

## Rosa DeLauro at Middletown opioid forum: 'How do we help save our children's lives?'



U.S. Rep. Rosa DeLauro, D-3, held an Opioid Addiction Forum Monday night at the Community Health Center, where she discussed two new bills that would expand the resources available to addicts and give more individuals access to treatment to fight addiction. Sam Norton — The Middletown Press

By [Sam Norton](#), *The Middletown Press*

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MIDDLETOWN >> Sara Kaiser was an honors student, involved in her local church and dreamed of becoming a nurse. After a year of college, she entered a downward spiral — one filled with depression and drugs. She was 19 when she first entered treatment to battle her drug addiction.

“None of us thought she was an addict at that point, including her,” said her mother, Anne Kaiser, of Cromwell.

For two years, Sara received treatment to fight her addiction. But after undergoing gallbladder surgery, her doctor prescribed her Oxycodone to help treat the pain.

“It wasn’t too long after that she relapsed and that started four years of insanity,” Anne Kaiser said.

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The Kaisers' story is one just like many others about parents, siblings and friends trying to help a loved one find the treatment needed to fight an opioid addiction.

On Monday night, U.S. Rep. Rosa DeLauro, D-3, talked about the need for increased resources to treat the addiction epidemic in Connecticut and across the country during an Opioid Addiction Forum at the Community Health Center.

"I have a young cousin in her 20s," DeLauro said. "For the last 10 years or more, she has been a drug addict. She's doing methadone treatment. She would rather not do that, but she tries, and then she slips right back. We have to have some sort of system in which we are treating this addiction as an illness."

DeLauro has introduced two bills that would give addicts access to the medicine and support they need to fight this lifelong battle. The Access to Substance Abuse Treatment Act would provide \$1 billion a year to support community clinics and expand access to treatment for those who have a history of substance abuse. The bill would expand abuse treatment to rural communities through the use of telemedicine and treatment for patients reentering the community from the criminal justice system.

This year, DeLauro also introduced the Public Health and Emergency Preparedness Act, which would provide \$5 billion to the emergency fund that the Department of Health and Human Services could use to combat the opioid epidemic.

"This is about an illness and that is why it has to be treated as an illness, and provide individuals with the continual help they need," DeLauro said. "That way when that relapse comes, it's not a permanent lapse, but just a slight glitch."

Addiction is a nationwide epidemic that affects everyone regardless of their race, age or gender. But DeLauro's new bills would help ensure all addicts are able to receive the help they need quickly, she said.

According to Dr. Marwan Haddad, medical director for the Center for Key Populations at the Connecticut Health Center, an estimated 2.5 million people are dependent on opioids, but less than 400,000 people are on a medication assisted treatment.

"If you're going to get help, it can't be one month later," DeLauro said. "It can't be six weeks later. You need help now."

While Sara Kaiser received the help she needed to get clean, time was lost finding a treatment center that would provide both an opiate blocker and counseling. It wasn't until she was 25 that she began to receive methadone treatments and counseling.

"Many times, she has stated that methadone has saved her life," Anne Kaiser said.

For the past three years, Sara Kaiser has been off of the methadone. She went back to school, earned her bachelor's degree, graduating with honors.

“My addict is almost six years in recovery and very involved in a 12-step program and working in the field of addiction — and she loves it,” Anne Kaiser said.

But for many other families, help for their addicts came too late.

In 2014, more than 47,000 people died from drug overdose deaths in the country. Heroin was a factor in 10,000 cases, DeLauro said.

“Where are the resources that we need in order to be able to address this problem? How do we help save our children’s lives? That is what the heart of this is all about,” DeLauro said.

In order to address the opioid epidemic, doctors need to be educated on how to meet the needs of their patients and the dangers of prescribing painkillers, according to Dr. Dean Mariano, president of the Connecticut Pain Society and chairman of the Connecticut State Medical Society’s Task Force on Opioids.

For many patients, an opioid is not the answer, Mariano said. Instead, pain can be treated through a holistic approach such as acupuncture or Chinese medicine.

“Opioids are not the only answer. There are other options that are available,” Mariano said.

However, for other patients, painkillers are one of the only ways to alleviate pain, prompting physicians to be more cognizant of the quantities they are authorizing and who they are prescribing the drugs to.

“I can’t control what happens when it goes out into the community,” Mariano said.

While physicians have a responsibility to limit the amount of drugs they are prescribing, Dr. Daren Anderson, director of the Weitzman Institute and vice president of the Community Health Center, said doctors need to also reeducate themselves on how to treat pain.

Prior to 1998, drugs such as OxyContin and Vicodin were used to treat patients who suffered from cancer and post-surgical pain, Anderson said. But after 1998, there was a 400 percent increase over the course of 10 years where brand-name painkillers were being prescribed.

It wasn’t until doctors were accused of under-recognizing pain that prescribing painkillers became part of a routine designed to alleviate suffering, Anderson said.

“We can look back and see what wasn’t so clear back then that the medicines we thought were low-risk for abuse were actually high-risk for abuse. We need a reeducation,” Anderson said.

To prevent one more person from falling victim to an overdose, physicians and nurses need to change how they are treating addictions, the doctors said.

In February, [President Barack Obama proposed \\$1.1 billion](#) in new funding to address the prescription opioid abuse and heroin epidemic. His 2017 fiscal year budget would include new mandatory funding over the course of two years that would help ensure all Americans who are seeking treatment get the help they need.

However, addicts have to want to get better before they begin their road to recovery, family members at the event said.

“There are many heroin addicts who want help, but there are too many obstacles — even for a sober person — to try and get over, never mind a drug addict,” said Michele Sember, a mother of a heroin addict.

Sember’s oldest son, RJ, was a normal teenager — he was a high school honors student and an athlete.

“He did many things that many of us did in high school. He drank at parties and as far as drugs were concerned, it was ‘just pot,’ as he put it. But there were other things going on,” said Sember, of Branford.

Her son was always tired and not feeling well. He was caught stealing a girl’s wallet and was suspended for drinking during school hours, she said.

“He was also taking painkillers, and these pills were not purchased on some street corner. They were bought in Branford,” Sember said.

After Sember’s son graduated from high school, he joined the National Guard and enrolled at the University of Connecticut. But after six months, he failed out of school and was discharged from the Army. He fell victim to heroin use.

“We tried to get him help, get him into rehab, but he was over 18 and we couldn’t force him,” Sember said. “He had to make the calls. But he didn’t.”

For the next year, Sember said, her son was a functioning drug addict. He had a good job, a girlfriend and was able to support himself and live on his own. But because of his addiction, he lost his job and girlfriend, totaled his car and was kicked out of his apartment, Sember said.

Sember sent RJ to a rehabilitation facility in Texas where he was in and out of sober houses, she said. He overdosed and he was hospitalized.

“We never knew what the next phone call from the Texas area code was going to be. We had to bring him home and get him into a rehab facility in Connecticut,” Sember said.

A few months ago, Sember checked her son into the Rushford Center.

“When we were checking (him) into a Rushford facility... we were there for a couple of hours. There was a young girl there trying to get help. She had her bags with her. She went through the screening process and they came out and told her they didn’t have a bed for her,” Sember said. “She went back out onto the street and my son said she was going to use again.”

It’s these types of limited resources that contribute to this alarming epidemic, DeLauro said. In order to help each addict stay sober, more help needs to be provided to ensure individuals do not end up back on the streets, DeLauro said.

The federal government needs to work closely with the state and local communities to ensure that people are afforded the proper treatment and counseling they need to live a life that does not include addiction, she said.

“A heroin addict on a wait list is a heroin addict waiting to die,” Sember said. “That should never happen in this state or in this country.”

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#### **ABOUT THE AUTHOR**



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