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## Long hunts for help add to addicts' struggles

With no detox facilities, Franklin County faces a mounting toll

By Brian MacQuarrie

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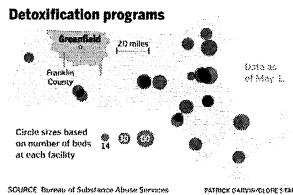


WENDY MAEDA/GLOBE STAFF

Justin Wesolowski of Greenfield is uneasy with the idea of travel to far-off cities for addiction treatment.

GREENFIELD — Nothing seemed amiss when Kathy Niedbala drove her 34-year-old daughter, Kara, home the night of July 3, 2012. The two chatted pleasantly, a hopeful change from the soul-searing worry that surfaced time and again during Kara's long addiction to heroin and other drugs.

Kara, the mother of a 14-year-old son, had agreed to leave within the week for a residential drug-treatment program — 50 miles and more than an hour's drive west, in Pittsfield. Her bags were packed.

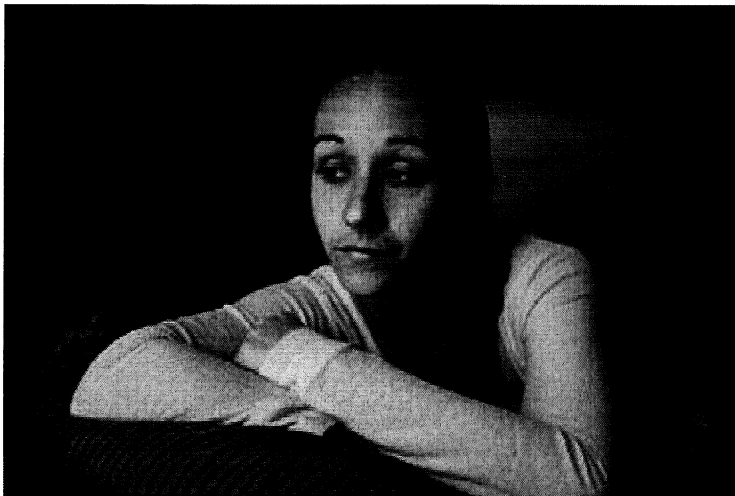


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But the next day, while Niedbala was at work, whatever hope existed the night before was obliterated. "I could hear the sirens, and I knew it was her," Niedbala said.

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Kara died of an overdose, and her mother was left to wonder what might have happened if closer, earlier treatment had been available.

There are no detox facilities in sparsely populated Franklin County, where at least 12 confirmed or suspected opioid-related deaths and 50 nonfatal overdoses have been recorded since December. Without detox beds, the county has no immediate way to help addicts when they first decide to wean themselves from drugs, and no beds for the immediate follow-up care that helps prevent relapses.

"There's no doubt in my mind that people are dying because there are no beds," said Michael Baldanza, an outreach worker for CARES, which offers recovery services to substance abusers.

Outreach workers like Baldanza can make dozens of phone calls and still fail to find beds outside the county, such as at the nearest detox facility 30 miles away in Holyoke; or at a short-term residential program 40 miles away in Springfield; or at other treatment options as distant as New Bedford, Foxborough, and Boston.

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The response, Baldanza said, is almost always the same from overwhelmed facilities that cannot meet the need caused by the surge in heroin and opioid use in Massachusetts.

"They say, 'Call back in two hours,' " Baldanza said. "It's few and far between that I get somebody into a bed. I worry, 'Is this person going to die overnight?' "

That worry has become embedded in this hilly county of just 71,000 people — roughly the population of Somerville — where a rash of overdoses in January caught local officials off guard and unprepared.

"I was seeing the effects of it every day in our court, and we didn't have anything in place," said John Merrigan, register of Probate and Family Court. "It's horrifying."

Not only did Franklin County have no place to send addicts for detox treatment, but overdoses were mounting in a statistical and informational vacuum. Neither the county nor the state was collecting overdose data in real time, and victims and their families were unsure where to turn for help.

"They had no idea where to go," Franklin County Sheriff Christopher Donelan said. "And we really had nowhere to send them."

Although the county has facilities for months-long residential treatment in which clients can come and go, and even hold a job, these openings are not for desperate addicts in crisis, counselors said. The county also does not have any intensive outpatient programs, which offer daily support that includes relapse prevention and case management. The closest one: 20 miles south of Greenfield in Northampton.

Franklin County's last detox facility, where addicts turn for several days of supervised withdrawal, was closed a decade ago following budget cuts under then-governor Mitt Romney. Such facilities are critically important, counselors said, because addicts have a short window — sometimes only hours — between the time they ask for help and when they return to their habits.

"They have this moment when they think, 'I really need to do something about this,' " said Justin McNary, community outreach coordinator for The Recover Project, a state-funded program here that offers counseling and peer support for substance abusers. "But if someone tells them, 'Not right now,' the light goes out."

When a provider asks an addict to call back, McNary said, keeping that light aglow can be delicate and difficult.

The perils of waiting for treatment are familiar to Elaina Arce, a 27-year-old mother of two, who has been struggling with heroin.

"You want to go into rehab to get help, and they're pushing you away, so why would I want to go?" said Arce, who lives in Greenfield. "They give you a list of phone numbers. You put your hands up and say, 'Screw it, I'm not gonna go.' "

The director of the state Bureau of Substance Abuse Services, Hilary Jacobs, said that Franklin County is not alone in its need for detox and follow-up facilities, which are licensed and funded, not on a county-by-county basis, but as part of a network that divides the state into regions.

In fiscal 2013, Jacobs said, 959 residents of Franklin County received help — from detox to follow-up treatment to long-term residential care — somewhere in the state.

The western region, which includes Franklin County, encompasses the entire state west of Ware. In this geographically sprawling region, the state Department of Public Health has licensed three detox programs with a total of 81 beds, and three short-term residential programs with a combined 70 beds, according to department listings.

Getting to treatment outside Franklin County can be daunting for drug users, many of whom rarely venture far from home and are uncomfortable when they do. "You take a country person from out here and try to ship them to Dorchester, they don't do well," said Dr. Ruth Potee, a family physician at the Valley Medical Group in Greenfield.

But even getting to Holyoke or Springfield is difficult in a county where public transportation is limited to bus service that does not operate on nights or weekends.

Justin Wesolowski, a 33-year-old Greenfield man who is prescribed the opioid Suboxone to suppress his craving for heroin, flinches at the idea of traveling to those cities for additional treatment. Wesolowski does not own a car, and venturing there remains outside his comfort zone.

"I like Greenfield," he said.

Still, Wesolowski said, "I would like to somehow get off of Suboxone and get a stable environment. It's been a long road, and I'm still an addict."

Jacobs said the state's Health Policy Commission is assessing the current and future needs of substance abuse services across Massachusetts. She acknowledged that Franklin County officials are concerned, but said she is working on a broader strategy that considers what the state needs overall.

"I'm not going to disagree with them, but I'm going to say that we want a statewide system," Jacobs said.

In the interim, community leaders, physicians, law enforcement officials, and alarmed parents across Franklin County have formed a task force to fight the opioid problem. Overdoses are being tracked in real time, treatment options are being canvassed, and an aggressive education campaign has been launched.

"We almost felt abandoned" by the state, said Donelan, the sheriff, who estimated that 80 percent of inmates at the Franklin County House of Correction go through withdrawal in their cells. "In hindsight, what we've done is almost better because we've done it ourselves."

Merrigan, who helped jump-start the task force, is prepared for a long fight. In the last two weeks, he said, the county has recorded two more opiate-related deaths and about eight nonfatal overdoses.

"The battle has just begun," Merrigan said. "We're going to wage war like never before."