

Katrina Causes Wave of Addiction Problems

9/23/2005

Hurricane Katrina displaced thousands of people with addictions from their treatment programs and support networks, added strain on people who may have been walking the line between moderate use and addiction, and put millions at risk of turning to alcohol or other drugs to ease the pain of dislocation, financial ruin, and personal tragedy.

However, the post-storm response to the needs of individuals with addiction problems in states like Louisiana, Mississippi, and Arkansas has been a minor reflection of the larger picture: an outpouring of support from the private sector mixed with criticism of government efforts in a time of crisis.

Media reports in the storm's aftermath included accounts of desperate addicts cut off from their suppliers in New Orleans and treatment programs in Baton Rouge dealing with an influx of addicts in withdrawal. Some officials even laid blame for post-storm looting in New Orleans at the feet of purported addicts stealing to support their habit.

Samantha-Hope Atkins, founder and executive director of Louisiana's Hope Networks, a treatment and prevention advocacy program, calls the post-Katrina period "some of the most challenging times I've experienced in my own recovery."

Louisiana, which had just 32 detox beds and perhaps 400 inpatient treatment beds statewide prior to the storm, has lost "easily one-third of services statewide," said Atkins, including 20 detox beds at New Orleans' Charity Hospital alone.

"We've seen some relapse, especially with people in early recovery who have lost their support net-

work, people who don't know if their spouse is alive or dead, and among methadone patients," she said. "There are so many complex needs, from giving someone a Big Book to connecting them to resources."

Atkins said that Louisiana's 12-Step programs, which she said have always been strong because of the lack of government programs, have been working to distribute addiction-related materials in shelters. But she was critical of the public sector in the wake of the storm.

"There has been absolutely no response to the needs of people in addiction recovery," said Atkins, who pointed out that most of the federal money that has trickled into the region has been for mental health, not addiction — and even some of that has been earmarked for first-responders, not victims of the storm.

"Our needs have been grossly neglected," said Atkins.

(continued)



Greater Dallas Council on Alcohol and Drug Abuse

4525 Lemmon Avenue, Suite 300 | Dallas TX 75219 | (214) 522-8600

Katrina Causes Wave of Addiction Problems (cont.)

SAMHSA: Sets Priorities

On Sept. 13, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that it was sending \$600,000 in emergency mental-health grants to the region affected by Katrina. Of that money, \$200,000 was sent to Louisiana to provide mental-health counseling for police, firefighters, and other first-responders; Alabama and Mississippi received \$150,000 and \$100,000, respectively, for mental-health services, and Texas received \$150,000 for methadone services for storm evacuees.

“Each jurisdiction was allowed to prioritize exactly what their need was,” said H. Westley Clark, M.D., director of SAMHSA’s Center for Substance Abuse Treatment (CSAT).

Clark said that SAMHSA Administrator Charles Curie and Department of Health and Human Services Secretary Mike Leavitt are committed to addressing both addiction and mental health needs post-Katrina. Clark said that SAMHSA officials have toured the region — and in some cases, have stayed to help — and that a needs assessment is currently underway. SAMHSA’s Emergency Response Center has been given the task of coordinating staff response to Katrina and responding to requests for aid.

CSAT also has funded hotlines in Louisiana (1-877-664-2248 in state or 800-662-4357 out-of-state) for people with addictions, promising referrals to 12-Step programs, treatment services, crisis-intervention teams, methadone maintenance, and other resources.

“An inventory [of lost capacity in the region] is still being conducted,” said Clark. “People do not have

access to services traditionally provided by facilities in New Orleans. We know Mississippi had shortages associated with substance-abuse issues.”

Asked how much of the \$50 billion in emergency relief approved by Congress would go towards addiction services, Clark replied, “The administration is very much aware of the issue. We have to work with local communities to prioritize how that’s allocated.”

Addiction Community Steps Up

Meanwhile, the addiction community has stepped up with offers of assistance ranging from volunteer counselors to treatment beds for hurricane victims. Two weeks after the storm hit, Atkins circulated an urgent “wish list” that included the need for medical detox facilities, treatment placement, transportation and case management, and public information and outreach.

“The void of services is enormous,” wrote Atkins. “We are doing what we can to respond, as waiting for government resources is not an option.”

Atkins got an immediate response from Dr. Al Mooney, a North Carolina physician, who persuaded drug companies to donate medication needed for detox services and drove down to Baton Rouge in a motor home to help people in withdrawal. The Betty Ford Center offered to provide treatment for a half-dozen patients, and the National Council on Alcoholism and Drug Dependence began mobilizing its affiliates nationally to help storm victims, Atkins said.

(continued)



Greater Dallas Council on Alcohol and Drug Abuse

4525 Lemmon Avenue, Suite 300 | Dallas TX 75219 | (214) 522-8600

Katrina Causes Wave of Addiction Problems (cont.)

Then, the National Association of Addiction Treatment Providers (NAATP) — which happened to be holding its annual meeting in Florida — pulled together its membership to pledge a total of \$5 million worth of primary inpatient and other treatment services for Katrina victims. Hope Networks will help link people in need to the services offered by NAATP members.

“When a crisis of this magnitude hits, and there is no funding available, it’s critical for the private sector to take action,” said Ronald J. Hunsicker, president and CEO of NAATP. “I am proud that so many of the private treatment centers like Caron Foundation, Betty Ford Center, and others have come forward to donate over 100 treatment beds and airfare, amounting to several million dollars of life-saving alcohol and drug inpatient treatment as well as potential longer-term treatment to the victims of this disaster.”

“This is a section of the country that’s not the best, even in the best of times, at delivering treatment services,” Hunsicker told Join Together. “Here we can demonstrate that the private sector — driven by compassion and mission — can respond in a way that the federal government can’t or won’t.”

Atkins said she will be able to fill those 100 donated treatment beds “in three days.”

“Our only hope is the bond of recovery communities and providers,” she said. “The grassroots efforts have just been overwhelming.”

Different Populations Seen at Risk

CSAT’s Clark said the federal government is still trying to assess the need for services among hurricane victims. He noted that past experience has shown that a variety of different populations tend to be affected by disasters like Katrina.

“In the general population there are people who use alcohol in an acceptable fashion, but because of the magnitude of the storm may engage in dysfunctional coping,” he said. “We recognize that as an expected outcome of major traumas [like Katrina].” Clark said the primary response to this population should be prevention materials and messages “because this is not a population with substance-abuse problems per se.” Over time, alcohol and other drug use among this population could be expected to drop to pre-storm levels, he said.

People who were previously in treatment might relapse and need services, added Clark, and those currently in active treatment who were displaced also have a clear need for help. He also warned that the 78 percent of people who meet the criteria for abuse or dependence but don’t think they need treatment may have to confront their drug or alcohol use because they have been cut off from their suppliers.

“Those people could cause a rush for detox beds if they suddenly don’t have access and start going through withdrawal,” said Clark.

(continued)



Greater Dallas Council on Alcohol and Drug Abuse

4525 Lemmon Avenue, Suite 300 | Dallas TX 75219 | (214) 522-8600

Katrina Causes Wave of Addiction Problems (cont.)

Atkins noted that prior to the storm, the Louisiana state Office of Addictive Disorders estimated that 600,000 state residents met the criteria for alcohol or drug dependence, and 1,200 to 1,800 were on waiting lists for treatment every day. But Clark was reluctant to estimate the total numbers of people in the hurricane-afflicted region who need services — a number that could grow even larger this week depending on the impact of Hurricane Rita.

Clark did note that after the Oklahoma City bombing researchers found a 5-percent increase in alcohol use, while benzodiazepine use rose in New York in the aftermath of 9/11. But those were one-off events, and use tended to decline over time, he said.

“We don't have any accurate epidemiological data on this,” said Clark. “We know about 1 million people have been affected ... and we will work with the departments of health and [state] substance-abuse officials to get a handle on it.”

However, he added, “Even if we don't speculate on an increased prevalence rate, we know that there is going to be a bump up, which is why we need an accurate assessment of need.”

Atkins said that addiction treatment and recovery should be at the top of the list as state and federal officials deal with the societal fallout of Hurricane Katrina. “When recovery is a priority, you can build healthy and safe communities,” she said. “If additional substance-abuse money in Louisiana is not a priority, all other efforts to address these social-service needs will be flawed.” 🌀



Greater Dallas Council on Alcohol and Drug Abuse

4525 Lemmon Avenue, Suite 300 | Dallas TX 75219 | (214) 522-8600