

# Long waiting lists for drug treatment add to addicts' desperation

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Shawn Cross, at his home in Lisbon, Maine, is a recovering drug addict who began using heroin after switching from opiate painkillers. He now works at Catholic Charities and helps other recovering addicts. (Nikki Kahn/The Washington Post)

By [Marc Fisher](#)

July 26 at 1:23 PM

PORTLAND, Maine — Shawn Cross thought heroin was making him an excellent manager at the auto parts store where he had gone from delivery guy to manager in five years. On the job, every day, every four hours, he snorted opiate pills or heroin.

He hired addicts because they might help him score drugs. Sometimes he missed work to drive his supplier two hours south on Interstate 95 to Haverhill, Mass., where the dealer would call Dominican gang members, who would arrange a meeting along a country road, a quick hand-off car to car.

Cross had held it together while he was snorting Oxycontin, the prescription painkiller. But when the supply of illegal pills started to dry up five years ago, Cross did what he had promised himself he would never do: He made the switch to heroin.

“The withdrawals just trump everything,” he said, “and that’s what was available.”

Heroin delivered the most alluring highs he had ever experienced and drove him to a desperation he had never imagined. After a three-year descent into destitution, Cross would begin another quest, one that bedevils millions of addicts nationwide: a frantic, frustrating search for treatment.

*[[‘And then he decided not to be’: David McCarthy got clean, but heroin was too alluring](#)]*

From the moment he started using heroin, Cross thought of himself as a lost cause. “If you’re doing just pills, you can tell yourself, well, doctors prescribe them. You can tell people you’re doing pills,” he said. “You don’t get together with your friends and say, ‘Let’s do some heroin.’”

He spent all his income, and more, on drugs — easily \$1,000 a week. He stopped paying for heating oil. He stopped paying rent. He persuaded his reluctant mother to take in his girlfriend and dog; his mother made him sleep in his car.

After a time, there was no pleasure in it. Cross did drugs to avoid feeling sick. Desperate for treatment, he went to the only rehab center in the area that accepted men as patients, Mercy Recovery Center. It was full. With limited state funding and low reimbursement rates from Medicaid, there was little incentive for medical facilities to add long-term rehab beds.

Last month, Mercy, Maine’s largest treatment center, closed its doors and eliminated 250 beds because of declining insurance reimbursement rates. For addicts such as Cross, that leaves only the state-funded rehab program; the wait is 18 months.

*[[Gallery: Family tragedies reflect the rise in heroin use](#)]*

And a political battle over treatment funding threatens to add to addicts’ desperation in Maine: Last year, about 40 percent of heroin addicts who got treatment were put on methadone therapy. But Gov. Paul LePage (R) has proposed ending state funding for methadone treatment, saving about \$1.6 million over two years.

LePage wants addicts to be treated with suboxone, another replacement opiate that satisfies cravings but doesn’t make the user nearly as high. But suboxone can be prescribed only by doctors who have undergone special training, and federal rules allow each physician to treat only 30 patients at a time — or up to 100 with approval from drug enforcement officials. The strict controls shut out many addicts, leaving them to self-medicate by buying suboxone on the street, according to physicians, drug counselors and addicts.

“We have nowhere to put people who don’t have a wealthy mother in the suburbs,” said Caroline Teschke, who runs Portland’s public health clinic. “Every day, we have people begging for help. The only sure way to get help is to be a young pregnant female.”

“There’s no treatment,” added Maine Attorney General Janet T. Mills (D). “We had overdose deaths in every county in the state last year, but we have fewer treatment facilities and we’ve removed thousands of people from the Medicaid rolls. We don’t know how to deal with it. These are people who want treatment, and we have nothing for them.”

The damage mounts with each passing month: Over the past three years, child abuse and neglect cases have shot up by 58 percent. Over the past decade, the number of drug-affected newborns has spiked by 600 percent.

As wait lists for rehab grow longer, property crime has crept up, and more people have showed up at the homeless shelter in downtown Portland. Every day this April, someone in Maine died of a drug overdose, Mills said.

“Everyone knows some family affected by heroin by now,” Mills said. “Families are starting to speak out; they’re saying ‘heroin’ in the obituaries. But there’s still a level of embarrassment about it: ‘Heroin, that doesn’t happen here.’”

In interviews, addicts at a court-ordered counseling session in Portland said users are resorting to desperate measures to get help.

“Go to jail,” said a man in his 30s. “Have a kid so you can get insurance.”

“Work the system — play the suicide card,” said a man in his 50s.

Cross’s mother found a doctor who put him on suboxone. But Cross sold the pills to buy more heroin.

Finally, Cross was arrested and charged with felony drug trafficking: He drove his dealer to an apartment where she sold to an undercover agent. After his first stint in jail, he snorted Oxycontin in the parking lot as he left the facility. His dealer picked him up.

But after another arrest, in 2013, this time for violating probation, Cross went to drug court and spent four months in jail — long enough to go through withdrawal. “The jails around here are basically detox facilities,” he said.

He went on suboxone again but lost his insurance eight months later, after state officials refused to accept federal money to expand Medicaid. More than 25,000 people were forced off the public health-care rolls.

With no subsidy, Cross’s out-of-pocket cost for suboxone would jump from a \$3 co-pay to \$700 a month. His doctor told him it was time to taper off the drug, quickly. He went through violent withdrawal pangs for a month. Then he started working again, for the first time in five years, building houses, roofing.

He and his girlfriend now have a 10-month-old, a daughter who has “never known me as an active addict.”

“And she never will,” Cross said. “I owe her that.”