



OKLAHOMA DRUG ABUSE

STATE OF ADDICTION

A series of stories with
contributions from
The Oklahoman, Tulsa World,
Oklahoma Watch, State
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Expensive problem

Addiction costs Oklahoma and its residents an estimated \$7.2 billion a year.

Contributing: Staff Writer Andrew Knittle, Tulsa World Staff Writer Ginnie Graham and Ron Jackson, of Oklahoma Watch

That's more than the state government's budget of \$6.7 billion. That's roughly \$1,900 for every man, woman and child in the state. It's enough to create about 273,000 median-wage jobs, or to build nine skyscrapers like Oklahoma City's Devon tower.

It's not just a matter of money. The abuse of street and prescription drugs, alcohol, tobacco and other addictive substances exacts a terrible toll on people's health, well-being and quality of life.

"The bottom line is, we're witnessing this crisis, this silent cancer that is just growing," said Darrell Weaver, director of the Oklahoma Bureau of Narcotics and Dangerous Drugs Control.

The problem is spreading through every stratum of society: poor, middle-class, wealthy; rural, urban and suburban.

The direct and indirect costs are enormous. Incarceration chews up tax dollars. Business productivity plummets. Families crumble. Crime festers.

Government, churches and private ventures offer a variety of treatment and recovery programs, but evidence indicates they are inadequate and overloaded.

Addiction touches just about everyone in some way: a friend or family member struggling with substance abuse, a crime tied to drug use, a workplace accident caused by an addled employee.

Last year, the federal government reported Oklahoma had the nation's highest percentage of adolescents and adults who abused prescription drugs over a 12-month period — about 8 percent, or nearly 240,000 people.

Part of the problem, Weaver said, is a complacent public.

"It seems like they've grown immune to the drug issues," Weaver said.

"They think that they've heard it so much, is it really even out there? The scary part is, it's probably affecting more lives in our state than at any time ever in history. Ever."

Cost of complacency

The \$7.2 billion cost estimate was calculated by the National Association of State Alcohol and Drug Abuse Directors, which tracks substance abuse trends.

Direct costs account for an estimated \$1.8 billion a year — spending on hospital care, doctors, police and prisons, for example.

Indirect costs account for another \$5.4 billion in diminished productivity, work and goods never produced and people who die or fall ill.

"In the oil fields of Oklahoma, if you've got oil workers who miss work because they're drunk or on meth, they still pump the oil, but they have to hire more people," said Rick Harwood, the association's research director.

"Maybe they overstaff because they know that one out of 20 is going to be absent on a given day. That's a cost that somebody has to pay, one way or another, and usually those increases in costs are passed on."

A yearlong study by a task force of Oklahoma lawmakers and state leaders reached similar conclusions.

The 2005 report said Oklahoma pays more than \$3 billion annually in direct costs related to untreated and under-treated people with addictions and mental illness. Indirect human costs added \$5 billion to the toll.

The group estimated that 200,000 Oklahoma workers dealing with depression and addiction were costing employers \$600 million annually in additional medical expenses alone.

"If you think about vibrant communities and a good economy, we have to have healthy and engaged brains ready to work," said Terri White, commissioner of the state Mental Health and Substance Abuse Services Department.

In 2010, parental neglect accounted for 88 percent of the 18,000 children removed from their homes by the courts and the state Department of Human Services.

"Untreated addiction is a major part of that, and it could've been prevented if those parents had received treatment," White said.

White added that one of the keys to confronting Oklahoma's addiction crisis is dealing with teenage drinking.

The part of a person's brain that handles critical thinking and decision-making is the prefrontal cortex.

It typically does not become fully developed until a person reaches the age of 20 to 25.

Alcohol impairs its development.

"Significant alcohol use can actually permanently damage or stunt the growth of our prefrontal cortex," White said.

"One of the most dangerous things that happens is underage drinking."

Certain risk factors are found frequently among people struggling with substance abuse.

Research shows that family history and genetics account for about 60 percent of the risk of addiction.

The age at which a person starts using substances increases it. The younger someone starts, the higher the probability for addiction.

Joey's wasted years

Joey Dawson, 36, of Hobart, had his first drink at 13. Hobart, in southwest Oklahoma, was like many small towns — there wasn't much to do, and it seemed like everybody drank, Dawson said.

Dawson had family members who had tried meth. He had seen them struggle, had seen them change; he knew the dangers. But at the age of 23, at a party, he decided to give it a try himself.

"From the day that I tried it, I didn't stop until I got in trouble," Dawson said.

After about a year, Dawson started manufacturing meth. By 2002, he had meth-related charges pending in Kiowa County. When he got in trouble four months later in Cordell, he knew he was probably going to prison.

He spent 11 months in the county jail. His girlfriend gave birth to his son while he was there. That was a game-changer for Dawson, he said.

"After he was born, I realized it wasn't about me any more," Dawson said. "I think if they had let me out right then, I would have been fine."

Dawson was convicted on charges of manufacturing meth and possession of a controlled dangerous substance with intent to distribute. He got two 10-year sentences that ran concurrently.

He spent four years in prison at the Bill Johnson Correctional Center, in Alva, matching almost day for day for the four years he was addicted to meth.

Dawson got into a treatment program at the prison. Between the program and his son, he was ready for a change.

Once Dawson got out, he said, he told all of his old "friends" that he had become a government snitch. It was a good way to ensure he wouldn't repeat his past.

Dawson now works for an oil and gas drilling company, is married and has custody of his 9-year-old son.

Users behind bars

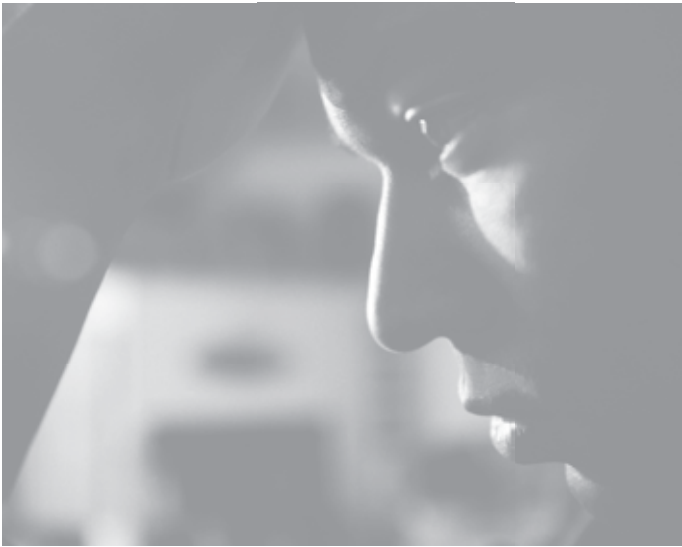
Like Dawson, the majority of people headed to prison are nonviolent offenders. An analysis of nonviolent prison admissions from 2005-10 showed 44 percent involved drug-related offenses, mainly possession.

Not all offenders are as lucky as Dawson.

In 2010, for example, 885 female offenders who left prison had been assessed as needing substance abuse treatment.

About 72 percent of them, or 633 offenders, had not received it.

A recent state Corrections Department study determined that



offenders who completed an approved substance abuse treatment program reduced their chances of returning to prison by 20 percent.

For every \$100 that Oklahoma spends on substance abuse and addiction, only about \$2 goes to prevention, treatment and research, while \$97 goes to cover other direct costs such as incarceration, according to a study by the National Center on Addiction and Substance Abuse at Columbia University.

“And the horror is that it doesn’t have to be that way because we know more effective ways to make use of the tax dollar,” said Susan Foster, the center’s policy director.

“We just haven’t done it — policy hasn’t caught up with science.”

Waiting for help

On any given day, 600 to 900 Oklahomans are on a waiting list for a bed in a publicly funded residential substance abuse center.

About 160,000 Oklahomans need treatment for drug and alcohol addiction, according to the state Mental Health Department. An estimated 20,000 teenagers are in need of drug and alcohol treatment.

Alcohol abuse is far more common than drug addiction. For every seven people who need treatment for alcohol, only one needs help for drugs.

But only a few get state-funded help. To qualify, a person must have no other means to pay and no other sources of assistance. That excludes anyone with private insurance, unless it’s a child whose private insurance company won’t cover the costs.

“In our system, we have enough resources to serve about one-third of the Oklahomans who financially qualify for our services and need help,” said White, the mental health commissioner.

“So on any given day, two-thirds of Oklahomans who need help, and qualify, can’t get it.”

Rhonda McGough faces this challenge every day as a drug and alcohol counselor in Idabel, a town of about 7,000 in southeast Oklahoma.

“You have to try to look outside the box to get your clients access to resources readily available in their towns,” said McGough, who works for the Kiamichi Council on Alcoholism & Other Drug Abuse.

The lengthy wait for an inpatient bed sometimes is a deal-breaker.

“A lot can happen in three to four months,” McGough said.

“A person who comes in today and says, ‘I’m ready to do this’ may not be saying that two weeks from now.”



BY THE NUMBERS

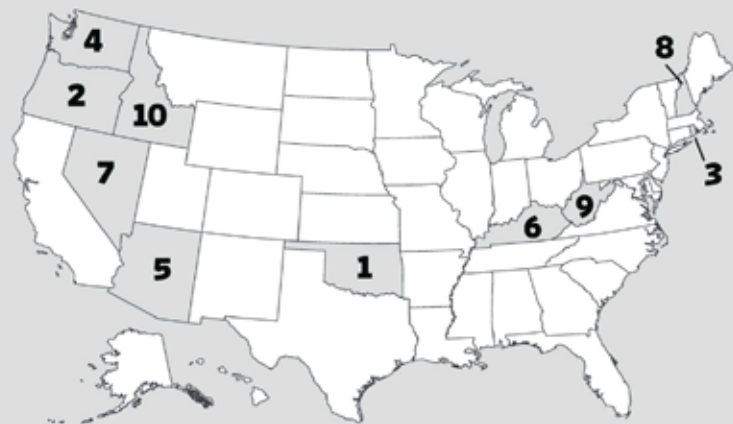
SUBSTANCE ABUSE IN OKLAHOMA

Nearly half of all Oklahomans aged 12 and above use some form of psychoactive drugs at least occasionally, according to a federal survey of drug use in America completed in 2009. The most frequently used substance is alcohol, followed by tobacco, street drugs and prescription painkillers.

State population age 12 and older		2,927,119
Alcohol use in past month	45.66%	1,336,523
Tobacco use in past month	34.82%	1,019,223
Binge alcohol use in past month	22.34%	653,918
Illicit drug use in past month	8.94%	261,684
Nonmedical use of painkillers in past year	8.13%	237,975
Cocaine use in past year	1.51%	44,199

NONMEDICAL USE OF PAINKILLERS

Oklahoma tops all states when it comes to nonmedical use of painkillers. A federal survey determined that 8.1 percent of Oklahomans age 12 and older used painkillers for non-medical reasons during a 12-month period ending in 2009. The national average was 4.8 percent. Oklahoma’s rate was considerably higher than those of surrounding states; next in line were New Mexico and Colorado, both 5.7%. Here is a look at the 10 states with the highest rates of painkiller abuse:



1. Oklahoma: 8.1%
2. Oregon: 6.8%
3. Rhode Island: 6.1%
4. Washington: 6.1%
5. Arizona: 6.0%
6. Kentucky: 6.0%
7. Nevada: 5.9%
8. New Hampshire: 5.9%
9. West Virginia: 5.9%
10. Idaho: 5.8%

U.S. average: 4.8

SOURCE: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Prescribing an early death

**STATE OF
ADDICTION**

OVERDOSES OF PRESCRIPTION PAINKILLERS, ANXIETY DRUGS KILL MORE OKLAHOMANS THAN CAR CRASHES

By Warren Vieth
Oklahoma Watch

Sherri Carwithin was lying on the hardwood floor of her south Oklahoma City home when police found her body, clad in pajama bottoms and a T-shirt. Perched on her chest was her small dog, Patches, who growled at the arriving officers. The 51-year-old woman, who had a history of chronic back pain and prescription drug abuse, last was seen alive four days earlier, when she asked a neighbor to give her a ride to the pharmacy.

“She’d been doing prescription drugs for a long time,” said her stepbrother, Virgil Hoyer. “She’d take a pill to wake up and take a pill to go to sleep. It was a constant thing. She was never in her right mind.”

Oklahoma’s drug scourge is shifting from the street corner to the medicine cabinet.

Drug overdoses now kill more Oklahomans than motor vehicle accidents — an average of two per day.

Four of five victims overdose on widely prescribed medications found in tens of thousands of Oklahoma households.

The grim statistics help explain why Oklahoma was ranked the No. 1 state in the nation in prescription painkiller abuse last year. They underscore a new reality for law enforcement authorities, health care professionals and public policymakers.

The casualties of drug abuse are not just hard-core addicts who buy bootlegged meth, crack and heroin from street dealers.

They’re middle-aged and middle-class Oklahomans who start taking pain pills for bad backs and other injuries, never dreaming they could wind up tumbling down the slippery slope of addiction, or worse yet, dying from an overdose.

They’re suburban kids passing around pills they find in their parents’ medicine cabinets.

They’re veterans returning from Iraq and Afghanistan who turn to narcotics to tame the demons of post-traumatic stress.

They’re people like Austin Box, the University of Oklahoma linebacker whose promising football career was cut short by a fatal prescription drug overdose in May 2011.

“Meth, it’s a problem, sure,” said Hal Vorse, an addiction treatment physician in Oklahoma City. “But the fact is, you’ve got five times as many people dying from prescription drugs as are dying from methamphetamine.”

Deadly medicine

State autopsy data shows the most prolific killers are the painkillers hydrocodone and oxycodone, often in combination with the anti-anxiety drug alprazolam.

In 2010, hydrocodone was a factor in 153 overdose deaths in Oklahoma, followed by oxycodone at 144 deaths, according to the Bureau of Narcotics and Dangerous Drugs Control.

Both are opioid painkillers, chemical cousins of heroin and morphine. Pain meds containing hydrocodone are marketed under the brand names Lortab and Vicodin. Oxycodone is the main ingredient in Percocet and OxyContin.

Alprazolam, marketed as Xanax, contributed to 139 overdose deaths.

Other prescription painkillers accounted for significant numbers of deaths. Methadone, used to help wean addicts off other narcotics, as well as to treat chronic pain, contributed to 99 overdoses. Morphine contributed to 85 and fentanyl to 53.

Nonprescription street drugs were noted in the deaths of 147 Oklahomans. Meth was present in 99 overdose victims and cocaine in 48.

The number of fatal drug overdoses in Oklahoma more than doubled in the past 10 years, climbing to 739 in 2010, according to the state medical examiner’s office. The number of drug overdose deaths was higher than the number of motor vehicle fatalities, which totaled 683.

Lethal cocktails

Nationwide, sales of opioid pain relievers quadrupled between 1999 and 2010, according to the Centers for Disease Control and Prevention.

More than half of all fatal overdoses involved a “cocktail” of several prescription drugs. Vorse said the combination of opioid painkillers with benzodiazepine tranquilizers such as Xanax and Valium is particularly deadly. Add alcohol to the mix, and it’s even more lethal.

“People need to know that if you mix benzos and opiates, you’re going to die,” Vorse said. “If that was general knowledge, we might save 100, 200 lives a year from that information alone.”

Darrell Weaver, director of the Bureau of Narcotics and Dangerous Drugs Control, said statistics suggest much of the medication shipped into the state is being diverted to abusers.

“I’m of the opinion that no Oklahoman should be in pain,” Weaver said. “But common sense dictates that some of this is not about pain, it’s about addiction.”

Nearly 240,000 Oklahomans — 8 percent of the population above age 11 — took prescription painkillers for nonmedical reasons over a 12-month period ending in 2009, according to a federal survey.

Oklahoma’s rate of prescription painkiller abuse was the highest in the nation. The state also ranks in the top 10 states for the number of overdose deaths per 10,000 people in the state and the per capita volume of prescription painkillers sold.

The survey determined that 55 percent of Americans who abused

AT A GLANCE

Drugs of abuse

The federal government’s list of controlled substances contains several hundred prescription drugs. But the Drug Enforcement Administration considers the following to be some of the more frequently abused substances. Schedule II drugs have accepted medical uses but also have a high potential for abuse and may lead to severe dependence. Schedule III and IV drugs have a lower potential for abuse but may still lead to dependence.

SCHEDULE II

Generic name	Brand names	Type
amphetamine	Adderall, Dexedrine	stimulant, ADD treatment
fentanyl	Duragesic patches	painkiller
hydromorphone	Dilaudid	painkiller
meperidine	Demerol	painkiller
methadone	Dolophene, Methadose	painkiller, opiate substitute
methamphetamine	Desoxyn	stimulant
methylphenidate	Ritalin, Concerta	stimulant, ADD treatment
morphine	MS Contin	painkiller
oxycodone	Percocet, OxyContin	painkiller

SCHEDULE III

hydrocodone*	Lortab, Vicodin	painkiller
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SCHEDULE IV

alprazolam	Xanax	anxiety relief
diazepam	Valium	tranquilizer
lorazepam	Ativan	anxiety relief
meprobamate	Equanil, Miltown	tranquilizer
zolpidem	Ambien	sleep aid

*When combined with nonprescription painkillers such as acetaminophen, pure hydrocodone is a Schedule II drug.

COMPILED BY: WARREN VIETH, OKLAHOMA WATCH
SOURCE: DRUG ENFORCEMENT ADMINISTRATION

prescription painkillers got them from a friend or relative at no cost. It said 17 percent had been prescribed painkillers by a single doctor. Only 4 percent got them from a drug dealer or other stranger.

Doctor shopping

Weaver's agency tracks the legal narcotics trade in Oklahoma with an online Prescription Monitoring Program. Under a provision that took effect Jan. 1, pharmacists must enter data for every controlled drug prescription within five minutes of filling it.

Doctors, dentists and other health practitioners are not required to check the database before prescribing controlled medications, but they are encouraged to do so. About 70 percent of the state's 17,000 prescribers and pharmacies currently participate, the bureau said.

The system is designed to flag patients who engage in "doctor shopping" by seeking multiple prescriptions from more than one physician.

The most brazen doctor shopper snagged so far is Keith Knox Simmons. In 2009, prosecutors accused the 28-year-old Blanchard man of obtaining 4,533 doses of prescription painkillers, mainly hydrocodone, from 195 different health care professionals and 105 pharmacies. He entered blind guilty pleas to eight counts of obtaining a controlled dangerous substance by fraud on July 1, 2010, in McClain County District Court.

Improvements?

Some state lawmakers say the Prescription Monitoring Program is not as effective as it could be. On Feb. 21, the House Public Health Committee endorsed a bill that would require Oklahoma physicians to check the database before prescribing controlled substances to new patients.

The legislation, House Bill 2468, also would place Lortab, Vicodin and other medications containing hydrocodone in a category of prescription narcotics subject to stricter controls.

If the bill becomes law, physicians would no longer be able to phone in hydrocodone prescriptions. Patients would be required to get a paper prescription from the doctor.

"Hydrocodone is the key. If you limit hydrocodone, the overdose deaths will go down, I guarantee it," said the bill's author, Rep. Richard Morrisette, D-Oklahoma City.

"I've seen it in my law practice," Morrisette said. "Most of my clients that got addicted to hydrocodone had back problems. Once they're addicted to the relief ... it's just overwhelming. They'll do anything to get it."

Not all lawmakers are convinced it's a good idea. Rep. Mike Ritze, R-Broken Arrow, a family practice doctor, voted against the bill. He said the benefits of stricter oversight need to be weighed against the legitimate needs of pain sufferers and the heavy workloads of physicians.

"The doctors know their practices. The doctors know who they're treating," he said. "I don't think we need another regulation to tell us how to treat our patients."

Sad conclusion

Carwithin, the Oklahoma City overdose victim, tested positive for several drugs, including alprazolam. She had a degenerative disk condition in her lower spine, authorities said, and she had been prescribed hydrocodone to help with the pain.

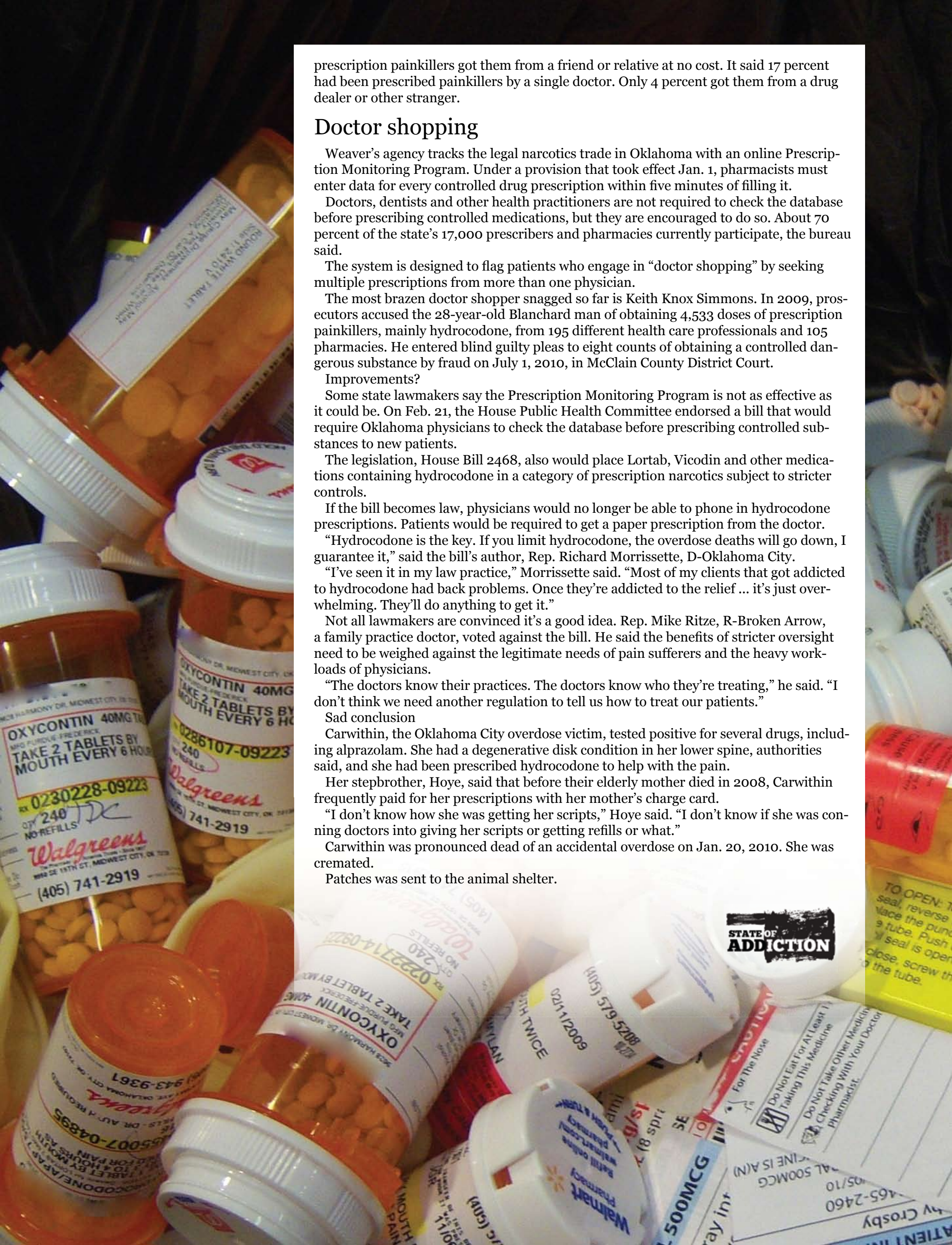
Her stepbrother, Hoyer, said that before their elderly mother died in 2008, Carwithin frequently paid for her prescriptions with her mother's charge card.

"I don't know how she was getting her scripts," Hoyer said. "I don't know if she was conning doctors into giving her scripts or getting refills or what."

Carwithin was pronounced dead of an accidental overdose on Jan. 20, 2010. She was cremated.

Patches was sent to the animal shelter.

STATE OF
ADDICTION



Genes play role in addiction, but they aren't only factor

By Andrew Knittle
Staff Writer

Genes play an important role in whether a person becomes addicted to drugs or alcohol, experts say, but they don't guarantee anything.

There are scientists studying the role of genes in addiction who believe that a single gene is not responsible for addiction. They say it's more likely the interaction of several genes, combined with other factors, which lead a person toward addiction.

Dr. Glen Hanson, a researcher with the University of Utah who studies genetics and its role in addiction, says that while some people are genetically prone to becoming an addict, it's not a given they'll become one.

"I think it's important to understand that because you're vulnerable doesn't mean it's inevitable," Hanson said. "It just says that you got to be careful and that if circumstances are right, the chances that you'll get into difficulty are greater than most people."

"It's important to appreciate those. Then we can use them to our advantage instead of those things working against us."

Hanson says there isn't a single gene that causes addiction to drugs and alcohol. He says researchers aren't sure exactly how many there are.

"This is a very complex genetic issue," he said. "It's not like there is an addiction gene, end of story. It's probably like there's 50 or 100 genes that can give you vulnerability under a variety of different settings or issues."

The different ways people react to drugs, individual decision-making abilities and what started a person drinking or using show that genes are involved, Hanson said.

"Why would you continue to use it even though you appreciate it could have some

serious negative consequences ... that's probably some of it coming from genetics," he said. "Some people are good at making decisions, even as teenagers."

Charles Joseph Shaw, a medical doctor who deals exclusively with addicts in Oklahoma City, said he's seen Hanson's theories on genes and addiction play out in real life.

"The genes always get you, in the end," Shaw said. "I see that all the time in my practice at St. Anthony's."

Shaw said one of the first things he asks a patient is whether they have any family members who struggle with addiction.

"It's amazing," he said. "Most all of them do. Sometimes it skips a generation, but if one or both of your parents has an addiction, you could have the gene, so to speak. That's why some people have to be careful while others can take it or leave it."

Brain interaction

Hanson said people become addicted to drugs and other substances because of the way they interact with the brain.

"Virtually all of the drugs of abuse have one thing in common, as

far as the neurobiology goes," he said. "Every one of them activates a dopamine system."

Dopamine is "a critical neurotransmitter in the brain, and it's associated with some very vital functions," Hanson said.

Pleasure and reward systems are two of those.

"If I were to wipe that dopamine pathway out of your brain, you'd never feel good, life would be rotten and you'd probably commit suicide," Hanson said.

Repeated use of the same drug can lead to a tolerance in some individuals, causing them to gradually increase their dose to achieve the desired effect.

And once the mind is hooked, the body soon follows in the form of withdrawal symptoms, which commence soon after an addict's last high begins to wear off.

Withdrawal from opiates, for example, can include "restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps and involuntary leg movements," according to the National Institute on Drug Abuse.

Because of the mental and physical characteristics of addiction, many scientists and other health authorities say it's a chronic, complex disease.

According to the institute's website, the disease typically begins to develop during adolescence.

An institute report states that during these key developmental years, a young person's brain is still in the final stages of growth.

"The prefrontal cortex — located just behind the forehead — governs judgment and decision-making functions and is the last part of the brain to develop," the report states.

"This may help explain why teens are prone to risk-taking, are particularly vulnerable to drug abuse, and why exposure to drugs at this critical time may affect propensity for future addiction."

Studying relationship

Hanson said scientists are studying the relationship between genes and addiction because there are roughly 100 genes associated with addiction.

"This means that the cause can vary from person to person," he said. "If we know what the cause is, we can be more selective with our treatments and likely more effective."

Another reason scientists and researchers are studying the link between genes and addiction, Hanson says, is to allow medical professionals to be more proactive when dealing with drug and alcohol addiction.

"It is likely that this information would make our prevention strategies more targeted and more likely to succeed," he said.

Scientists also are studying addictive behavior in mice to help identify which genes are involved in the process of becoming addicted.

Mice and humans are very similar, genetically, and mice exhibit varying levels of addiction in lab tests.



Dr. Glen Hanson





Decades of addiction take a toll

By Warren Vieth
Oklahoma Watch

Forrest Coin had been drinking and drugging for decades before he decided to give it up a few weeks ago.

Through the years, addiction to alcohol, pills and “just about anything I could get my hands on” landed him in drug treatment programs five times with no success.

Coin started drinking as a teen, eventually working his way up to intravenous drug use. Alcoholism, he said, runs in his family, and “alcohol always seemed to be involved.”

“I sought help after an overdose in 2003, but that didn’t take,” he said. “It was a short-term program at a hospital, but I never followed up.”

At 40, Coin’s addiction has cost him a lot through the years.

His marriage is headed for divorce, and he says his relationship with his daughter and stepson is “stressed because of trust issues.”

During the past decade, like so many other Oklahomans, Coin had become addicted to opiate pain medications.

“I was bad,” he said. “I knew I was going to end up either dead, in jail or in an institution.”

Then, things got better ... after nearly three decades of substance abuse.

Coin believes a 12-step program is shaping up to be his salvation.

Clean for roughly three months — his longest stretch of sobriety since he was a teen — the longtime user credits the process of “working the steps” for his success.

“I just started listening to my doctor and my therapist,” Coin said.

“I just grew tired of being the way I was. Through therapy, I’ve learned to face my life and what’s happened to me in the past.”

Coin said he believes events and circumstances from his childhood have contributed to his addiction, making it worse as he grew older.

Dealing with past

Dr. Charles Shaw has been treating Coin during his sobriety. The doctor runs a small outpatient drug treatment center in Oklahoma City and also works for a major hospital doing the same thing.

Shaw said addicts who don’t deal with their pasts often make things worse for themselves.

“Addiction is shame-based,” he said. “That’s why it’s such a hard disease to treat.”

Coin says he’s starting to let some of those things go now. He’s also letting go of any resentment, which Shaw says addicts feel when they realize they can’t drink or use drugs without losing control.

“At this moment, I have let go of that resentment,” Coin said. “That’s step four.”

Moving forward

Relapse, which is a part of the recovery process, is a fear for Coin.

Every time an addict relapses, he said, “It does get worse.”

“It’s a daily fight, and I’m working every day on preventing relapse,” Coin said. “But I think if it does happen, now, yes, I think I have the tools to do something about it.”

As for the future, it’s the old saying you’ll hear a lot in the



Dr. C.J. Shaw, an addictionologist, right, and Forrest Coin

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FORREST COIN

world of recovery and addiction:

"Life happens a day at a time," Coin said. "I have high hopes for the future and I want to be a productive member of society. But it's a challenge, where I'm at right now, just to get through the day."

Shaw said successful patients are those who get into a routine that involves a heavy dose of "meetings," such as Alcoholics Anonymous groups, and working the program.

"You have to be able to look at yourself and accept who you are," Shaw said. "The meetings ... your sponsor ... are there to help you through the rough times."

Coin, who says he gets some kind of drug counseling nearly every day, believes he'll need help well into the future.

"I was dreaming about it a lot, at first, but the urges have subsided dramatically," he said.

"I have new friends, new supporters and just a whole new network of people.

"But even having all that, I think I'll probably have to do this for the rest of my life."



Drug abuse costs employers an estimated \$276B a year

By Jennifer Palmer
Business Writer

The numbers are staggering: Drug abuse is estimated to cost U.S. employers \$276 billion a year, and three-fourths, or 76 percent, of people with a drug or alcohol problem are employed.

Employees coping with drug and alcohol abuse are less productive and more likely to waste time at work by taking long lunch breaks, leaving early or sleeping on the job. They have increased health care expenses — costing their employers twice as much as other employees, according to the Substance Abuse and Mental Health Services Administration. And they are three and a half times more likely to be involved in a workplace accident.

But replacing a worker costs 25 percent to 200 percent of their annual compensation, not to mention the loss of institutional knowledge, service continuity and co-worker productivity and morale that often coincides with employee turnover, the administration said.

Drug testing and implementing a company Employee Assistance Program (known as EAPs) are two ways employers control costs related to substance abuse.

Amendments to the Oklahoma Workplace Drug and Alcohol Testing Act aim to give employers more latitude in drug testing employees and reduce their cost of unemployment insurance by denying claims to former workers who were let go for failing a drug test.

The legislation took effect in November. Former state Rep. Dan Sullivan, one of the bill's authors, said the idea was to streamline the drug testing process for employers and make it easier to manage.

"We wanted to make sure we protected employees ... but also make it simpler for employers to implement," he said.

Previously, employers could subject an individual worker to drug testing if the employer had reasonable suspicion. The amendments implemented "for cause" testing, expanding the circumstances leading to a drug test, including negative performance patterns and excessive or unexplained absenteeism or tardiness.

Sen. Patrick Anderson, R-Enid, who co-authored the bill, said drug testing employees is a "huge safety issue."

According to a 2009 report by the National Business Group on Health, up to 40 percent of industrial fatalities and 47 percent of industrial injuries are linked to alcohol use, and employees who use drugs are five times more likely to file a workers' compensation claim than workers who don't.

Assistance programs

At the beginning of 2010, Oklahoma City-based Chesapeake Energy Corp. implemented a companywide program called "Your Life Matters" to help its employees cope with drug and alcohol abuse. The company had a medical plan but decided it could do a better job providing resources and removing the stigma of mental health.

"We wanted our employees to know it's OK to get help," said Lorrie Jacobs, Chesapeake's vice president of compensation and benefits.

Through a partnership with its EAP provider, the energy company developed a free program for Chesapeake employees and their families. It signed up celebrities such as retired NBA player Desmond Mason, actor Rob Lowe and Dr. Drew Pinsky to volunteer to star in informational videos and headline events attended by employees.

"A lot of employees started to talk about the family members in their life. When we talk about cost, we often assume the employee is the drug addict," adds Colleen Dame, Chesapeake's director of wellness. "But we also need to think about family members — they miss work or are distracted at work because of all the chaos going on (at home)."

The program has been well-received. In 2011, there were more than 1,700 phone calls to the EAP. A webpage dedicated to the "Your Life Matters" program received 16,000 hits. (Chesapeake has more than 12,000 employees.)

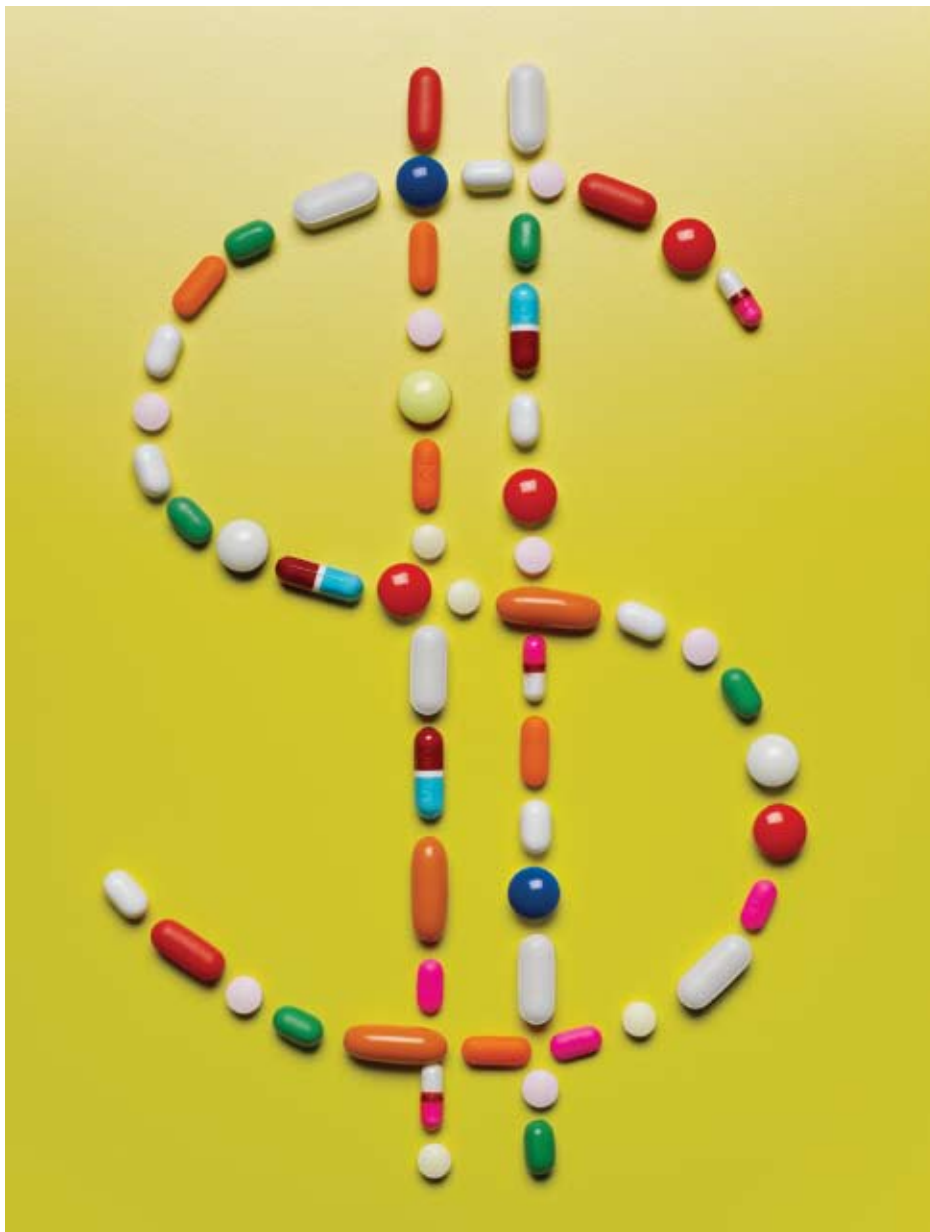
Offering employees the help they need to cope with drug abuse reduces their time away from work and keeps them more focused on their job, Jacobs said.

Agencies point to Chesapeake's program as an example of a

successful workplace program, but it's clear employers could use additional resources to come up with their own programs.

An Oklahoma Governor's and Attorney General's Blue Ribbon Task Force in 2005 recommended that the state Labor Department develop comprehensive educational and training programs addressing mental health, substance abuse and domestic violence issues in the workplace, including certification awards for employers who offered the training and EAPs.

When contacted last month, Labor Department spokeswoman Liz McNeill said the department was not aware of the recommendation, and training programs weren't created. McNeill said the recommendation was made under the administration of former Labor Commissioner Brenda Reneau, who didn't make division directors aware of them.



Woman finds way to help

Sue Henson introduces two clients to each other as she helps one of them find an apartment.



By Ginnie Graham

Tulsa World

TULSA — Days into detox, Sue Henson didn't think she was an addict. "I was not prostituting," she said. "I was not stealing. So I thought I wasn't an addict. That's for people who are criminals." When she entered detox, her plan was to get just healthy enough to return to her old habits. She had prepaid for her heroin, and the dealer promised to hold the drugs for when she was released.

After seven days and just one shy of being released, Henson listened to some addicts talk about their recovery from cocaine abuse. "I had a spiritual experience," she said. "I thought, 'Oh my God, I am one of those people. I am sick. I need help.' I got on my knees and prayed. I didn't know what I needed to do, so I prayed."

The next day, a treatment bed opened up at the non-profit 12&12 treatment program, giving her the continuum of services she needed, including finding transitional living and helping create a plan for support systems once she left.

"Anybody can get sober, but being in recovery is another matter," Henson said. "That is where serenity starts. My mind was always moving. I've learned to take today as today and take my moments."

It has been almost 18 years since Henson entered detox, and she has been free of all substances since that time. Henson now mentors some of Tulsa's most difficult addicts as a team leader in the apartment program for the Mental Health Association of Tulsa.

Many of those she helps come directly from the streets or shelters and have diagnoses of mental illness and addiction.

Henson uses a bit of a bad cop attitude with a dash of mother hen and heart full of empathy and determination.

"People make mistakes or don't do or say the right things and you have to allow for that," Henson said. "You have to do that, or they will end up homeless or addicted again. I give some tough love, and I can sure talk to them the way they are used to hearing someone talk. I'm not going to use words they don't understand." No one has ever thrown Henson a story or reaction she couldn't handle. She laughs off the occasional threat and knows how to handle someone teetering on the edge of violence.

"You don't know when someone is going to get it and make up their mind to change their life," Henson said. "You can't tell someone they are an addict or alcoholic. They have to accept it. It's such a spiritual thing. It has to come from a good, clear place."

Many have changed their ways and continue to check in with Henson periodically.

"It's amazing to think of how many people she has helped," said associate director Gregg Shinn. "There are so many people out there now functioning in our community because of her."

Henson's descent into addiction began about age 10 when she started taking her mother's prescription painkillers. She moved into booze and eventually heroin. She lost her marriage, son and family relationships. She always held down a job and sometimes two, fueled by uppers and downers to maintain her schedule.

"I worked so I could do drugs. I didn't know that at the time though," Henson said.

Lying became part of her daily life in manipulating people and situations to gain drugs.

"The breaking of not having to lie was huge to me and transformed my entire life," Henson said. "Part of good recovery is being honest and face those things and not repeat them and be stuck in the disease. I didn't want addiction to be part of what I am."

Henson's father was a moonshiner in Tennessee and died when she was 8. Her mother died when she was 14.

"I thought everyone's mom came home from work and drank Jack Daniels and passed out," she said. "To me, that was normal."

Early in her recovery, she brought her



Sue Henson listens to a case manager at the Tulsa Day Center for the Homeless.



Sue Henson talks with a client during a regular visit to her home at an apartment complex.

son into therapy.

"I wanted him to know he wasn't alone," Henson said. "I was trying to preserve that relationship."

Henson warns against complacency in recovery. She said a person should approach it with the same gusto as the addiction, meaning if a person used every day then a meeting should be attended each day. Henson remains vigilant about going to support meetings and watching for triggers to her addiction.

"By remaining clean and sober, I'm able to help others. Everyone is unique, and sobriety and recovery is the same way."



Terri White

State agency asks for \$144 million for addiction fight

By Ginnie Graham
Tulsa World

Terri White's wish list for her agency is contained in an ambitious 10-point budget request that would cost the state an additional \$144 million if everything were to be filled.

The director of the Oklahoma Department of Mental Health and Substances Abuse Services rattles off the state's dire statistics and national standings in addition, health and treatment.

That includes being No. 1 in illegal use of prescription painkillers, No. 21 in methamphetamine addiction and in the top tier regionally in people who need substance abuse treatment and don't get it.

White speaks like a physician when explaining how body chemistry varies in reaction to drugs and alcohol and how mental health and addiction are no different from heart disease or diabetes.

She ties it all to broader community issues such as child neglect, workforce readiness and education performance.

"We have to invest in prevention and education," White said. "We underfund the system for treatment and prevention. We know the younger someone uses, the longer they are going to be dependent. There is brain science behind this."

The agency's current budget of \$289.8 million includes state, federal and all other grants to the department, and the total is down 11 percent since 2009.

The state's portion of the budget has also decreased by 11 percent since 2009, from about \$209.5 million to \$187.2 million. Funding for substance abuse programs, both state and federal, has fallen by 21 percent.

The budget request holds nothing back, asking for money to expand on current programs and implement others that are needed to fill service gaps.

Just to maintain services will require an additional \$16.8 million in the next fiscal year.

The requests are listed in the order of priority for the agency, White said. But she quickly adds that all are linked and that no one item will solve the problem.

"We need all of these," she said.

The largest item is the Smart on Crime initiative, which is a com-

prehensive approach to lessen the prison population by offering more mental health and substance abuse treatment opportunities.

Elements are in place somewhere in the state, where outcomes have been evaluated. Some aspects, such as drug courts, are more common, and others, such as conducting mental health and substance abuse screenings during jail bookings, are less known.

To expand all the programs statewide would cost about \$105.1 million.

Reaching kids

Prevention includes educating youths about the dangers of using drugs and alcohol, including that one in 10 people have a trigger that leads to substance abuse, White said. The budget request includes \$500,000 to work with law enforcement on preventing alcohol sales to minors.

Agency officials say underage customers consumed 20 percent of all alcohol in the state in 2009, totaling \$250 million in sales.

"Drinking as a rite of passage is not OK."

For youth who do become addicted to substances, the state has few resources.

For several years, support for a partnership to address children's behavioral health has been in place among key agencies, but a lack of funding has prevented starting any specific programs.

The request includes \$8.9 million to implement treatment programs for children and teens through a coordinated effort of several agencies.

The children's coordinated budget includes prevention and education programs targeting suicide and underage drinking, residential treatment, expansions of local systems of care and workforce development.

Sprinkled throughout White's discussion of budgets, science and public policy, she stresses the need for understanding.

"There is still a stigma of mental illness and addiction," she said.

"Until we break that stigma, we are not going to make the impact we need."



Grandmother credits drug court as lifesaver

By Cary Aspinwall
Tulsa World

TULSA — A second chance at drug court saved Marsha Patton's life. Patton, 51, started taking prescription pills for pain and stress and, within a period of five years, ended up a heroin junkie.

The Broken Arrow grandmother of two worked in banking and catering before drugs took over her life and landed her in prison. Addiction was never part of her life plan.

Community sentencing courts have helped thousands of nonviolent Oklahoman offenders get treatment and stay out of prison.

Patton has been clean for 2½ years now, but she struggled with addiction over the past 20 years. It was the five or six years before she got sober that were the worst.

She was always an addict, but it was a messy divorce that served as her trigger.

In the past, she'd worked as an assistant vice president of a Tulsa bank. But she wanted a change, so she started working in restaurants,

something she had done when she was younger. Her doctor had prescribed pain pills for her, and she liked taking them.

Some of her younger co-workers at the restaurant suggested that she might like the pills even better if she crushed them and injected them, scoring a faster, more direct high.

She bartended, but alcohol was never her drug of choice. She preferred opiates and benzodiazepines.

State is rated among top abusers

Recent reports by the U.S. Department of Health and Human Services place Oklahoma among the top states for use of pain relievers for nonmedical purposes.

For 2008-09, Oklahoma had the highest percentage of residents age 12 or older using pain relievers for nonmedical purposes.

Addicts who prefer to crush and inject the pain pills soon learn that it can be an expensive habit.

Prescription pills are more expensive on the street, so over time,



Marsha Patton gets her hair 'styled' during playtime with her granddaughter Taylor Hurst, 4, at her daughter's home in Broken Arrow.

heroin became a cheaper option for Patton.

She was hooked.

She sold her condo and most of her possessions to fund her drug habit and lived in a house with a guy who dealt drugs.

She didn't see much of her daughter, a nurse, or any other family members. She missed the birth of one of her grandchildren.

"I stayed completely away from my family," she said. "Pretty much when you get in that world, you drop off."

She hit bottom in 2009 when she was arrested twice in a period of a few months. She was awaiting trial on one set of drug possession charges when she was arrested again.

A Tulsa County judge gave her one last shot at drug court. Her attorney said she had better take it unless she wanted to spend some serious time in prison.

About 4,100 active participants

Oklahoma has 60 operational community sentencing courts in 73 counties, according to the Oklahoma Mental Health and Substance Abuse Services.

The state has 45 adult drug courts — three of those have a veteran's docket — 10 juvenile courts and five family courts. As of January, there are 4,090 active participants. Counties without any alternative courts are Pawnee, Beaver, Texas and Cimarron.

The cost of incarceration of a person for a year is about \$19,000, compared to \$5,000 per participant in a year of drug court, according to the mental health and substance abuse agency.

Tulsa drug court secured Patton a bed at a facility called 12 & 12 for detox and substance abuse treatment, although she had no health insurance. Family & Children's Services provided her with addiction counseling, and she now has about six months left on her plea agreement.

She still has to take drug tests about six to eight times per month, and if she completes the program successfully, she has a chance at getting her felony convictions expunged from her record, which would improve her future job prospects.

Her family has been supportive since she entered rehab, and Patton is looking at going back to school because she'd like to consider becoming a counselor to help other addicts.

"The hardest part has been my guilt," she said.

She regrets hurting her daughter and not being there for her grandchildren when they were born. She lives with them now. She's talked about moving out on her own, but her daughter is afraid she might start using again.

"I don't think you can ever earn back someone's trust 100 percent," Patton said.

Being a junkie was actually quite lonely, she said.

"I had no friends, no social life. I had to let go of everything I had known for five to six years," she said.



6 OUT OF 10 CASES WERE LINKED TO DRUGS, ALCOHOL

Review of one day's court filings tells story of addiction

By **Ziva Branstetter**, Tulsa World
And **Tim Willert**, Oklahoman Staff Writer

From the 21-year-old woman hooked on pain pills to the 72-year-old man arrested in the sale of them, the stories of drug and alcohol addiction are woven throughout the court filings in Oklahoma's two largest counties.

Of all felonies filed in Tulsa and Oklahoma counties on a single day chosen at random, six out of 10 were linked to drugs or alcohol, a review by the Tulsa World and The Oklahoman shows.

The World and The Oklahoman reviewed records of all felonies filed on Jan. 24, 2011, in both counties to determine which cases had some relationship to drug or alcohol abuse.

Out of 62 felony cases filed in the two counties on that day, 38 people were either charged with crimes directly involving drugs or alcohol, used substances while on probation or deferred sentences or committed crimes while under the influence.

Nearly all of the 38 people had been convicted of prior crimes. Several had been kicked out of drug court or sober living programs while others committed new crimes after they had been granted deferred sentences.

A Tulsa County case involved a man charged with drug possession who tested positive for amphetamines, cocaine, marijuana,



barbiturates, benzodiazepines, PCP and ecstasy. An Oklahoma County woman charged with selling pain pills sat in a lawn chair holding a child while doing business over the phone, court records state.

Defendants spanned all races and classes, though the majority were white and male.

Doug Drummond, first assistant district attorney for Tulsa County, said the figure is actually lower than what his office experiences.

"I would estimate 80 to 90 percent of our cases, including homicides and robberies, involve some link to illegal drugs or alcohol," Drummond said.

"Most of the murders and robberies in Tulsa County have some kind of nexus to drug use or trying to obtain or sell illegal drugs. They may be taking drugs or alcohol when the crime is committed. Victims are robbed and burglarized because someone is trying to support his or her drug habit."

Drummond said victims often get lost in the discussion about the relationship between substance abuse and crime.

"They are the ones who are hurt, either physically, emotionally or financially, by all of this, and no one seems to care," he said.

Scott Rowland, first assistant district attorney for Oklahoma County, said prosecutors try to determine motivations for crime when deciding how to handle cases.

"We try to see if it is an economic-motivated crime or an addiction-motivated crime," he said.

Rowland said people who possess drugs for personal use are not likely to wind up in prison, especially on first offenses.

"Contrary to popular belief, you have to work pretty hard to go to prison for possession of drugs in Oklahoma," Rowland said. "There are some who believe our prisons are full of simple drug possession cases. ... They're more likely to go to prison for (possession of drugs with) intent to distribute."

Drummond said drug court is an option prosecutors consider in cases where defendants are good candidates for treatment. All but four Oklahoma counties now operate drug courts, programs in which defendants undergo drug testing, treatment and abide by other requirements in order to avoid prison.

Drummond said prosecutors consider prior offenses, whether violence was involved and input from victims when making recommendations about drug court.

Here are selected details from reviewed Oklahoma County cases with links to drugs or alcohol filed on Jan. 24, 2011. All information is taken from court and law enforcement records and ages are at the time charges were filed:

Vonik Tonianse

A bad headlight helped seal the fate of Tonianse, 26, who was pulled over by Edmond police on Jan. 8, 2011. A search of the car revealed a half pound of marijuana, Xanax bars, ecstasy tablets and related drug paraphernalia. Police also found a sawed-off shotgun with no serial number.

In August, Tonianse pleaded guilty in Oklahoma County to seven felonies, including possession of marijuana and ecstasy with intent to distribute and possession of a firearm, and he was sentenced to 12 years in prison. He was sentenced in conjunction with two other drug-related cases, court records show.

"It does not appear there were any significant factors, other than the defendant's own substance abuse, that influenced his current criminal behavior," according to a pre-sentence report.

Gary Pannell

Pannell, 53, was charged with armed robbery. He confessed to robbing a grocery store after he was caught on surveillance video pointing a semi-automatic pistol at a clerk.

Pannell pleaded guilty in November and was sentenced to seven years in prison. In a letter to the judge, Pannell said his drug habit had overtaken his life and requested treatment for his habit instead of prison time.

Diane Campbell

Campbell, 59, was charged with two counts of distribution of a controlled dangerous substance (OxyContin, Lortab) and one count of conspiracy to distribute. Police observed Campbell, 59, selling pills to an informant.

On one occasion she was sitting in a lawn chair holding a child while doing business over the phone, a probable cause affidavit shows. Campbell pleaded guilty as part of a plea agreement with prosecutors and received eight-year deferred sentences on each count, according to court records.

Jerlean Brown

Brown, 51, was charged with possession of a controlled dangerous substance with intent to distribute after police recovered 460.7 grams of marijuana from a house she attempted to run from. Brown pleaded guilty and received a 10-year deferred sentence, despite a 2009 conviction for drug possession.

Deyonco Frederick

Frederick, 35, is no stranger to law enforcement in Oklahoma County, where he has a prior felony conviction and three other felony cases pending, court records show.

All four cases are drug-related, including a cocaine trafficking charge filed Jan. 24, 2011. Frederick and two co-defendants were charged in connection with a drug buy by a confidential informant, police reported.

Frederick also was charged with possession with intent to distribute, possession of a firearm, possession of proceeds from the sale of drugs and possession of paraphernalia. He is awaiting trial.



BY THE NUMBERS

JAN. 24, 2011, FELONY CASES

Felony cases filed in Oklahoma and Tulsa county district courts on Jan. 24, 2011

- Total felonies cases filed in both counties: 62
- Drug or alcohol links: 38
- Men: 42
- Women: 20
- Oldest: 72
- Youngest: 18
- Most common charge: possession of controlled drug with intent to distribute

HOW TO GET HELP

ONLINE

Find help for those in need in "know it: Addiction," one of NewsOK.com's online communities. The "know it" features local columnist Dr. Charles J. Shaw, syndicated columnist William Moyers, blogger Spencer Mellow and various other resources. Go to **knowit.NewsOK.com/addiction-oklahoma**. In addition, blogger Pat Nichols offers help for parents who have a child battling addiction. His blog can be found at **blog.NewsOK.com/knowit**.

Funding cuts hamper addiction treatments

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES HAS SIX-MONTH WAITING LIST

By Ginnie Graham And Curtis Killman
Tulsa World

While Oklahoma tops the nation in nonmedical use of prescription painkillers and remains high in meth and alcohol addiction, the state agency charged with addressing those problems has suffered severe budget cuts.

When residents without health insurance ask for help, many are forced to wait nearly six months.

"When someone comes to ask for treatment, we need it at that time," said Terri White, director of the Oklahoma Department of Mental Health and Substance Abuse Services.

"By the time there is a bed available, we often call and can't find the person because they have moved on, the person has committed a crime and is sitting in jail or worse — losing them to an overdose or suicide."

Since 2009, funding to the agency has been cut by 11 percent — from \$326.3 million to \$289.8 million.

State and federal appropriations for substance abuse programs has decreased 21 percent — from \$87.6 million to \$69.5 million.

This has reduced funds to at least 70 private providers by more than \$3.5 million, forced the merger of a Norman substance abuse treatment center with a children's recovery center, and closed several programs, including a co-occurring unit at the Tulsa Center for Behavior Health, an enhanced residential treatment unit at Central Oklahoma CMHC and a unit at Griffin Memorial Hospital.

A total of 95 treatment beds were lost.

Cuts last year added at least 1,200 Oklahomans to the nearly 1,000 already on the waiting list for treatment.

Oklahoma's mental health and substance abuse agency served 16,865 adults during fiscal year 2011 in substance abuse and alcohol treatment programs — ranging from detox to transitional living. Of those, 80 percent were in outpatient care.

Patients qualifying for government services have incomes within 200 percent of the poverty line and are not eligible for Medicaid.

"Our system is to help the most vulnerable — those with no means to pay, those working but without insurance and cannot afford services," White said. "But we are only able to serve about one-third of them."

Addiction help





Lindsey Arias is one of the thousands of Oklahomans with little or no health insurance who needed addiction help.

“Addiction is a two-way street,” said Arias, who was addicted to prescription painkillers.

“People don’t know what to do or how to get out of it. We need to get access to a program to know how to make our own choices again.”

The 34-year-old mother of three found a spot at a government-funded bed at Tulsa’s 12&12 center and has graduated into a grant-funded transitional living program.

“Who would want to be this way?” Arias said. “I saw this as my last shot to get it right. I’m halfway there. This has helped me make the right decision, regain control of my choices.”

‘We can’t do anything’

After being offered a Lortab — prescription hydrocodone used to treat pain — by a co-worker on a construction work site, a Tulsa man started craving the energy it gave and ramped up his usage.

Justin now spends \$300 a week for at least 70 opiate pills.

He has a full-time job as a machinist, has custody of his elementary school-aged son and has been waiting five months for a spot in a government-funded bed for detox and treatment.

“There’s a euphoric feeling with it, but now there is absolutely no euphoria,” he said. “Now, it just levels me out to function.”

Justin’s last name is being withheld because of his fears of losing custody or his job because of drug abuse.

He is not alone in his wait.

Officials say that between 600 to 900 residents a day are on the waiting list, which they claim is a conservative number. On Thursday, 1,730 Oklahomans were waiting to enter a treatment program. That number includes duplicates, or individuals waiting on several lists.

About 1 in 10 on the list are adolescents.

Federal guidelines require pregnant women and intravenous drug users to get priority in government treatment beds.

“It is a terrible way to get health services,” White said.

“The idea of what we are doing is pushing the consequences to other, more expensive parts of our system. Can you imagine what would happen if this was our system for treating heart disease?”

Of the 10 people who supply Justin with the prescription pills, at least seven are elderly women.

The women are aunts or grandmothers of friends who sell their medications, usually covered by Medicare, to supplement their income.

For help, he went to the nonprofit Counseling and Recovery Services of Oklahoma in Tulsa.

Although he works at least 40 hours a week, he has no insurance and does not qualify for Medicaid.

“What’s available to him? Nothing,” said Tom Boone, substance abuse services program director at the nonprofit.

“I wish I could solve all the problems on an outpatient level, but until we get him into detox, we can’t do anything.”

Justin said he has tried to quit on his own at least 25 times.

The longest he has gone without a pill is a little more than one week,

but the time lapse before pain sets in is about a day.

“It’s like every muscle cramps up, and my eyes water so bad I can’t see,” he said.

“My legs feel like they weigh 300 pounds. I end up using again. Within 20 minutes of taking a pill, the pain goes away.”

Some family members know about his addiction, but he keeps it hidden from his son and everyone else. His ex-wife is also addicted to prescription painkillers.

“I know I have a problem,” he said.

“I can’t go on spending this kind of money. I’ve bought pills instead of buying groceries.”

Justin checks in with the nonprofit agency periodically to see about any openings.

“I really believe one day I will quit,” Justin said. “I need the right kind of help. I want to be the best person I can be, and I’m at 50 percent of that now. I feel like I’ve been wasting time, and my son deserves better than that.”



BY THE NUMBERS


STATE-FUNDED SUBSTANCE AND ALCOHOL ABUSE TREATMENT

- **16,865:** Number of adults provided a treatment service
- **417:** Average age of adult receiving a service
- **58:** Percent males
- **74:** Percent white

DRUG OF CHOICE

- 36 percent (5,703) said alcohol was primary drug.
- 21 percent (3,432) said marijuana was primary drug.
- 19 percent (3,085) said meth was primary drug.
- 10 percent (1,573) said opiates were primary drug.
- 5 percent (794) said cocaine was primary drug.
- 5 percent (723) said amphetamine was primary drug.
- 3 percent (507) other.
- 1 percent (172) said benzodiazepine was primary drug.

SOURCE: OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES DATA, FISCAL YEAR 2011

A person with short, dark hair is shown in profile, looking out of a window. The scene is dimly lit, with a strong blue tint. The person's face is partially illuminated by light coming from the window. The background shows the window frame and some blurred outdoor elements.

Insurance can place a major obstacle for addicts seeking private treatment

By Andrew Knittle
Staff Writer

Private treatment programs for substance abuse have the potential to be more successful than their state-run counterparts, but some say there's a massive obstacle sitting in the way.

Dr. Charles J. Shaw, a medical doctor who deals exclusively with addicts, said insurance companies rarely cover extended stays in substance abuse treatment programs.

The problem with that, Shaw said, is that longer stays in treatment result in higher rates of success.

"There's no question," he said. "The longer you stay the better."

Shaw, who has treated more than 100,000 drug addicts and alcoholics during the past 23 years, has his own practice in Oklahoma City and also works at a major hospital. In addition, he writes a column that can be found on knowit.NewsOK.com/addiction-oklahoma.

Shaw said most of the patients he sees are struggling with addiction to opiates, and the individuals seem to be getting younger and younger.

Some insurance companies won't pay for opiate abuse treatment, Shaw said.

"And I'm talking about good insurance companies, but that's their policy," he said. "Most of them will allow for alcohol ... because it's been around longer, I

guess, and it's kind of written in so to speak."

If insurance companies do agree to pay for treatment, Shaw said, it's usually "just for a couple of days of detox, which just isn't enough time for many of these addicts."

Nicole Amend, a spokeswoman with Blue Cross Blue Shield of Oklahoma, said the state's largest health insurance company covers extended stays in drug treatment centers "when medically necessary."

And as for discriminating against patients based on their age and drug of choice, which Shaw said some companies are doing in Oklahoma, Amend offered a statement.

"When seeking treatment for an addiction, behavioral health coverage is not dependent on either the member's age or the type of substance addiction," she said. "However, the type of substance and the member's age may impact the appropriate treatment option available."

Harold Pollack, a professor at the University of Chicago familiar



Dr. C.J. Shaw, addictionologist.

with the issue, said insurance companies have long "clamped down" on things like long-term drug and alcohol treatment stays.

"That's one of the major ways those companies control costs, by scrutinizing inpatient care. It's no secret," he said. "On the one side, there are cases when people have been over-treated, especially adolescents or young patients, but the downside is that many people who legitimately need treatment aren't getting it."

He also said one explanation for the rise in refusals reported by Shaw is the size of the painkiller epidemic in the United States.

"There are just more and more people with these issues," Pollack said. "So, you're going to see more and more people get turned down, depending on their health care coverage."

Shaw, who is a recovering alcoholic with 28 years sobriety behind him, said insurance companies should pay for longer stays because they are more effective and could save the very same companies money in the long run.

"They're going to pay sooner or later, when the person gets sick," Shaw said. "And they will get sick, they will overdose, they will end up in the emergency room."

Inpatient vs. outpatient

For recovering drug addicts and alcoholics, Shaw said inpatient, residential facilities "win hands down, every time" when compared with the outpatient variety.

"A 30-day treatment plan, that's the best," he said. "If you were to come to me and say, 'I have a problem with pills or I got a problem with alcohol or whatever,' I would say you need a 30-day program, especially if you've relapsed before this."

"So, what's magical about a 30-day program?" Shaw said. "It's just repetitive. That's what does it. You can soak it up more in 30 days, it's just that simple."

Insurance companies don't take this into consideration, Shaw said.

"A reviewer will call up on Mr. X and say, 'Well, he's been in there three days, he ought to be detoxed now, you need to send him home,' " Shaw said. "And I can say, 'Well, he doesn't have this, he doesn't have that, he's not ready to be discharged right now.' "

Shaw said pleading with insurance reviewers to show compassion for an individual policy holder is "pointless."

"They don't care," he said. "They'll say, 'It doesn't make any difference, you've got to discharge him today.' It's all about the expense you see."

Shaw said outpatient drug treatment programs are far more numerous than inpatient facilities, especially here in Oklahoma. He said they're cheaper to operate and less expensive for patients.

"I think the recovery rate with what we do now, with detox of, let's

say, five to seven days, is probably 5 to 10 percent," Shaw said. "And that's max. People can say what they will, but I see it every day."

Shaw said that 30-day treatment stays, from his experience, result in success rates of 20 to 30 percent. Longer stays, he said, can reach success levels of up to 40 percent.

"But that's hard to say," Shaw said. "That's just 23 years of experience speaking, so take it as you will."

Reliable statistics on the efficacy of private drug and alcohol treatment centers aren't available.

Rick Rawson, an addiction researcher at UCLA, said the lack of data is beginning to hurt private drug treatment centers.

"I can tell you that one of the factors that has contributed to this trend is that there is very little empirical evidence about the effectiveness of the 30-day rehabs," Rawson said.

"The rehab industry has been extremely resistant to self-examination or to outside independent evaluation."

More people need care

Terri White, commissioner of Oklahoma's Mental Health and Substance Abuse Services, said there is a shortage of treatment services.

"On any given day there are 600 to 900 Oklahomans who are in need of a residential treatment program, but cannot get in because every bed is full," White said.

"Many of these individuals who are forced to wait become further consumed by their illness and end up becoming sicker and more vulnerable to the negative consequences that await ... lost jobs and lost families, criminal behavior, incarceration, injury and death."

"Many Oklahomans are without insurance or do not have health insurance that adequately covers substance abuse services for themselves or their family," she said.

White said budget cuts in recent years have exacerbated the issue, especially with the onslaught of the prescription drug epidemic.

"Access to treatment services must be a priority if we are going to help these individuals and their families, but early intervention and prevention efforts to help stop the disease before it starts must be, as well," she said.



AT A GLANCE

HOW TO GET HELP

The state Mental Health and Substance Abuse Services Department maintains a reach-out hotline for people seeking assistance with substance abuse problems.

● **Phone number:** (800) 522-9054.

● **Website:** http://ok.gov/odmhsas/Substance_Abuse/index.html.

ONLINE

Find help for those in need in "know it: Addiction," one of NewsOK.com's online communities. The "know it" features local columnist Dr. Charles J. Shaw, syndicated columnist William Moyers, blogger Spencer Mellow and various other resources. Go to **knowit.NewsOK.com/addiction-oklahoma**. In addition, blogger Pat Nichols offers help for parents who have a child battling addiction. His blog can be found at **blog.NewsOK.com/knowit**.



Lindsey Arias sorts through pictures and mementos as she moves out of one room at 12&12 Inc. and into a new room and a new program at the same facility in Tulsa

With no insurance, Tulsa woman finds getting treatment isn't easy

By Ginnie Graham
Tulsa World

TULSA — About six months ago, Lindsay Arias packed all her belongings into a bag to camp out at the 12&12 front office until she got help.

She had no job or health insurance and all her relationships were on burned bridges.

But the 34-year-old mother of three was turned away. Counselors said to try back in a week and maybe a government-funded bed would be available.

"I wanted to die," Arias said. "I had nowhere else to go. I felt like this was my last chance."

While waiting, Arias kept using prescription drugs. She did return in seven days and lucked into an open spot.

"I thought I had a week left to party, but I knew I was going in," she said. "It got to the point where every day I would wake up, see the light coming through the window and panic would set in. I would drink or

use drugs to deal with it. I knew I wasn't that person, but I couldn't do it by myself."

Since that act of desperation, she went through detox and has abided by all the rules, fulfilled her assigned jobs and made all her support and therapy groups. She has graduated into the last phase of residential treatment.

"I was happy to be here," she said. "I knew if I was here, I wasn't going to use that day. I thought maybe it would give me a fighting chance."

In February, Arias moved into the nonprofit's Sober Living Program on its campus near 41st Street and Sheridan Road. The program was created to make up for six-figure cuts in state funding to its transitional living program.

Now she gains a bit more freedom as she prepares for her full integration back into the community, which includes picking up the cost



Wearing jewelry given to her by friends and family, Lindsey Arias takes pictures of her kids off of her mirror as she moves out of her room.

for her lodging.

“My mind is more clear, I’m stronger,” she says. “I like the safety of being here. I’m halfway but not there yet. This will be a daily thing for the rest of my life. I will need to live and breathe it and know that energy will need to go somewhere else. Treatment gives you the time and space to get choices back. I will still need support groups, outpatient and positive friends.”

Something wasn’t right

Arias’ slide into painkiller addiction started when a doctor prescribed the opiate Lortab for persistent migraines at age 21. The same doctor provided a narcotic inhaler for sinus problems.

She was married, had two children, attended college classes and held a part-time job.

“I knew something wasn’t right,” she said. “Every time I would run out of the drug, I would go into withdrawal and had to go back for more.”

At the time, she had health insurance that provided for a week of treatment.

Her third pregnancy and delivery were difficult, and a doctor prescribed similar narcotics during her recovery, triggering the addiction.

“Honestly, I could’ve managed the pain with ibuprofen and Tylenol, but the cycle of physical and emotional addiction had begun,” Arias said.

She tried a methadone detox program, which she claims just kept her addiction alive. Eventually, her marriage disintegrated into divorce and loss of primary custody of her children.

“When that happened, it took me from bad to worse,” she said. “I felt betrayed.”

She then upped her problems by adding alcohol to the mix, despite

witnessing alcoholism among several family members growing up.

“After work one day, I got a six-pack. The next day, I got another six-pack,” Arias said. “It grew from there.”

After losing her job, she found 12&12 by looking through the phone book’s yellow pages.

“I was alone, depressed and felt hopeless,” she said.

After getting into a 45-day treatment program, Arias left early with a fellow addict, and the two got drunk their first day out.

“I didn’t take treatment seriously,” she said. “I didn’t see that I was putting my energy into another person and not into myself. I found my addiction in a person. It was a relationship fueled by drugs and alcohol.”

That volatile relationship ended with her being assaulted by a vehicle and her ex-boyfriend criminally charged. Injuries from the car accident led to more prescription painkillers.

With nowhere to go, Arias went back to 12&12 with her backpack to beg for a second chance.

“I struggle with that question — Is it a disease or a choice?” she said. “How can some people have a drink and be fine? I know I can’t do that, and that is where the choice lies. But I was at a point where I wanted to die. I didn’t feel I had the ability to make choices. I needed help to give me that ability — to gain control.”

Regaining relationships

Arias has gone through a complete continuum of treatment, from detox to transitional living. Not all patients can get that access or have the ability to take that much time away from responsibilities, said 12&12 executive director Bryan Day.

“The stage where Lindsay is at, when we can treat someone for this long, the success rate is 90.3 percent that person will be clean and

sober six months from now,” Day said. “If Lindsay left after detox, that success drops to about 30 percent chance of staying clean and sober in six months. That is a vast difference.”

Through treatment, Arias is regaining the relationships she once took for granted and severed.

“There is not a lot of trust because there has not been a lot of reliability,” she said. “They are going to have to see that in me to know I’m going to be there.”

She also recognizes the role her former husband had in keeping their children safe. She has kept visitation rights through her recovery.

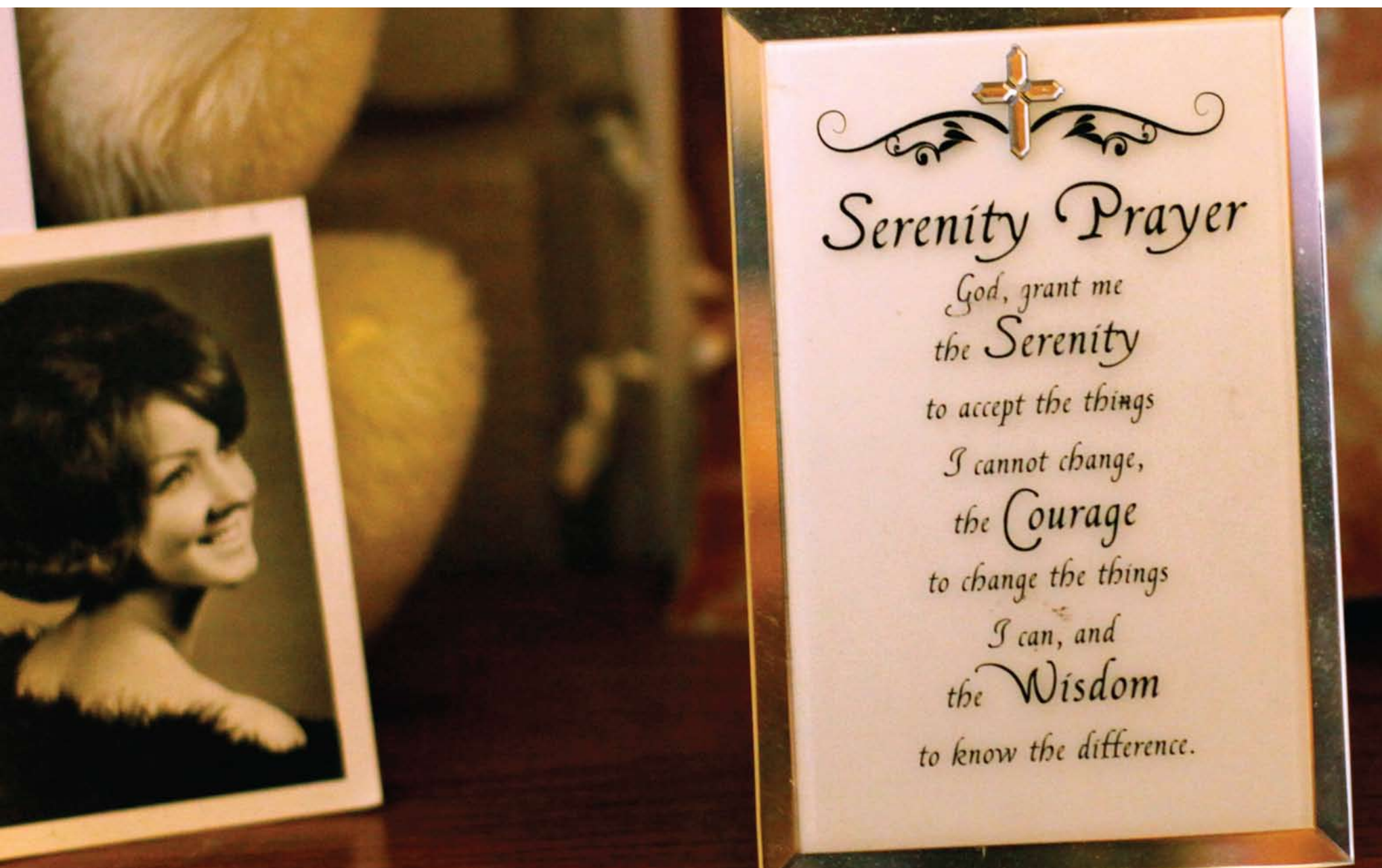
“It is not going to ever be what it used to be,” she said. “I used to blame my ex-husband for what happened, but he’s been a good ex. I thank him now for being a great dad. My kids have been spared a lot, and he can take credit for that.”

Prayer and meditation have been her roads through recovery, but Arias said each person must find their way.

“No one chooses to be this way or get to this place,” she said.

“I wanted to have a future. I needed treatment to come here, to concentrate on myself and to deal with what was going on.”

Below: A picture of her mother, a copy of the serenity prayer and her sobriety coins sit on Lindsey Arias’ dresser at 12&12 Inc. in Tulsa.



SURVEY FINDS NEED FOR SERVICES

The number of adults provided with substance abuse services by the Oklahoma Department of Mental Health and Substance Abuse Services is but a fraction of the total in need.

A 2011 federal study found that 9.3 percent of the state population ages 12 and older, or 275,106 Oklahomans, were dependent on, or abused illicit drugs or alcohol in the past year. The study was based upon surveys conducted in 2008 and 2009.

The National Survey on Drug Use and Health also determined that 10

percent, or 302,736 people ages 12 and older, said they had used marijuana in the past year.

The study also ranked Oklahoma No. 1 in the nation among states in the nonmedical use of pain relievers.

The survey found that an estimated 241,535 people indicated that they had used pain relievers for nonmedical purposes.

When it comes to treatment needs, Oklahoma ranks No. 8 among states in the percentage of the population age 26 and older who were in need of

receiving treatment for illicit drug use but had not received it.

An estimated 1.83 percent of those 26 and older had not received needed treatment for illicit drug use in the state, according to the survey.

Among those age 12 and older, Oklahoma ranks 15th in the nation among states for those needing treatment for illicit drug use but not receiving it.

An estimated 81,403 Oklahomans age 12 and older needed treatment for illicit drug use, according to the federal survey.