

“R.I. mental health advocates seek to close addiction treatment gap”

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R.I. mental health advocates seek to close addiction treatment gap

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PROVIDENCE — One statistic was repeated by almost every speaker at an announcement Tuesday: Of the 107,000 Rhode Islanders who suffer from a complicated illness, only 12 percent — one in eight — get treatment.

The disease is addiction. The statistic comes from a 2007 survey by the federal government.

“There would be outrage in the streets if one in eight diabetics received no treatment,” said Nick Zaller, project lead of the Closing the Addiction Treatment Gap Coalition Initiative.

“It amazes me,” said Craig Stenning, director of the state Department of Mental Health, Retardation and Hospitals, “that we haven’t gotten this right, yet.”

But even as speakers at the Providence Center expressed their outrage and disappointment, the mood was upbeat Tuesday when the Closing the Addiction Gap Coalition released findings and recommendations from a year of study. Speakers said that attitudes may finally be changing.

The 12 recommendations, said Zaller, are practical solutions that the group intends to bring to reality. They focus on early intervention to prevent problems, improved treatment options and integrating addiction treatment into the rest of medical care. The coalition, launched last June with a three-year \$600,000 grant from the Open Society Institute, comprises nearly 40 physicians, child welfare advocates, religious leaders, educators, treatment providers and others.

Dr. Brian J. Zink, who heads the emergency departments at Rhode Island and Miriam hospitals, described how alcoholics and drug abusers cycle through the emergency department, staying until they are well enough to leave, only to return again. In 2008, 46 patients accounted for 1,712 visits to Rhode Island Hospital’s emergency room for alcohol or drug abuse.

David Rosenbloom, a professor of public health at Boston University who has led nationwide efforts to fight drug abuse, said that a century of stereotyping of drug users has led to “a separate and unequal [treatment] system has evolved completely outside the medical system and almost without involvement of physicians.”

“We have the obligation to re-knit this complicated illness into the medical system,” he said.

Many of the coalition’s 12 recommendations seek to do just that. Among them:

- Primary-care offices should include behavioral health specialists.
- The health insurance commissioner should make sure the mental health parity law is obeyed.
- Treatment providers should adopt a set of quality standards.
- Medicaid should pay for screening and early intervention.
- An alternative facility should be developed for substance-abuse patients leaving the emergency room.

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