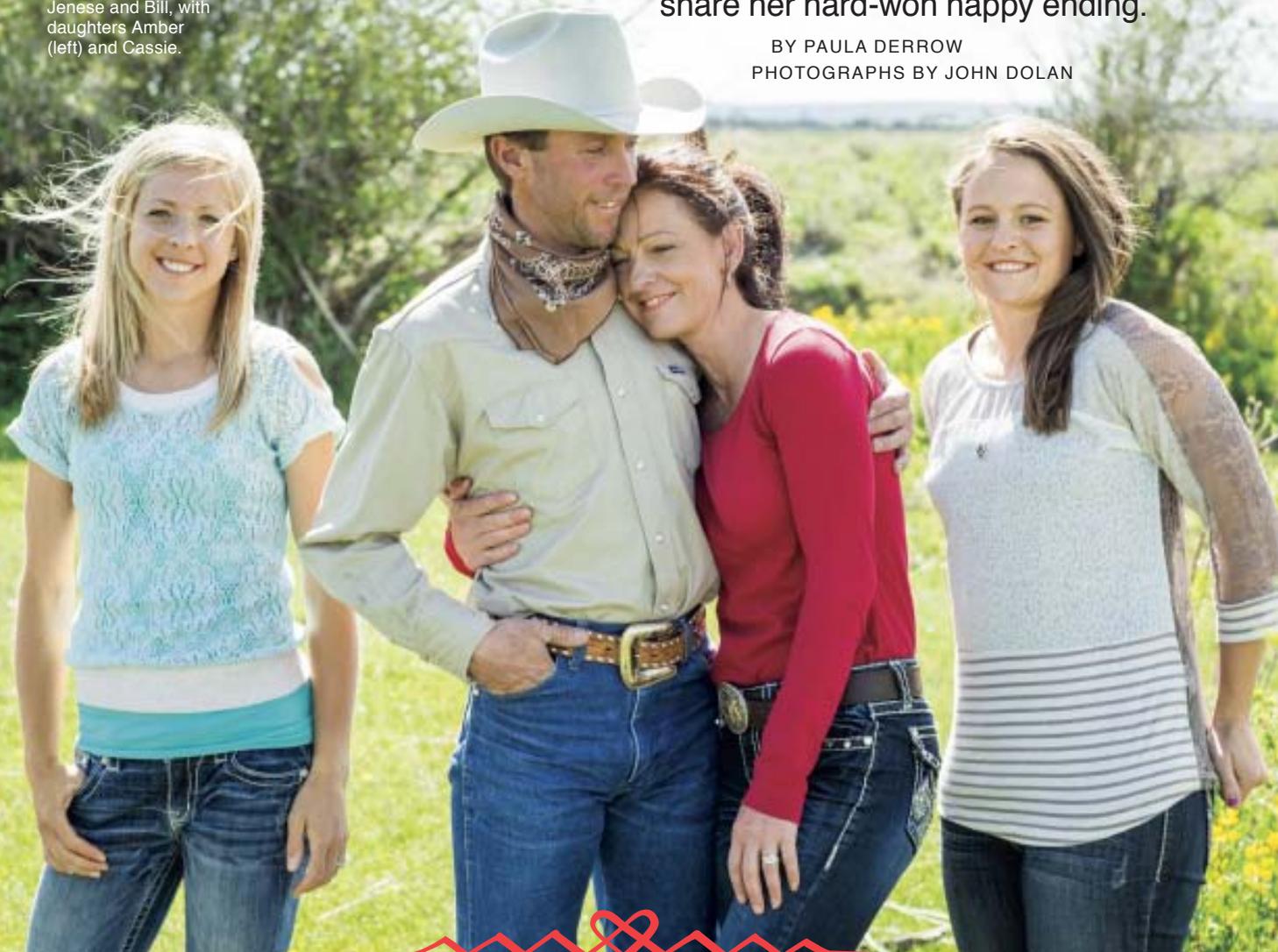


# BACK from the BRINK

Jenese Henry's escalating reliance on pain medication turned her into someone her loved ones didn't recognize. Here, she and her family share her hard-won happy ending.

BY PAULA DERROW  
PHOTOGRAPHS BY JOHN DOLAN

Jenese and Bill, with daughters Amber (left) and Cassie.



Jenese on her family's ranch.



In the summer of 2011, Jenese Henry was home alone at the Wyoming ranch she shared with her husband of 24 years and her four children when she felt her heart beating out of her chest, sweat pouring off her. “I decided to take a cool shower,” says Jenese, 46. “I started the water, and that’s the last thing I remember.” Her daughter Cassie came home and searched everywhere for her mom. “I finally found her zonked out in her bedroom, kind of halfway on the bed. Her heart was really slow,” she says. Cassie shook Jenese, splashed water on her face, then frantically called 911. “I couldn’t get her to wake up!”

When Jenese awoke in the ER, she was told that her heart rate had dropped to 30 beats a minute. “I almost died,” Jenese says.

It wasn’t the first time. In the eight years since Jenese had been taking prescription painkillers on and off for a bad back, she’d had several close calls, almost becoming another victim of what the Centers for Disease Control and Prevention (CDC) has declared a growing epidemic: Every day in 2010, about 100 Americans died from an overdose of opiates like hydrocodone (sold as Vicodin), oxycodone (Percocet and OxyContin) and morphine—surpassing car crashes as the leading cause of accidental death. While no one knows how many women are addicted, one woman goes to the ER every 3 minutes for misuse or abuse of these drugs. Women, it seems, may become dependent on painkillers more quickly than men do, according to the CDC.

Still, it is possible to break the habit. Jenese Henry is living proof.

In 2003, Jenese was caring for her kids (Amber, now 23, Cassie, 21, Shantell, 20, and Hugh, 18), while working and studying for a nursing degree. One day, she hurt her back lifting a bale of hay. That’s when she was first prescribed hydrocodone. After a few months, though, she was able to manage the pain with ibuprofen. Once she completed her degree, she became a hospice nurse.

**JENESE** I loved being a hospice nurse, but it was emotionally draining. You fall in love with your patients, and then they die.

**AMBER** She was the best nurse, willing to stay all night with people if need be. It was hard on us because she was gone a lot, and she was stressed out.

**JENESE** I was working 40 to 80 hours a week and my back always ached. It was a rough time in my marriage, too. My husband, Bill, was frustrated at having to handle the entire ranch himself, and there was a lot of arguing. Then, in

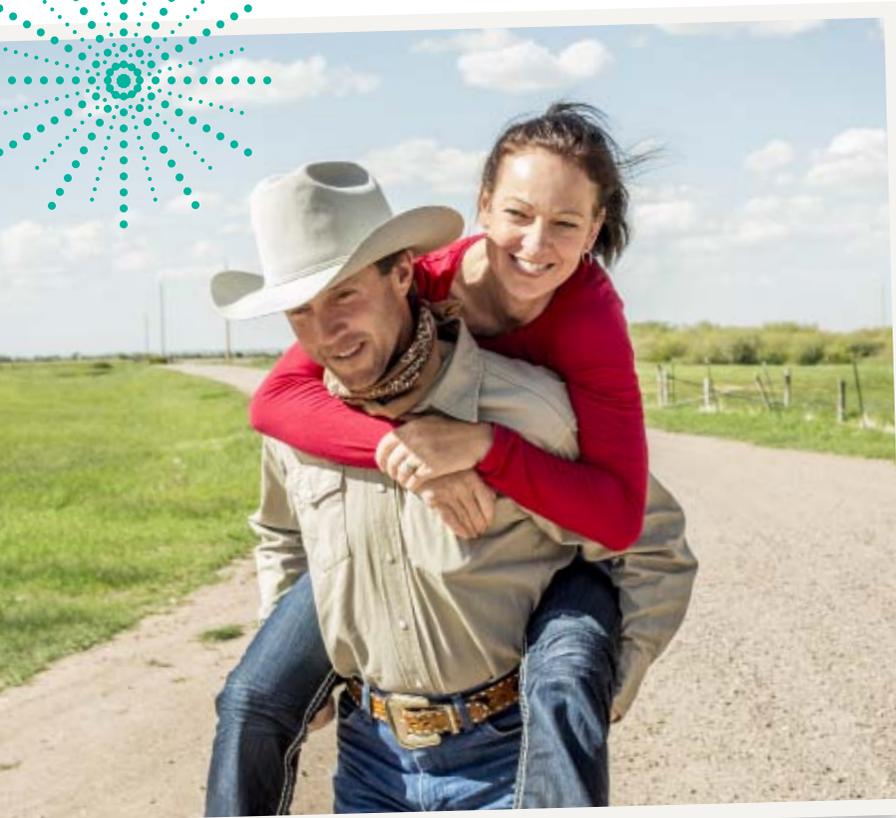
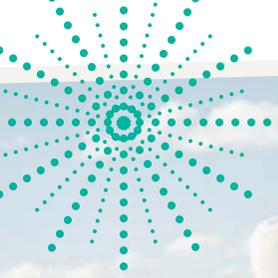
2008, I hurt my back again. The pain was brutal—my leg wouldn’t even work. They took an MRI, and the radiologist said, “I don’t know how you’re walking!” One of my discs was gone. It was bone on bone.

This time doctors gave her even stronger pills and a time-release morphine-based drug, and Jenese had surgery. When her body rejected the screws that had been put in her spine, that led to a second surgery. For financial reasons, Jenese went back to work as soon as she could.

**BILL** She wasn’t addicted right away, but I saw how easy it was for her to take the drugs to feel better. I had a bad feeling.

**JENESE** I was under so much pressure. Without the drugs, I couldn’t move around. But I needed to. I was trying to do something that I loved and help support our family.

**CASSIE** She’d be so intense at work, then she’d come home and go straight to bed.



“I’d stay in the same clothes for four days. I felt useless, hopeless, invisible.”

**JENESE** Then I lost 27 patients in one year—the last one (in 2010) being Bill’s grandpa, who was like a father to me. I fell into a horrible depression. I started taking my morphine whenever. I didn’t want to feel anything. I stayed doped up for weeks. It was all way, way too much.

**BILL** I didn’t know what to do. She had to have the pills. I would try and say, “C’mon, let’s try something different.” But I couldn’t influence her.

**AMBER** When I’d talk to her, her voice jumped and her eyes were dilated. She was not my mom. I’d say, “Mom, you can’t be on this much.” She’d get really defensive and lock herself in her room. Sometimes she was OK. But then you’d ask her about something she promised, and she’d have no recollection of it.

**CASSIE** Us kids took care of ourselves.

**JENESE** I’m a nurse, so of course I knew people became addicted, but I’d never had any problem with drugs or alcohol. I was always the designated driver.

But opiates act on the same brain receptors as heroin, so are highly addictive. Plus, “Chronic opioid use can make patients more sensitive to pain,” so they need higher dosages, says Barry Soloff, MD, medical director of Michael’s House in Palm Springs, CA, the rehab center where Jenese eventually got help. Still, in 2011, Jenese quit the drugs. To dull the pain, she turned to alcohol.

**BILL** Jenese was working at an ER 2 hours away, and we’d rented a place so she wouldn’t have to commute every day. She began staying there a lot. That’s when the drinking got really bad.

**JENESE** After my shift I’d stop at three liquor stores and buy fifths of whisky. I’d drink and pass out and stay in the same clothes for four days. No one at work knew. But I felt useless, hopeless, invisible.

**BILL** I’d call and ask, when are you coming home? And she’d say, I don’t know, maybe tomorrow. I need to rest. It was hard on me, but hardest on the kids.

That summer, Jenese drank so much she nearly died. The ER doctors told her to stop, and put her on fentanyl—the most powerful opioid she’d been on yet. Addiction to painkillers is rarely one doctor or patient’s fault, says Dr. Soloff. Though overprescribing is an issue, he says, “At the end of the day, if a patient is in severe pain, and has tried other medication, or exercise, or nerve blockers, or any number of things before opiates, it’s hard to say no.” And when there are multiple care providers and incomplete medical histories (Jenese simply wanted to feel better and so didn’t share her past painkiller abuse), doctors may miss the signs of addiction, says Dr. Soloff. On the fentanyl, Jenese was often incoherent. When she tried to taper off just before Thanksgiving, her body rebelled. She landed in the ER, vomiting blood.

**JENESE** Cassie was in the same hospital for gallbladder surgery and I couldn’t be there for her. It was horrible. They put the fentanyl patch back on me and sent me home. That night, I went into my room and cried and prayed for days. Finally, I heard a voice telling me to call Amber for help.

**AMBER** It was what my dad and I had been praying for. She had to want to get help. That same day, I got online and looked up rehab facilities.



**JENESE** Amber arranged insurance, packed me up and put me on a plane for Michael's House the next day. I was supposed to change my patch, but I was like, I'm not going to put on another one. I started withdrawal on the plane.



At the rehab center, Jenese began intense counseling, discussing her childhood abuse and chaotic upbringing. Jenese also learned how to manage her depression, as well as her pain—with exercise, over-the-counter medication and analgesic rubs.

**AMBER** When Mom called home, we had our first real conversation in seven years. Cassie and I were nervous when we visited, but the minute we saw her, she jumped into my dad's arms and kissed him. It was one of the happiest moments of my life. I could tell she was going to be OK.

**JENESE** For now I'm not nursing, and I'm working with Bill on the ranch—but no heavy lifting! Our relationship is so much better. He tells me every day that he's the luckiest man in the world. I say, I married a man with a big heart and a strong will and I am so proud. There's always so much to be done, but I'm setting manageable goals for each day, eating well and I'm on an antidepressant that also helps with the pain. My back still hurts, and there are days when I get a little ornery, but the pain is manageable instead of excruciating.

**AMBER** She was there—really there—for my wedding, and this past June, for Cassie's.

**CASSIE** We haven't talked about what happened a ton and I have some weird emotions. But I learned at Michael's House that addiction is not something you choose, which was eye-opening. I'm so relieved my kids will have their grandmother.

**JENESE** I still have remorse for what I put them through, though they've forgiven me. But I'm at peace with myself. My family means everything to me. I've been sober for over a year, and when my kids come home to visit, we have a good time. My daughters say, "You're back! We got you back."

## KEEP YOUR FAMILY SAFE

- Prescription drug abuse is also a huge issue among people in their teens and early 20s. "The number-one way kids get addicted to drugs is taking pills that weren't prescribed for them," says Minnesota Senator Amy Klobuchar. So she created The Secure and Responsible Drug Disposal Act, which allows states to operate permanent drug take-back programs. Soon you'll be able to return unused prescriptions at places such as police departments and pharmacies.
- Recently, The Clinton Foundation and The Jed Foundation partnered to improve mental health and reduce substance abuse on college campuses. Visit [thecampusprogram.org](http://thecampusprogram.org) for more information.

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