

Providence Journal Editorial: Spotlight on addiction

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One result of criminalizing the drug problem is that U.S. prisons are crowded with addicts, not just dealers. Likewise, hospital emergency rooms are constantly called upon to aid substance abusers. In 2008, says Dr. Brian J. Zink, just 46 patients accounted for more than 1,700 visits to Rhode Island Hospital's emergency room. In every case, alcohol or drug abuse was the cause. Jail or the E.R. are a wasteful, largely ineffective approach to managing addiction.

In particular, the paradigm for handling drug abuse drastically needs revising. But decriminalizing it will not do much good if treatment options are not widely available. Unfortunately, like many states, Rhode Island has too little to offer. A 2007 federal survey of 107,000 Rhode Islanders struggling with addiction found that just 12 percent received treatment. Imagine if any other disease — diabetes or cancer, for instance — met with such an anemic response.

A new group has set out to focus on this problem and improve Rhode Island's record. The Addiction Treatment Gap Coalition Initiative recently outlined recommendations aimed at pinpointing addiction earlier and enhancing care. The recommendations emerged from a study financed by the Open Society Institute, a private foundation concerned with public health, among other issues.

One recommendation is to develop alternatives for addicts who are well enough to leave the hospital but still fragile. Fortunately, housing programs have begun to recognize this need and are shifting to a "housing first" model of aiding the homeless. But they are short on resources. And the lines of communication between housing advocates and the medical community need strengthening.

The coalition also focused on what happens in the doctor's office. One recommendation is to include a behavioral-health specialist in each primary-care setting, to better identify addiction problems. Medicaid, the group says, should be enlisted to cover the costs of screening and early intervention.

All of these steps have merit. But the coalition's commendable start could fizzle without strong leadership. The state Health Department should get the word out, and ensure that doctors and hospitals work more closely together on addiction problems.

Drug and alcohol abuse destroy lives. They are also enormously costly to the health-care system. As the federal health-reform program begins to percolate through the states, there should be opportunities to handle addiction much better.