Questa program reframes opioid treatment in rural New Mexico

Posted Thursday, August 4, 2016 6:00 am

J.R. Logan

Editor's note: This is the first of a two-part series on substance abuse issues and solutions.

For nine years, Danny Chavez tumbled through a vicious cycle of hospital beds, jail stints, rehab programs and months in prison. Amid the turmoil, he lost his job, his family's trust and most of what he loved in life.

But today, Chavez, 39, is putting the pieces back together, thanks largely to a treatment program in Questa that combines medical care and group therapy.

New Mexico and Taos County are in the midst of an opioid epidemic that shows no signs of relenting. Between 2010 and 2014, 47 people died of drug overdoses in Taos County. The county's overdose rate is well above the state and national averages.

In Northern New Mexico, many communities lack the resources to meet the opioid fight head-on. Social problems endemic to rural New Mexico

— poverty, domestic violence and a lack of access to adequate health care — contribute to rampant drug use.

That's why some experts see hope in a drug treatment program that addresses not only the addiction, but its causes as well.

For almost a year, Dr. Gina Perez-Baron — a feisty general practitioner at the Questa Health Center — has used Suboxone to stabilize opioid addicts. When properly prescribed, Suboxone relieves cravings and withdrawal symptoms without giving patients a potent high.

But Suboxone is only the first step in an intense treatment regimen in which a doctor and a therapist work side by side. By taking on deep-seated issues, such as depression, anxiety and chronic pain — conditions that can trigger relapse —Perez-Baron says patients have a chance at real, long-term recovery.

"If you want your life back, you'll get it back here," she said.

Insidious addiction

Chavez never planned on being a junkie.

He drank, smoked a little weed and was arrested a few times as a young man. But it wasn't until he turned 30 that he really tasted addiction.

In 2007, Chavez (not his real name) felt a sudden intense pain in his abdomen. Doctors eventually diagnosed it as pancreatitis — an inflammation of the pancreas that is often treated with pain medication.

At the time, Chavez says, he hated pills. He wouldn't even take Tylenol for a headache. But when he got to the hospital, nurses hooked him up to a morphine drip to numb his throbbing gut.

The feeling was euphoric.

“I still was in pain, but I could breathe,” Chavez says. “I had relief.”

When he left the hospital, doctors put Chavez on a prescription for painkillers. He was responsible and took his recommended dose. But over time, as he built a tolerance, the effects started wearing off sooner. So he took more. If he burned through his monthly prescription early, his friends always had extra. There’s always someone with a few pills. Always.

“This town is drowning in them,” Chavez says.

Because sharing pills was so casual, so common, Chavez still felt in control. But the addiction was insidious. It came on in slow degrees. At some point, it became too big to manage.

“Your hunger for things goes up and up,” Chavez says. “I started to need them.”

To satisfy that need, Chavez says he sacrificed everything he loved in life. He took advantage of friends and family, borrowing money with no intention of paying it back. He lost a good job. He stopped going to the mountains. And he stole.

In 2011, Chavez reached a breaking point. He burglarized a local business to pay for more pills, and he got caught.

Facing three felony charges, Chavez was released on bond and forced to enroll in a 120-day rehab program in Española. Chavez says the program didn’t help much, though he admits he wasn’t ready to get clean. He was just going through the motions. He relapsed almost immediately after leaving.

“I didn’t feel like I was working on my sobriety one bit,” Chavez says. “I didn’t feel like I wanted to be different, be better.”

In 2013, he relapsed soon after departing yet another rehab program. Officers found Chavez drunk. He was arrested and tested positive for opiates.

“[Chavez] has been given ample opportunity by the court to make behavioral modifications yet has failed to do so,” his parole officer wrote in a court filing. “A sentence to [prison] will provide just punishment for his crime and several violations of probation.”

The judge agreed. Chavez spent the remainder of his sentence in the state penitentiary.

Chavez says he kept to himself in prison. The withdrawals were shattering, and he got jumped and stabbed by other inmates. His time inside left him with post-traumatic stress disorder, he says, and it exacerbated his anxiety and other symptoms of trauma.

Amid all his legal troubles, Chavez was still suffering from chronic pain. In nine years, he was hospitalized 12 times. He was given pain pills every time.

‘It’s not that you don’t want to be better’

Perez-Baron, the doctor in Questa, says programs to treat addiction have ignored underlying factors that lead people like Chavez into a cycle of failure. She believes prevailing cultural attitudes — which tend to link addiction with weakness of character — make recovery harder. “You have folks going through a revolving door of recovery and relapse, and the stigma that surrounds dependence and addiction distracts us from addressing some of the roots of the problem,” she says.

Perez-Baron rattles off a list of “co-occurring conditions” that are often at the heart of addiction — chronic pain, insomnia, trauma, attention-deficit/hyperactive disorder, depression and anxiety.

If left untreated, these conditions (which are sometimes the initial cause of the addiction itself) often make it impossible for addicts to stay clean. Chavez says his pill dependence probably stemmed from trauma. But the roller coaster of addiction and the additional baggage of prison time and failed relationships made bucking the drug even tougher.
In the maelstrom of opioid addition, Perez-Baron says there's no way to get at those deeper issues. Users are too frenzied to treat thoroughly.

That's where Suboxone comes in. It's like a pause button.

"If we're looking at long-term abstinence, the focus really has to be on the behavioral health and co-affective conditions," Perez-Baron says. "Suboxone is what makes them able to stay plugged in."

Chavez knew for a long time that he was in trouble. And he wanted to be better. But the cravings sucked up any motivation to get well. "When you're an addict, you're on the fence and it's hard to give 100 percent," he says. "It's not that you don't want to be a better person or a sober person. You just don't have a choice."

Hope in Questa
For years, Perez-Baron saw patients suffering from addiction one-on-one. She'd prescribe Suboxone and offer referrals to a therapist.

The approach was inefficient and ineffective. Individual appointments limited the number of patients she could serve. In a rural area ravaged by addiction, she couldn't meet demand. Plus, referrals to outside therapists forced patients to schedule yet another appointment, and doctors and therapists often failed to craft a customized approach to treat each patient.

So in August 2015, the Questa clinic pioneered a new approach to treatment: group therapy.

These days, Perez-Baron and Liz Sump, a licensed mental health

counselor, meet once a week with around a dozen clients at a time. Clients do meditation and a therapy session with Sump, then go over medical issues with Perez-Baron. It's a model Perez-Baron developed after working in high-end residential treatment programs, the kind meant to treat doctors who find themselves addicted to opioids.

Providers look at nutrition, exercise, self-care, psychology, psychiatry and medicine. And they add a lot of oversight and build trust. Perez-Baron says she tweaked that "gold-standard" approach to fit an inpatient setting.

"When you create a place for that, people get well," she says. "So if we know what works, why can't we bring that here?"

For Sump, the model is a dramatic improvement over her previous work, which required chasing down doctors to learn about medical conditions that might impact her counseling. "It was hard to get them to tell me where their clients were at on a monthly basis, and that's if they wanted to talk to me at all," Sump says.

The support group gives patients a safe place to share their experiences with others fighting the same battle.

"We're all parallel with each other," Chavez says. "We relate to each other's feelings of hopelessness, pain, anger and resentment. And we can talk about our cravings. Because we all have cravings."

The group model has also allowed the little clinic to increase its patient volume by treating three groups of up to 14 patients. Patients face mandatory weekly urine tests to ensure accountability and honesty.

Testing dirty does not mean a patient is kicked out of the program. Relapse doesn't mean weakness. It means treatments need tweaking.

This was new to Chavez, who would be locked up if he failed a drug

screen while on probation. In January, off probation and new to the program in Questa, Chavez relapsed. But instead of being reprimanded, he got more support.

“I don’t care that you stumbled,” Perez-Baron says. “I care what you did immediately after that. Some folks stumble and they disappear and we never see them again. But the ones that come back, typically with that big pile of shame, those are the ones. That’s where recovery happens.”

Next week, read about the hope for and pitfalls of Suboxone and solutions to opioid addiction in Northern New Mexico.