

His parents entered his bedroom last week, for the first time since it happened.

Their son had died there of a drug overdose one year ago.

They wanted to be prepared to give mementoes to his friends who would be arriving for the memorial service.

The service will be held at the family's church early tomorrow morning; it will be followed by a visit to the cemetery where he was buried and by the dedication of a bench at a beautiful waterfront park.

Afterwards, coffee and tea will be served at the family's residence.

It will all be over by noon; his mother will be able to attend the midday yoga class that helps her to cope with her grief.

He was in his mid-twenties at the time of his death but his mother told me that the slippery slope leading to his demise had started about five years earlier, after an accident on the job.

He had fallen through the roof at a construction site, injuring his back. After his release from the hospital, he had complained to his uncle of continuing back pain.

His uncle provided him with the prescription drug OxyContin.

OxyContin is the trademark for a narcotic painkiller whose active ingredient is a synthetic opiate.

It is classified as a Schedule II controlled substance by the Drug Enforcement Administration of the United States Department of Justice.

Taken exactly as prescribed by a physician, the DEA advises, opiates can be used to manage pain effectively.

Since this drug had not been prescribed for the young man, its use was not monitored.

The DEA website warns that chronic use of opiates can result in tolerance for the drugs; this means that users will need to take higher doses to achieve the same initial effects.

Long term use can lead to physical dependence and addiction.

Abusers of this drug can easily compromise its controlled-release formula for a powerful morphine-like high, an action that frequently leads to the abuse of other drugs as well.

The DEA reports that significant quantities of OxyContin have been diverted to the illegal narcotics market where it is known by such street names as Hillbilly heroin, Oxy and kicker.

The DEA has found that in states most severely affected by this trend, drug treatment programs report that from 50 to 90 percent of newly admitted patients identified OxyContin as their primary drug of abuse.

Several years ago, a woman told me another troubling story of what had happened when her mother provided prescription drugs to her brother.

Her mother had obtained narcotic drugs from several different physicians for her back pain.

From time to time, she provided her son with these drugs for his various complaints.

The mother subsequently realized that supplying or withholding these drugs provided her with a great deal of influence over her son's choices and behavior and she started to use that knowledge to manipulate him.

Eventually, he found the strength and courage to leave home; although he survived and is clean, he stayed away from his entire family for years, until after his mother had died.

At the beginning, his mother's intention was probably a misguided attempt to help.

With respect to the uncle, it is not clear whether he obtained OxyContin legally or illegally and it is not clear whether he gave the drug to his nephew or sold it to him.

It doesn't matter whether the drug was a prescription drug or a street drug and it doesn't matter whether it was obtained legally or illegally; the tragic results can be very similar.

When we think about drug addictions, images of slick and sleazy criminals selling illegal substances to junkies on darkened street corners come to mind.

It is difficult for us to comprehend that a family member might be the actual predator.