

Our View: The addiction treatment puzzle

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When it comes to a person's struggles with addiction, sometimes the road to recovery begins through the courts. Some 70 percent of those meeting the criteria for treatment are not seeking it. Even if people are not ready to commit to treatment themselves, a judge can commit them into a treatment program if use of substances “is threatening grave physical harm” to the person or “substantially interferes with his social or economic functioning.”



PHOTO/ Greg Derr | The Patriot Ledger

Quincy Drug Court Judge Mary Heffernan comes off the bench to hug a graduate who completed 18 months of recovery.

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A court order can quickly push the intake process along. In fact, between 2006 and 2012, court-ordered treatments to mental health facilities increased 41 percent. Today, there are even specialty courts in five Massachusetts district courts, including Fall River, specifically adjudicating drug-related cases. They take a unique approach, with probation officers, police and health officials cooperating to develop sentences and rehabilitation programs to keep drug-related offenders out of jail and in court-ordered mental health treatment.

Massachusetts' drug courts represent a smart way to treat drug-related offenses as a public health issue and keep offenders out of prison. They are intended to get to the root of the problem so offenders' lives can get back on track through probation, treatment and drug testing. It's good to see these programs increasing in number as the scourge of addiction and the crimes associated with it continues to grow.

Rather than being seen as an easier alternative to traditional court, it's actually a more intense process for the defendant that aims to heal more than punish. It also specifically targets those who would be more likely to re-offend if they did not get treatment for their problem.

Also changing is the nature of the substances people are seeking treatment to break away from, which means that treatment programs have also had to adapt their programs to meet the changing needs of clients over the past decade. In 2005, 36 percent sought treatment for alcoholism, 41 percent for heroin and 6 percent for other opioids.

In less than a decade, there's been a major shift with far fewer people seeking help for problems with alcohol and many more trying to break their heroin addiction.

In 2014, 19 percent reported problems with alcohol, 63 percent for problems with heroin and 8 percent for other opioids. In state-funded programs, 53 percent of patients were being treated for heroin addiction in fiscal 2014.

It's not very difficult for people to get a four- or five-day detox program or access outpatient treatment, but the inpatient "stepdown" programs that are often necessary when a few days of detox is not a sufficient treatment. The result can become a revolving door to detox, with the addiction still not broken. This is a major flaw in the state's treatment systems that must be addressed given the nature of the problem.

Other times, money becomes a factor if insurance will not pay for full treatment in a "stepdown" program. These often require prior authorization from the insurance company — something a person in crisis may not be in any condition or position to request. The insurance issue will change in October when a new law goes into effect requiring insurance companies to pay for 14 days of inpatient step-down care for people who have gone through a detox program.

Even if those who become addicted decide to seek treatment at the urging of loved ones or for themselves, it's not always possible to find it due to the prevalence of the problem and a shortage of the right type of treatment programs.

The new requirement does not change the fact, however, that there are not enough inpatient treatment beds to meet the demand. The change in law will have little effect if the beds are not available. State officials will have to monitor if the availability of beds is keeping pace with the availability of funding as they measure the efficacy of this new law.

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