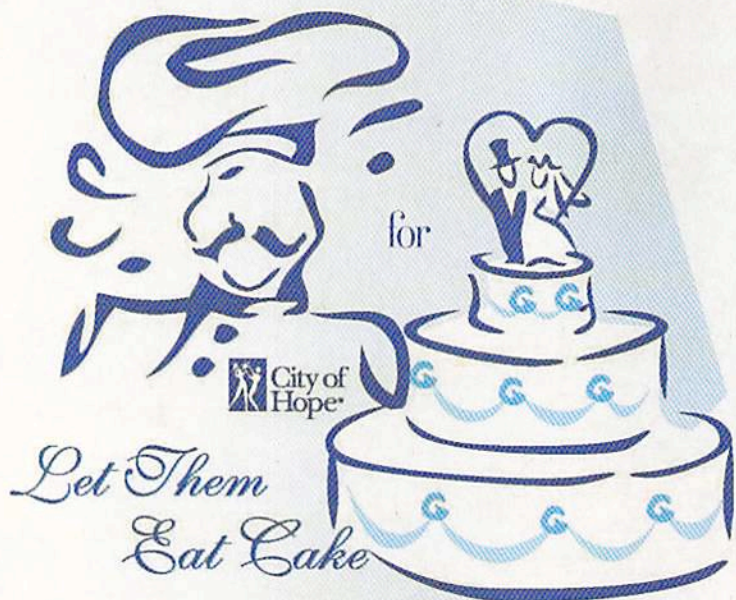
for school; given the available options, that seemed the responsible choice. Or how, in the summertime, Tina would get high before their five-minute drive to the pool club. Better than risk a syringe rolling out of her beach bag, right? She can't remember if she ever shot up during her daughter's sleepovers, but if she did, she's sure it was after the girls went to bed. As for the time she injected herself in the bathroom of their Disney World hotel, well, where the hell else was she going to do it, on the damn monorail? Tina tries to keep a sense of humor about it, but my God, when she thinks back on the things she did while zooted on heroin: the class trips she chaperoned to Amish country and the Liberty Bell, the parent-teacher conferences, even the custody hearings she attended at the Delaware County Courthouse, all high—she can only shake her head.

"I can hardly believe that was me, that I did all that," Tina says in her low, alluring voice. Seated at the green-tiled island in her kitchen, Tina is a youthful 51-year-old with golden-brown hair flipped out at the ends and an easy manner. She's a hip, earthy mom who accessorizes a purple tank top and white peasant skirt with retro-chic dangly earrings and suede cowboy boots. At the same time, the calmness with which she recounts, say, how she'd sometimes inject heroin between her toes to keep her track marks to a mini-

mum is rather jarring; even more so when she retrieves a syringe from upstairs ("I don't know *why* I even have this in the house") to better illustrate how she'd do it. Sipping coffee, surrounded by emblems of comfortable motherhood—Lizzie's physical fitness award taped to an oak-paneled cabinet; the fridge door obscured by photos of Lizzie and of Tina's two 20-something sons—it seems incongruous that until just a few months ago, this same woman was a regular patron of a squalid South Philadelphia shooting gallery.

Yet according to narcotics cops, Tina's heroin addiction isn't as unusual as it might seem. Smack has made a big-time comeback in the 'burbs, including among women. Once considered a dirty drug, it's gotten an image makeover thanks to the super-pure South American dope that's been pouring into Philly over the past decade. "Heroin has become a major priority for us," says Lieutenant Marvin Burton Jr., of the Philadelphia police department's narcotics intelligence unit. "We're seeing more and more of it every year, and it just gets purer—it's some of the purest heroin in the country." The spike in purity means that squeamish users no longer need to inject themselves, but can smoke or snort the drug. "That lowered the inhibitions for a lot of folks to give it a try. We've been stunned by the demographics of these folks coming in to buy heroin," says Jeremiah Daley, executive di-

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rector of the Office of National Drug Control's program for High-Intensity Drug Trafficking Areas. Whereas a decade ago most local heroin buyers were middle-aged, down-and-out African-American men, today, Daley says, "As often as not, it's affluent people: some guy on his way to work, or some lady with her kids in car seats in the back."

In an increasingly tense world, it makes sense that heroin, the ultimate tranquilizer, should become the drug of choice, and that well-off women would be avid consumers. For some women like Tina, yoga and pedicures just don't do the trick as stress relievers. In fact, when Tina *did* take time out for herself, she was too guilt-racked by her own selfishness to enjoy it. For true relief, she needed to obliterate that guilt. Meaning: She needed to obliterate *all* thought.

And so for nearly five years, Tina (whose name has been changed, as have other names and some identifying details) lived a double life. On the surface, she was the suburban good-girl she'd always been, the one who'd grown up in Swarthmore, graduated from Villanova with a B.S. in biology, and earned advanced nursing degrees. Until recently, she was pulling in a six-figure salary working at some of the region's top hospitals. And somehow, during her slide into addiction, Tina managed to maintain appearances within that virtuous, orderly world. "No one knew," Tina says matter-of-factly. "I fooled everyone."

It starts at a New Year's Eve party at a friend's Drexel Hill mansion, 1999. The brink of the new millennium. Tina's on a date, tipsy from the champagne, trying to act cheerful. Truth be told, she's feeling sorry for herself. It's been a terrible year. She separated from her second husband, a quick-tempered general contractor who's intent on making their divorce as difficult as possible, even though Tina's been compromising at every turn. *The story of our marriage*, Tina muses. She'd twisted herself into a pretzel for that man. Like the time he insisted she quit her job on an ambulance crew because he couldn't stand her working so closely with other men—a career move she still regrets. Tina's renting a place in Bala Cynwyd, her proximity to her parents a blessing and a curse. Her folks never approved of her husband, but now freely speak of their loathing of him—and of their disappointment in her—even in front of Lizzie. Lizzie's tears and tantrums, meanwhile, are becoming daily cloudbursts. In the midst of everything, Tina's mother has been diagnosed with breast cancer. Tina, too, suffers from health problems: Her lifelong ulcerative colitis has flared up from the stress. To top it all off, she's been getting the distinct sense that her (mostly married) girlfriends are tiring of her tales of woe, leaving her stranded and lonely.

Tina sips her champagne. Her mind is a

hamster wheel of anxiety. *Maybe I should up my antidepressant*. At least she's got one thing going for her: She started dating Bill, a human resources administrator at the hospital where she works. He's quite a catch, six feet tall and broad, with blue eyes behind his wire-rims. Some hair, even. Owns a cute little place, it turns out, in Bala Cynwyd. He's a friendly homebody who likes to cook, garden, and watch the History Channel. Okay, he's a little on the bland side, but nice—and at this point, Tina will settle for nice. Tina smiles up at Bill, and he grins back. "I have something to tell you later," he whispers. Tina thinks: *Things will be better this year*.

Driving home, Bill tells Tina what's on his mind.

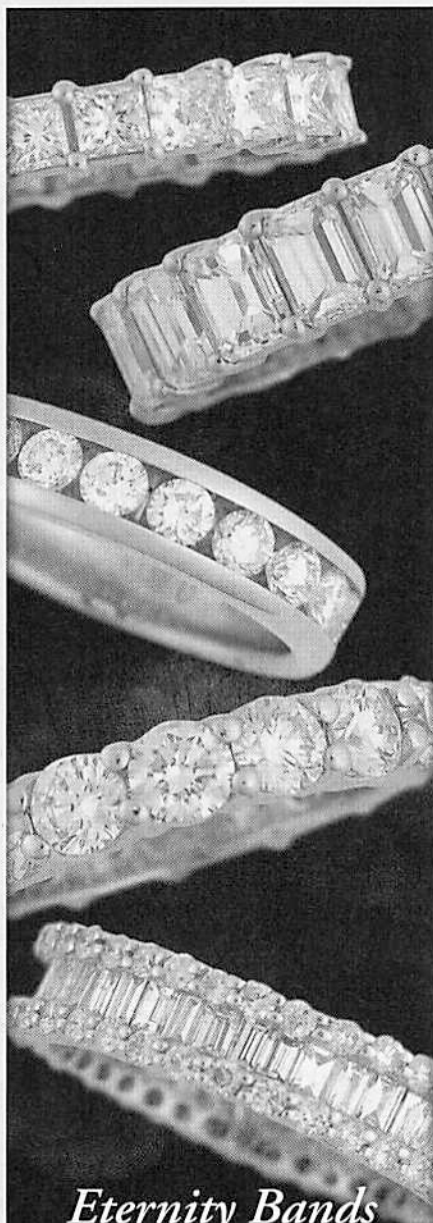
"I do IV drugs sometimes," he says, casual as can be. "So the next time you have a leftover, keep it for me." Tina wants to laugh, but is too defeated to muster up the energy. *So much for a nice guy*. She knows she should tell Bill never to call her again. Instead, she stares out the window and says nothing. And at work later that week, after injecting an ER patient with one milligram of the potent pain medication Dilaudid, Tina looks for a moment at the milligram of clear liquid left in the prepackaged vial. She's never stolen anything in her life. But she sticks the vial into the pocket of her white coat, feeling blank and oddly distant. She feels the same way that Saturday night when, curled up on Bill's sofa in front of the fireplace, she hears him say, "Want to try something fun?"

The rubber tourniquet is tight, but the tiny insulin needle doesn't hurt much more than a pinprick.

"Be. Here. Now," Bill intones, gazing into Tina's eyes.

A few seconds pass. Suddenly the room is rushing at Tina, yet simultaneously moving away, like the undertow of a wave. She gulps air, dizzy, overtaken by an over-the-falls immediacy, a total loss of control. Tina's body tenses, her breath a shallow pant, her mind stilled by the urgency of the moment. And the rush subsides, leaving in its wake a groggy warmth ... spreading over her body ... like a toasty blanket thrown over her. Anxiety ... gone. Guilt ... gone. Everything. Gone.

Date night takes on a whole new meaning. *It's not that different from having a few drinks*, Tina tells herself, but even so, she sets ground rules: only at Bill's house, and only every other Saturday, when Lizzie stays at her father's. But then one Wednesday night, after Lizzie is asleep, Tina finds herself in her locked bedroom, filling a syringe. She just needs to take the edge off, to reward herself for getting through the first half of the week. She jabs the needle into her butt cheek, too squeamish to inject it intravenously, but discovers the high isn't nearly as potent that way. *A waste of good Dilaudid*, she concludes the following Wednesday, tying on a tourniquet.



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Shooting Up

The thought makes Tina feel less like a junkie, and more like her thrifty, practical self.

"You've got great veins," she finds herself telling her patients admiringly as she slides in their IVs. Tina also finds it easy to steal from the emergency room, where life is so chaotic that no one notices she hasn't been properly signing out her Dilaudid leftovers. She's just taking itty-bitty amounts, anyway. She has it under control.

Three years later, spring 2003. Tina is pacing the chilly living room of a South Philadelphia shooting gallery, waiting for her first taste of heroin.

The place is tidy enough, but Tina tries not to touch anything in the sagging rowhome; the water-stained walls, yellowed roller shades and disintegrating love seat, all bathed in the sickly light of a dim bulb, make her skin crawl. It's the home of a guy Bill knows, an ex-medic named Mike, a pale addict in his 30s who assures them again and again that the dealer's on his way. *What am I doing?* Tina's claustrophobic in the tiny room, which is dominated by an enormous television—and by a hospital bed, upon which lies a withered Italian lady hooked up to an oxygen tank, a cigarette burning between her fingers: Mike's mother, who's in charge of taking the phone orders. "You want somethin' to drink?" she rasps at Tina, who, unsure of crackhouse etiquette, politely declines. An agitated teenage couple is also here; they sit, then stand, then sit. Tina can't stop staring at the bony-limbed, stringy-haired girl, her thong peeking out from her hip-huggers in some pathetic stab at sex appeal. *Somebody's daughter*, Tina thinks.

A knock at the door. Mike races to answer it. Tina catches the briefest glimpse of a black guy in an oversized jacket before he's gone. Then she's swept up in the stamped up the stairwell and into a dingy room, bare but for a neatly made bed and a dresser. Mike yanks open a drawer, revealing syringes, sterile water, alcohol wipes—all procured from his needle-exchange program—and hands Bill some tiny blue bags, keeping one for himself as payment. Tina watches as Bill empties the white powder into a tin cup, squirts in some water, holds a flame under the concoction until it bubbles, then draws the liquid into a syringe through a cotton ball—"to filter out any impurities," Bill calmly narrates, but Tina can see he's sweating. Tina licks her lips with sudden excitement. She extends her arm.

The rush is immediate and intense, almost harsh. Tina feels her eyes rolling back as, in slow motion, she falls onto the bed, light as a feather. Her limbs are too leaden to move; her brain, too thick to think. It is bliss.

Tina's switching to heroin for one simple reason: She's lost her access to prescription

meds. That's entirely typical of suburban moms who turn junkie, say local addiction specialists: The women tend to get hooked on OxyContin or Percocet while recovering from an injury or dental work and, after their doctors cut them off, become desperate for an alternative. Their transformation from pain-med users to heroin abusers is always gradual, as it has been for Tina. For nearly three years she managed to limit herself to her biweekly Dilaudid injections. But this past Christmas, a severe bout of ulcerative colitis landed her in the hospital, where doctors administered massive doses of—yesss—Dilaudid. After her discharge, Tina started stealing larger quantities from work. She even shot up *at* work—a necessity, since she couldn't do her job with shaky hands, could she? Then it hit her: *I could lose Lizzie*. That thought was powerful enough to get her to do the right thing: She turned herself in at work and—after getting sky-high as a parting gift to herself—checked into a local treatment center. Tina told only her older sons about it, and only because she needed them to watch Lizzie for the week. She came home clean two weeks ago, ready for a fresh start.

But in the cold light of sobriety, Tina was overwhelmed anew by her problems. The divorce was final, but that hadn't ended the custody battle. And now she was unemployed, since her nursing license had been temporar-

ily suspended after she entered a state recovery program for nurses. She'd have to live on her savings—which wasn't much, since her ex-husband had screwed her on the divorce settlement; it had covered the down payment on her four-bedroom suburban house, but was far less than she'd expected.

A call from Bill had interrupted Tina's spiraling thoughts. The two had drifted apart; Tina lost interest in him once she'd mastered injecting herself. "I'm doing heroin now," Bill told her over the phone in his mild way. And just like that, Tina's resolve crumbled. "Do you have a source?" she'd demanded.

This is good, Tina thinks groggily, returning to herself on the bedspread, sensing the inert body of the teenaged girl next to her. When Bill drops Tina off at home an hour later, she asks him for a little something to get her through to next weekend.

That summer is a blur. Tina spends whole days floating on a raft at her pool club, fingers trailing in the water, as Lizzie takes swim lessons in some seemingly far-off corner. Saturdays are spent lazing in the curve of Bill's hammock, studying cloud shapes while Bill gardens nearby. *The picture of domestic tranquility*, Tina thinks, watching her patch of sky. Bill's neighbors are always drifting by to say hello, and on Saturday nights congregate in his backyard to grill tilapia and smoke a

little pot. Tina can hardly wait till after they all finish dinner, when Bill reliably murmurs into her ear, "Want to do some dessert?" and ushers her into the house, his arm around her waist.

With no job, Tina's got nothing but time. She's told family and friends that she's working a patchwork of days and nights, to explain the odd hours they find her at home. Everyone buys it. She blames her ulcerative colitis on those rare occasions when she acts strangely—when she loses the thread of a conversation, or gets trembly and sweat-slick with need—and nobody questions that, either. Her monthly drug test is a bigger challenge, but Tina manages to beat it by smuggling a specimen cup of Lizzie's urine inside her bra, then warming it using a cup of hot tea and a thermometer. She procures her daughter's pee by telling her it's her ulcerative colitis that's being monitored, and that if she fails her test, the doctor will send her back to the hospital.

"Nooooo!" Lizzie wails, and Tina arranges her face to look sad, too. "Well, there's a way I'll be able to stay home," she says conspiratorially. "Let's trick him again."

With each passing day, Tina is losing her fear of detection, not only because she's becoming a skillful liar, but because heroin has begun to affect her differently. Whereas it used to sedate her, now it makes her feel normal. Refreshed, even. So despite the fact her savings are running low, Tina doesn't consider

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her \$100-a-week dope allowance negotiable. At this point, she needs to shoot up every eight hours. As the summer wears on, she takes risks she never would have dreamed of before. Some weekends she and Lizzie drive to the Shore in her Miata convertible, Tina's syringe and blackened tin cup tucked into her handbag. They stay at the homes of Tina's girlfriends in Ventnor and Ocean City, where, over glasses of white wine, Tina endures their married-women chatter, listening to them poke gentle fun at their husbands, complain how stressful it is decorating all seven bedrooms of their Blue Bell homes. Tina smiles and laughs along with them, consumed by jealousy and self-pity. When she shoots up in their bathrooms, it is an act of revenge.

A lucky break: There's a parking spot right in front of Mike's. "Hi, hon, how you been?" wheezes Mike's mom from her hospital bed as Tina breezes in for her Saturday-morning fix. A year and a half into her heroin addiction—fall 2004—Tina is no longer an alien in this house. She sees it as a necessary errand. The act of walking out the front door with her pockets crammed with baggies of heroin feels as mundane as leaving the Acme with a wagon full of groceries. As mundane as leaving her hospital shift with a handbag full of Dilaudid.

That's right: Tina's back at work as a nurse, freelancing for some of the area's busiest emergency rooms. She's delighted with that. For one thing, she can use the \$70-an-hour income. For another, she can use the drugs. Why should she live on heroin alone when there's Dilaudid to be had for free? The employment agencies she uses evidently never bothered with background checks. Tina has grown bold in her thievery, taking vials directly from the dispensers. Between the Dilaudid on workdays and heroin on her days off, Tina's set.

If only things were going so well at home. Lizzie fights Tina at every turn—refusing to do homework, refusing to go to school—and half the time, Tina's too serenely high to fight back. Her teachers are concerned about Lizzie's absences. The social worker is concerned about Lizzie's anxiety. *I'm failing Lizzie.* That's the one failure Tina can't live with. So she volunteers to be more involved with Lizzie's class.

Turns out Tina's flexible hours make her the ideal chaperone for class trips. And she's a nurse, which is all the better. She's asked to come on the big Statue of Liberty trip—specifically, to supervise three boys with ADHD.

No shooting up on field trips, Tina admonishes herself; that definitely crosses the line. But beforehand? That's another story.

Veins coursing with heroin, she dozes most of the bus ride to Manhattan, so that goes smoothly. Once Tina's three charges are let

loose in the Ellis Island museum, however, the day goes to hell. The boys run up the down escalators. They point at photos of immigrants and make fart noises. Outside, they attack seagulls with ball-and-paddles bought at the gift shop. "C'mon, guys, stop it," Tina protests weakly, seeing the other chaperone-moms exchanging glances. *This is an utter disaster.* But then, as the group lines up to board the ferry from Ellis Island to the statue, Tina remembers their Ritalin. Very important that they get it at noon on the dot; Lizzie's teacher had said so. Now's Tina's time to shine. Shaking off her mellowness, she grabs the kids, dashes for a bottled-water vendor, distributes the meds, then shepherds Lizzie and her little crew onto the boat. Standing breathless by the railing as they pull away, the kids waving excitedly to the dock, Tina congratulates herself on a job well done.

Then she looks down to see the rest of the fourth grade standing on shore, shrieking and waving frantically. "You're on the wrong boat!" the teachers scream. Tina's heading back to Manhattan.

The next day, when Lizzie returns from school, she reports that when her classmates read aloud from their essays about their day in New York, the three boys were unanimous. "They said you were the coolest, Mom!" Lizzie says proudly.

"I never really thought about how it would end," says Tina casually, legs crossed at the knee as she sits on her kitchen-island bar stool. It happened at work, in January 2005. A slow night, when the ER was nearly empty. Tina was reaching into the dispenser for some unauthorized Dilaudid when a doctor happened into the room. Tina froze. The two of them locked eyes. The doctor yelled for the nursing supervisor.

Tina fled for the parking lot, though not before politely shouting down the hall, "Nice working with you all!" And that was that.

She's been clean ever since, taking buprenorphine to control her cravings—the rehab drug of choice for discreet suburbanites, since users obtain it monthly at a doctor's office, instead of having to line up outside a methadone clinic each morning. Despite that convenience, maintaining sobriety takes up a lot of Tina's time. Sticking to the rules of her nurse-recovery program, each month she attends three Narcotics Anonymous meetings a week, two "professional support" meetings for nurse-addicts, and a psychologist visit. She also submits to random drug testing as often as twice a week. She still gets cravings, usually when under stress, and she thinks: *I could call Mike.* Tina breathes through it and carries her thoughts full circle, like they taught her in psychodrama: *And then I'd lie around the house, getting nothing done. And Lizzie would get worried. And I'd fail my next drug test. And*

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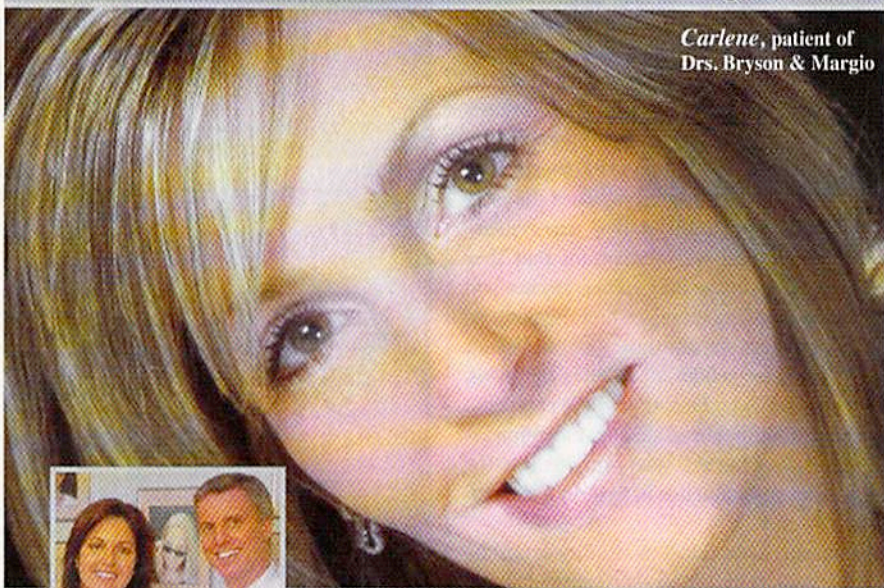
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so on, until the idea of making that call isn't so appealing anymore. It's worked so far.

But despite having kicked the habit, Tina's not in a happy place. At the encouragement of her therapists, she admitted her addiction to her nearest and dearest—except Lizzie, who is, the psychologist agrees, too young to handle it—and now two of her closest friends won't return her calls. Tina's parents didn't take the news well, either; though they continue to babysit Lizzie and drop off batches of homemade spaghetti sauce, they're furious. As for work, Tina's plea to have her nursing license restored was denied at a recent hearing. The board won't rehear her case for another three years. Tina's shocked by their lack of compassion. She's been sober for a year—what more do they want from her? "The nursing board wanted to take everything away from me, they wanted me to lose my house, my family," she surmises. "How else can you explain it? They took away my livelihood."

Tina has applied for non-clinical positions in hospital administration, medical research and pharmaceutical sales, but in each case her suspended license stopped the interview process. Tina has reluctantly concluded that her hard-earned nursing experience—her entire 22-year career—has become a liability in her job search. That's why she's hatched a new strategy: She's now telling prospective employers that she's a lifelong homemaker heading into the workforce for the first time.

"I'm very self-centered now. And scared beyond my wits," she admits. Tina doesn't want to lie, but circumstances are forcing her hand. She'll confess to other necessary lies, although she'd prefer to think of them not so much as lies as *omissions*. For example, that she managed to keep her addiction a secret from both her ex-husband and the family court judge who ultimately awarded her full physical custody of Lizzie. Tina knows she should be grateful for all that she still has: her kids, her house. God knows, she could've wound up as bad as Bill. His addiction escalated until he lost his job, then his house—and then almost his freedom, after another junkie OD'd on his heroin and Bill faced a charge over the man's death. He beat it, but now he's living in a halfway house and working at Kmart.

So Tina realizes how far a person can fall, and knows she should feel only gratitude. But she's impatient to put it all behind her. Maybe that helps explain why, when Tina talks about her addiction, she does so as if from a distance; she recollects, but never really reflects.

"You think back on that time and say, 'Was that me?'" she says, a faint smile on her pretty face. Tina knows it was, and knows it could be again.



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