



Posted: Tuesday, Apr 11, 2006 - 03:58:55 pm CDT

Rolling toward recovery

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Recovering from the disease of substance abuse and addiction is a physically and mentally wrenching process.

Kami Hubbard, a 32-year-old meth addict now in recovery, remembers being angry when she woke up from a nearly comatose state in a jail cell with five other women.

She had been using meth intravenously since she was 14 and passed her 18th birthday in jail.

She didn't have the drug that had been her best friend for so long and she didn't have anyone to cushion the physical and emotional impact of detoxification, which she says, looking back, was a good thing.

"It was excruciating for the first week and a half. Every part of my body hurt," Hubbard said. "It was just kind of like the all encompassing, emotional, physical, spiritual crash in having to deal with that."

But having the desire for recovery is just the beginning. Addicts in recovery can also face barrier after barrier as they attempt to get back on their feet, from the challenge of even getting into a residential treatment facility, to finding housing, to getting an educational loan for a fresh start.

Although Hubbard says she's experienced only encouragement from anyone she's shared her story with, she realizes that others do run into problems.

"And you have to deal with the reality of 'What next? How much trouble am I really in now?'" Hubbard said. "You have to cognitively put things back in order."

While personal stories of successful recovery are a way of adding human interest to the discussion, personal anecdotes might not initiate larger social change, said Gerrit DenHartog, project director of the Missouri Recovery Network.

"Denial and stigma are so strong that people might not relate to it (recovery) in a personal way," he said.

DenHartog emphasizes that the recovery process is far broader than treatment and health concerns. It also extends to the treatment services available and the ways that public policy handles those recovering from addiction, DenHartog said.

And for various reasons, thousands of people in Missouri aren't getting the effective treatment that they need in order to recover, Denhartog said (see sidebar).

On Wednesday, recovery advocates from Missouri and across the nation will meet for the Missouri Recovery Network's recovery rally at the Capitol Plaza in Jefferson City to share the latest research and perspectives of recovery as well as personal stories.

Donald Vereen, M.D., special assistant to the Director at the National Institute on Drug Abuse, describes addiction as a brain disease. To this end, Vereen said he is going to discuss "the neurobiology of what

getting high is all about” by showing brightly-colored images of addicted and normally functioning brains.

But unlike people with other chronic diseases such as diabetes, hypertension or heart disease, he says people judge addiction by the actions associated with it.

“We judge people by their behavior,” he said in a phone interview. “If you ate a pound of butter a week for ten years and you have a heart attack your insurance covers the treatment. It may be volitional, but you have eaten the wrong things. It’s the same thing with addiction.”

Vereen and other recovery advocates stress that there are alternatives to stigmatizing recovering addicts and to continuing to punish the bad behavior associated with addiction. One option frequently cited as a success is the drug court system, a treatment-based alternative to prison that helps offenders to stop their criminal activities by focusing on making changes through recovery rather than solely on punishing the offender.

Missouri currently has 95 operational drug courts, 66 of which are for adults, 18 for juveniles and 11 for families, that Ann Wilson, alcohol and drug abuse coordinator for the Division of Juvenile and Adult Court Programs says are helping build a network of treatment, even in more rural areas of Missouri.

“Where there is a treatment base with some funding, they’re (treatment providers) are going to go there,” she said. “They will increase their business if there are people there who are paying for some treatment. It’s like ‘Build it they will come.’”

Wilson says outpatient treatment for addiction is “pretty readily available” across Missouri but that there’s never enough residential treatment programs, those where people can go to stay full-time throughout their recovery.

Individuals awaiting placement in a drug court program may not be able to get out of their situation because there are no beds available in a residential facility.

“When you say ‘Sorry, we don’t have a bed available for two weeks,’ they’re going to go use,” Wilson said.

Wilson said in her experiences from talking with state and national drug court staff, many potential participants don’t get into the program because it’s easier for them to go to prison and serve their time.

Social context of the barriers to obtaining treatment add meaning to Hubbard’s personal struggle.

She was one of the first participants in Adair County’s drug court, and has been clean since Dec. 9, 2002.

She was able to get into a 30-day inpatient treatment program, and when she came out, she immediately started going through the drug court program, which took her 21 months.

By that time, she had lost custody of her children and went through eight months of supervised visits to regain custody.

“That was a real sickening feeling for me, knowing that my children would grow up knowing that I chose drugs over them,” she said.

Now, four years later, Hubbard says she has six kids, hers and her husbands from a combined marriage, at her house every day after school.

She’s majoring in criminal psychology at Truman State University says she hopes to give back to others in recovery.

“People are a lot more receptive to someone whose lost everything multiple times over and worked their way back to social standing of some decent level,” she says.

Barriers to finding help

A major study conducted by the Institute of Medicine of the National Academy of Sciences addresses the issue of failure to treat substance use problems and illness.

If these percentages were applied to the results of the treatment needs assessment conducted by the Missouri Division of Alcohol and Drug Abuse, out of an estimated 491,223 in need of substance abuse treatment, the estimated numbers of Missourians who responded would be as follows:

- * Not ready to stop using: 202,292 (41.2 percent).
 - * Cost or insurance barriers: 163,012 (33.2 percent).
 - * Stigma: 96,236 (19.6 percent).
 - * Did not feel the need for treatment/could handle without treatment: 84,452.
 - * Access barriers other than cost: 60,393 (17.2 percent).
 - * Did not know where to go: 42,717 (12.3 percent).
 - * Believed treatment would not help: 30,933 (6.3 percent).
 - * Did not have the time: 23,023 (5.3 percent).
- * The actual number treated in programs funded by the Missouri Division of Alcohol and Drug Abuse in 2004 was 36,878.



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