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Without Fear or Favor

Let's get serious about dealing with addiction

Aaron W. Hughey, opinion contributor

I've got an idea for any of our elected representatives who truly want to help their constituents and their families: Provide substance abuse treatment free-of-charge for anyone who needs it.

If this involves medical treatment, include it. If this involves mental health intervention, include it. Both acute and long-term. If this includes outpatient follow-up for an extended period, include it.

And while we're at it, let's work on changing the attitudes of everyone who interacts with those suffering from an addiction, including first responders and healthcare professionals at all levels.

The way we often treat individuals with an addiction is shameful. Addiction is a disease, not a choice.

The way our healthcare system often discriminates against addicts is a disgrace and has contributed to the unfortunate demise of many individuals who still had long and productive lives ahead of them.

Look, I have no doubt that most healthcare providers chose their profession out of a sincere desire to help others. Why else would you choose a vocation with unpredictable hours, constant stress and anxiety, and relatively low pay?

Obviously, these folks are dedicated to helping their neighbors through some of the more traumatic situations any of us can face as human beings.

But the way society views individuals suffering from an addiction can often get in the way of providing the medical assistance needed to successfully overcome their condition.

When police respond to an incident at someone's home, one of the first questions they inevitably ask is "Does this involve drugs?" If the answer is "yes," they may proceed with a course of action that might not have been the case had the answer been "no."

I have seen this firsthand.

Whether or not the person is under the influence is a factor in how they should be handled. But it should not become an overriding consideration.

When EMTs respond to the same kind of incident, the same question quickly arises. When addiction or substance abuse is mentioned, the attitude of the professionals on the scene can change quickly and visibly.

Another problem is that first responders often don't always listen to those who made the 911 call that precipitated their arrival on the scene. They sometimes give more credence to what the individual they are ostensibly there to help has to say.

I have also seen this firsthand.

During one episode, EMTs were given a complete description of the person's behavior and relevant history. Most of that information was ignored and the individual was released from the medical facility to which they were taken within an hour.

That individual is no longer with us.

There is a difference between not having enough reason to keep someone at a medical facility and not wanting a reason to keep someone at a medical facility.

When the patient is dropped off at the emergency room, whether or not the patient has an addiction often becomes the focus of how they are treated. From my vantage point, too many medical professionals (doctors, nurses, technicians, etc.) make too many assumptions about a patient based on whether they think their condition is "drug related."

Once the patient's immediate condition is no longer life-threatening, the directive is often to get the addict discharged as quickly as possible. First, many still see substance abuse as a choice. Second, and more concerning, they assume this population does not have the financial resources to pay for their services.

The same pattern exists at "crisis stabilization" facilities. Again, those responsible for staffing these facilities often have their hearts in the right place, but they can give more credence to what the impaired client has to say than they do to the friends and relatives who actually know more about what the client needs than they do.

Again, I have seen this firsthand.

Whether or not a person is suffering from an addiction, whether or not they have insurance, and whether or not they can afford to pay for services rendered should have absolutely no bearing on the quality of care received. If they need the most expensive PET scan available, then they should get the most expensive PET scan available.

We are in the midst of a mental health crisis driven by addiction. But unlike many of the headlines these days, this tragedy is not unfolding in some other state or foreign country.

It's happening right here in Kentucky.

People suffering from addiction inflict a tremendous amount of pain – physical, emotional, psychological, financial – on themselves, their families and the community. Most of those afflicted with this overpowering yet ultimately curable disease will not recover unless they are provided with quality services.

Substance abuse treatment can be very effective in helping an addict overcome their disorder, but it can also be an expensive proposition – well beyond the financial capabilities of most who need it.

Yes, the court can order someone into treatment, but it is often up to the person suffering from the illness to pay for the mandated services. It's the same old story, those who need it the most can afford it the least.

The crisis is only going to get worse until we - as a society – get a lot more serious about meeting the needs of all our citizens.

We can either pay now or we can pay later.

The practice of incarcerating addicts is, over time, much more costly than providing them with the treatment they need in order to overcome their illness.

Court-ordered treatment should be paid for – completely - by state and/or local government.

It's all a matter of priorities. We shouldn't make ethical decisions based on perceived financial constraints - moral imperatives should always dictate fiscal policy.

If our elected officials truly want to make a difference in the lives of their constituents, they can. All that's needed is a willingness to do the right thing – and to put the necessary resources behind that resolve.

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