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Metro

Heroin epidemic exposes deficiencies in care system

By Laura Crimaldi

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A surge in heroin overdoses in Massachusetts has exposed a complicated and overburdened substance abuse treatment system with demand for recovery beds chronically outpacing supply, insurance covering only a few services, and families increasingly turning to courts for help.



Complaints about a lack of beds and high treatment costs for long-term care have intensified as the number of people hooked on powerful opiates has taxed the system further, despite state figures that show a 27 percent boost in funding for substance abuse services since fiscal 2008.

The toll exacted by heroin has become lethally evident in recent months: Between Nov. 1 and Feb. 24, at least 185 people died of suspected heroin overdoses, according to state figures.

“Access is the biggest problem,” said Vic DiGravio, president and chief executive of the Association of Behavioral Healthcare, which represents more than 80 addiction and mental health treatment providers statewide. “The epidemic is growing at rates that are faster than we can provide support services.”

On any given day, hundreds of addicts are waiting for a treatment bed in Massachusetts, substance abuse specialists said.

By Feb. 12, the state had 3,772 licensed, residential beds for adults in voluntary treatment. That includes beds in inpatient detox services, short-term post-detox services, and recovery homes where substance abusers receive long-term treatment designed to help them lead drug-free, independent lives.

The Department of Public Health said it could not provide historical data about availability of treatment beds because its licensing system was not computerized until last year. But an annual survey of treatment providers conducted by the US Substance Abuse and Mental Health Services Administration found that in recent years, the number of treatment beds in Massachusetts ranged from a high of 4,027 in 2009 to a low of 3,627 in 2008.

Despite the demand, industry executives said their operations often struggle financially. The state, which covers stays in recovery homes, pays a daily rate of \$75 a bed, which represents just 63 percent of the actual cost of serving a patient for a day, said Robert Monahan, executive director of South Shore Recovery Home in Quincy and president of Recovery Homes Collaborative of Massachusetts.

As a result, Monahan said, “You can’t pay your people. You can’t give them health insurance. The buildings are usually in residential areas so they’re old. You can’t put the new roof on the house.”

Increasingly, addicts and their families are becoming so desperate for inpatient treatment that they turn to a state law that empowers judges to civilly commit substance abusers to facilities where they can get immediate help, according to treatment providers, public and elected officials, and advocates.

“The fact that people have to get their loved ones locked up to ensure access to treatment is unconscionable,” DiGravio said.

In the past eight years, civil commitments made under a law known as Section 35 grew by 67 percent, from 2,982 to 4,982, according to testimony delivered to a state Senate panel by Hilary Jacobs, director of the state’s Bureau of Substance Abuse Services.

People deemed a risk to themselves or to others because of addiction can be committed by a judge to up to three months in an inpatient substance abuse treatment facility. An addict or the addict’s family or friends can seek a commitment order.

“If you’re sick and you’re detoxing and you want help, sometimes it’s much faster to come down to the courthouse,” said Judge Rosemary Minehan, who leads the District Court Committee on Mental Health and Substance Abuse.

The state maintains just 198 beds in the community for users who have been civilly committed. If those beds are full, addicts are instead sent to correctional facilities, even though they have not been charged with a crime.

From fiscal 2008 to fiscal 2013, the number of women committed at MCI-Framingham, the state’s only prison for women, increased from 41 to 286, according to testimony written by Department of Correction Commissioner Luis S. Spencer.

For men, commitments to the Massachusetts Alcohol and Substance Abuse Center in Bridgewater increased from 963 to 1,278, between fiscal 2010 and fiscal 2013, Spencer said.

Jeanne Flynn of Bourne said she successfully petitioned courts in August and November to get her 25-year-old son, Brian, treatment for a heroin addiction. Both times, he was sent to Bridgewater, Flynn said. But he still wants more treatment.

“There’s never anything available right away unless you want to pay big money,” Flynn said. “If you pay big money, you’ll have something today, and it’s so critical that you have something today.”

In January, Senate President Therese Murray appointed a special committee to investigate the use of the civil commitment law and drug abuse treatment options. The committee is holding a hearing Monday at Mount Wachusett Community College in Gardner.

“Families are utilizing the Section 35 process as a last resort because they don’t know where else to go,” said state Senator Jennifer L. Flanagan, a Democrat from Leominster, who is leading the committee.

Flanagan described a fragmented substance abuse treatment system in which beds for detox, the first step some addicts take to getting clean, are covered by insurance and generally available.

But beds for longer-term care, which is credited with keeping people off drugs, are in short supply and paid for by the state, rather than insurance, which does not cover such treatment.

The committee led by Flanagan is charged with developing recommendations to improve substance abuse treatment services.

While the gap between supply and demand is wide in Massachusetts, it's even wider in most other states, Jacobs said.

"Getting into treatment is knocking on doors and probably having some persistence, getting in the queue," said Dr. Jeffrey Samet, chief of general internal medicine at Boston Medical Center.

Governor Deval Patrick's administration is credited by advocates and providers for boosting spending on substance abuse treatment services. Since 2008, spending increased by nearly 27 percent, from \$82.1 million to \$104 million, state figures show.

But the extra money is seen as inadequate by some advocates. "Increases can't keep up with the demand," said Maryanne Frangules, executive director of the Massachusetts Organization for Addiction Recovery. "They're doing the best they can with what they have. It's skeletal."

Jacobs, who manages substance abuse services for the state, acknowledged that some addicts are denied access to inpatient care when they seek it.

But she said that in many cases, heroin abusers can consider treatment that does not include an inpatient stay.

Medications available on an outpatient basis have proven to be the most effective and are more accessible, she said.

The medications for opiate addiction include methadone, buprenorphine, and naltrexone, Jacobs said.

More than 16,000 people used methadone in December, and most of the locations did not have waiting lists, she said.

Still, Jacobs said medications are not used as much as they could be for opiate addictions because of stigmas attached to them, she said.

"There are things besides beds that are effective in this system," Jacobs said. "More people should see this treatment as a viable option."

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Letters to the Editor

25 March, 2014

Crimp in funding strains addiction recovery services

RE "HEROIN epidemic reveals detox gap" (Page A1, March 15): Laura Crimaldi's article on the heroin epidemic exposes the flawed methodology inherent in the reimbursement structure for statewide substance-abuse recovery homes.

For years, the programs spread across the Commonwealth have been operating under a byzantine state contract formula where care providers are only reimbursed for 63 percent of all admissions.

In addition, no managed care entity in Massachusetts has yet been willing to fill the gap in funding. Yet these entities benefit when their neediest members receive our long-term residential treatment services.

This year, because of this unaffordable and unsustainable system Victory Programs made the difficult business decision to convert a 20-bed Boston site zoned as a group residence for recovering addicts to new transitional services for homeless mothers and children. We are considering ending long-term residential addiction services at two other Boston sites as well.

Our state legislators are in the position to correct the system's problems and create a healthier, more sustainable residential addiction treatment program.

The heroin epidemic is only getting bigger. It is time to add capacity, not reduce it.

JONATHAN D. SCOTT President and CEO Victory Programs Inc. Boston