How the health-care system and society failed Zachary Gys -- and why it should matter to you

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LOWELL - On a winter day in 2011, Mickey Gys drove his son Zachary to a street corner in Pawtucketville and gave him $60 to buy drugs.

Zachary got out of the car, walked into a house down the street, and shot up heroin. Several minutes later he was back in his father's car and the two drove 45 minutes to a New Hampshire hospital, where they hoped to enroll the 20-year-old in yet another drug detox program.

It was a small stroke of luck. Finally, the family had found a detox facility that had a bed available for Zachary at Hampstead Hospital.

For six hours they sat in the hospital while the staff sought approval from the family's insurer, Blue Cross Blue Shield of Massachusetts.

Eventually, an apologetic orderly emerged to deliver the bad news: Blue Cross Blue Shield had denied Zachary entrance to the facility, Mickey Gys said.

A spokeswoman for the company said she could not discuss the specific case due to HIPAA privacy laws, but denied that the company would turn a patient away from detox in that situation. Hampstead Hospital could also not discuss the case, due to HIPAA.

Mickey, and Zachary's mother, Louise Griffin, are adamant that the insurer turned their son away.

"We lost an opportunity because we couldn't get him into a bed," Louise said.

A little over a year later, on July 19, 2013, Zachary overdosed on morphine and died at a sober-living home in Florida. He was 21 years old.

It was the second time Zachary's family was forced to send him to Florida because they could not get him into a bed in a Massachusetts addiction treatment facility.

"He wanted to go in (to treatment)," Mickey said. "When they're ready, there has to be a bed, there just has to be."

But too often addicts seeking help cannot find it, according to doctors, public-health workers, and families interviewed by The Sun.

021308 : LHS Boys Hockey Vs ConCar : LOW Lowell HS’s #20 Zack Gys top vs ConCar’s #4 Paul Keane, bottom-2nd per. .Sun Photo Bob Whitaker_DIG

As the statewide opiate epidemic deepens, those on the front lines describe a patchwork treatment infrastructure rife with combative insurance companies, overwhelmed facilities, and waiting lists that leave addicts on the streets for months before they receive help.

"Relapsing is so common because the treatments that are available are so short term," said Frank Singleton, director of the Lowell Department of Public Health. "Ultimately, if you spin the Russian roulette gun long enough you're going to kill yourself."

State of emergency

In March 2014, amid a particularly deadly spate of heroin overdoses, Gov. Deval Patrick declared the opiate epidemic in Massachusetts a public-health emergency and vowed to dedicate $20 million to address the unmet demand for treatment.

Mickey Gys of Lowell, whose son Zachary died of an opiate overdose. (SUN/Julia Malakie)

The deaths have continued at a staggering rate - at least 58 statewide in December alone, 16 in one weekend.

Treatment professionals said the most severe bottleneck for addicts seeking treatment is upon entry to long-term residential programs, which can last over a year and provide patients with structured counseling and living environments.

The state averages around 173,000 people dependent on illicit drugs each year, according to federal data.

Massachusetts has just 2,395 beds dedicated to long-term residential treatment for drug and alcohol addictions, and fewer than 7,000 people received that treatment in 2012, the most recent year for which data is available.

LS_011315_Opiate Epidemic Tracking_FRank Singleton : LOW_Lowell Dept. of Public Health’s Frank Singleton, is interviewed on the opiate epidemic in

The waiting lists for a bed are as long as six months in some programs, and that backlog results from a small proportion of addicts. Only 11 percent of the people who should be in treatment are seeking and receiving it, according to the Department of Public Health.

In Lowell, the fourth largest city in the state and a major heroin hub, the vast majority of people seeking intensive inpatient treatment are forced to wait weeks or months to find it.

Lowell House, Inc., runs the only residential drug and alcohol addiction facility in the city: the 19-bed Recovery Home for Men and Women.

The current wait for a bed is about six months, according to Maria Lucci, chief program officer at Lowell

House.

Across the state, waiting lists are the rule rather than the exception.

At the Ryan House, a 30-bed facility for men in Lynn, for example, the wait is three to four weeks. At the 19-bed John Ashford Link House for men in Newburyport it is three months, and at Women's View, an 18-bed facility in Lawrence, it is six months.

"People do relapse during that time," said Bill Garr, CEO of Lowell House. "The system should be able to take people in after detox."

Lowell House simply doesn't have the money to provide more beds, or renovate their current facilities, Garr said.

The program cannot afford to hire new certified counselors for their residential programs, and must increasingly rely on volunteers for administrative duties.

Residential addiction programs like Lowell House have been pushing for a funding increase from the state since 2008, when the current compensation rate of $75 for each night a person stays was set.

A coalition of the programs sued the state last summer for failing to adjust the rates, and on Jan. 14 a Suffolk Superior Court judge ruled in its favor. Judge Mitchell Kaplan ordered the Executive Office of Health and Human Services to set the new rates within 90 days and fully implement them by July.

Yet the tension is likely to continue as the two sides debate how much treatment programs should be compensated. Prior to the ruling, the state suggested raising the rate to $82.16 per night, eliciting outrage from providers. Garr, whose request falls near the low end of the spectrum, said his program would need around $120 per night to sustain the appropriate level of care.

Even if the changes are implemented exactly as the treatment programs are requesting, patients will see better beds but not necessarily more of them.

And the waiting periods that result from the dearth of beds are perhaps the most dangerous times for addicts, who are required to go through several days of detox and stay clean before entering a program.

The longer an addict must wait, the more likely he or she is to relapse.

"A lot of times people die coming from a detox because they use right at the level they were at (before detox) and their body can't take it," said Nancy Parker, director of the Tewksbury Treatment Center, a detox facility. "Their risk of overdosing and dying is huge, it's enormous."

Ankle sprain to addiction

Zachary was the youngest of three siblings. Ever the competitor, he refused to be left behind when his older brother and sister began riding bikes, or playing hockey.

As he grew, he developed into a talented athlete and played for the varsity baseball and hockey teams at Lowell High School. He was a dapper, baby-faced young man with an eye for fashion. When he left the house in the morning, you could bet his shoes were coordinated with his belt, his mother Louise said.

In the fall of 2009 Zachary seemed primed for a heady senior year. His grades and stick-handling were good enough that he was eyeing a spot on a collegiate hockey team, Mickey said.

Then one day Zachary sprained his ankle playing hockey. The injury was slow to heal, and he couldn't play.

A teammate gave him a Percocet for the pain.

"That began his descent into hell," Louise said.

One day, the principal called Louise and told her Zachary was acting up in class. It was out of character, and when confronted about his behavior Zachary admitted to taking pills.

Mickey and Louise had talked to him about drugs from the time he was 9 years old. When Zachary told them about the pills, his parents knew it was a problem but they didn't fully understand what a Percocet habit could lead to.

"At the time we didn't think it was an everyday thing," Mickey said. "We thought it was just once in a while and we told him to knock it off."

Even in the face of his changing behavior, Mickey and Louise had a hard time reconciling the strong young son they had raised with their notion of a junkie. He didn't fit the profile.

(The old stereotype of a heroin addict as a poor black or Hispanic man from the inner city has been resoundingly proven false by data collected at the state and federal levels. Zachary, or even his father, would be more representative of the average victim: Opiate addicts are overwhelmingly white males ages 25 to 54, and many are from the suburbs.)

"Just because you have a pretty home, a couple nice cars in the driveway, you put your kids in sports, that's not a vaccine for this," said Joanne Peterson, founder of the family support group Learn to Cope.

In 2012, there were more than 1,300 opiate-related admissions of Lowell residents to drug treatment programs; more than 110 from Chelmsford; 150 from Dracut; 150 from Wilmington; 320 from Tewksbury; and 330 from Billerica.

From 2003 to 2014, at least 244 people died of opiate overdoses in Lowell, according to the city's Department of Public Health. That includes people bought to Lowell General Hospital from surrounding communities.

But that statistic likely under-represents the damage.

It does not include those who committed suicide in the face of their addiction, or died of Hepatitis C or HIV/AIDS contracted through intravenous drug use.

It also does not include Zachary and others who died while seeking treatment in other states.

Zachary's on-and-off war with recovery programs, which seldom took place in his hometown, is typical of addicts in Massachusetts, Singleton said.

But in the beginning, his plight didn't seem nearly so dramatic.

Louise and Mickey started by punishing their son. They took away his car and scolded him. Secretly, he continued to get Percocet from friends at school.

Eventually, Zachary switched to OxyContin, an opioid pill originally developed for cancer patients with chronic, around-the-clock pain.

"Percocets were too expensive," Mickey Gys said. "(OxyContins) were expensive, but you could get away with doing one a day. Eventually that got too expensive."

Prescription opioid pills run for about $1 per milligram at street price, according to police. Percocets often come in 5 milligram tablets, and OxyContin doses range from 40 to 160 milligrams.

Faced with those prices Zachary turned to heroin, one dose of which costs less than a six-pack of beer.

His parents are not sure when he began injecting heroin - one of his pill dealers showed him how - but they knew his opiate addiction had taken hold not long after the call from the principal. They began to see Zachary change.

Physically, he grew pale and lost weight. Over the course of his addiction, Zachary shrank from about 165 pounds to 140, his father said. He became combative and was constantly on edge. When he wore ripped jeans it wasn't because that was the style, it was because he didn't care.

He also began to steal from the house to fund his addiction. He took Louise's jewelry and Mickey's tools and sold them to pawn shops.

Finally, Mickey and Louise forced Zachary to enroll in an outpatient counseling program. The closest one they could find that would accept an 18-year-old was at Boston Children's Hospital, so every Tuesday for eight weeks they drove Zachary to Boston.

He stayed clean throughout program, but as soon as it was over he began using again, Mickey said.

When Zachary relapsed that summer, in 2010, he began a seemingly unbreakable cycle of treatment and relapse that lasted until his death.

"Exercise in frustration"

It's rarely easy to find a bed in a Massachusetts addiction treatment program. It's even harder from November to February, when many people seek shelter from the New England winter in detox and recovery homes.

When Louise set out to find a program for Zachary in the fall of 2010, she was at the back of a long line.

"In Massachusetts at that specific moment in time I could not find a bed," Louise said. "I couldn't find him a detox bed, I couldn't find him anything."

By January 2011, she and Mickey gave up their search, and on the advice of a friend enrolled Zachary in Genesis House, a six-month program in Lake Worth, Fla.

Zachary seemed to do well at the facility, but even as his recovery progressed the stay took a toll on his family.

Genesis House costs $18,000 per month, and for the first four weeks Zachary was there Blue Cross Blue Shield covered the entire bill.

Then the insurance company decided that Zachary did not need to continue treatment there, Louise said.

The counselors at Genesis House disagreed and asked that Zachary be allowed to stay several more weeks.

Blue Cross Blue Shield balked, and Louise and Mickey were left to pay $5,500 out of pocket for the remainder of Zachary's stay.

"It was an exercise in frustration," Mickey said.

Sharen Torgerson, a spokeswoman for the insurer, questioned the accuracy of the family's memory about Genesis House. She and other representatives of the company would not discuss the case without a HIPAA waiver from the family. Despite repeated requests from The Sun for the form - and the family's assurance that they would sign it - Blue Cross Blue Shield did not provide a copy of the waiver until shortly before this story went to press.

Throughout the course of Zachary's addiction, the family paid tens of thousands of dollars themselves.

There are currently no regulations governing how long an insurer must pay for addiction treatment, or if an insurer must pay at all.

Insurers base their addiction coverage decisions on clinical assessment criteria, which some companies keep secret from policyholders, said Connie Peters, vice president for addiction services at the Massachusetts Association for Behavioral Healthcare. Blue Cross Blue Shield said they will provide clinical assessment criteria to any policyholder who asks, but did not share the criteria with The Sun. The company's policy changed in July to guarantee any member at least two days in detox without prior approval.

But even when a policyholder is eligible for care, there are ways for companies to deny coverage. Some insurers, for example, operate a "fail first" model, where an addict must attend outpatient treatment and relapse before the plan covers inpatient care, Peters said.

Last summer, the state Legislature took some steps to extract more coverage from insurers. The resulting legislation mandated that all companies guarantee their policyholders 14 days in a residential addiction treatment facility if a doctor deems it necessary.

One of the most vocal proponents of the legislation was state Rep. Tom Golden, who represents Lowell and Chelmsford.

He said the law - signed by Patrick in August and set to go into effect in October 2015 - was pushed through after a behind-the-scenes scrap with insurance companies. Blue Cross Blue Shield said they supported the legislation.

Other companies and industry groups paid hundreds of thousands of dollars to firms who lobbied lawmakers on the bill.

"We're not sure that in every case inpatient treatment is the right treatment for opioid addiction," said Lora Pellegrini, president and CEO of the Massachusetts Association of Health Plans, an insurance industry trade organization.

The industry was joined in opposition to the 14-day mandate by the prominent American Society of Addiction Medicine, but Golden and several treatment professionals said the research produced by insurers contradicted their own experience and data.

"For many of our clients, we tend to have people who are homeless, whose families have disenfranchised them, who may have criminal records so going to outpatient services won't help them because they don't have any support system," Peters said.

Directing more patients to outpatient counseling services would have the added benefit of opening up inpatient beds for those most in need, Pellegrini said.

Outpatient services are also much cheaper than residential programs, often less than $100 per session, and many are paid for by the state rather than insurers. By contrast, Blue Cross Blue Shield paid over $500 each day Zachary stayed at Genesis House, Louise said.

Golden said he sees no benefit in sitting down with insurance companies to discuss expanding care because they brawl over any measure that reduces their bottom line.

"They can package it any way they want, but at the end of the day it comes down to one thing: money," he said.

A last resort: Section 35

Zachary remained clean for several months after he returned from Florida in June 2011, but the odds and his own body were against him.

Virtually no one beats an opiate addiction on their first try, said Parker, the director of the Tewksbury detox center. In her experience, 98 percent of those who go through detox will use opiates again.

Zachary was no different. By that fall he had relapsed and it was becoming clear to Mickey and Louise that their son could not stay at home around his old friends and haunts.

After their experience the previous year trying to find a program, Zachary's parents were apprehensive that they could find him a bed. Besides, Zachary didn't want to return to treatment.

So Mickey and Louise turned to an increasingly popular and heartbreaking resort for families of addicts: Section 35 commitment, the process by which a judge orders a person into treatment if their family, doctor, or law enforcement officer demonstrates that the addict is a danger to themselves or the public.

In 2006, 2,982 people were committed under Section 35, according to Hilary Jacobs, former director of the state's Bureau of Substance Abuse Services, in testimony she gave Feb. 12 before a special legislative committee on substance abuse.

By 2013, that number had risen 67 percent to 4,982 people, Jacobs reported.

Men committed under Section 35 are sent to the 108-bed Men's Addiction Treatment Center in Brockton; women go to the 90-bed Women's Addiction Treatment Center in New Bedford.

But the increase in commitments has strained those two facilities to the point where they cannot cope.

Currently, Section 35 commitments who cannot find a bed in the MATC or WATC are housed in prisons, even if they are not charged with a crime. Men go to a minimum security prison in Bridgewater and women to the Massachusetts Correctional Institute in Framingham.

The increase in women committed under Section 35 has been particularly dramatic, and draining on

Department of Correction resources.

From fiscal year 2008 to 2013, the number of Section 35 women - who had not committed a crime - housed in MCI Framingham rose 533 percent from 43 to 229.

Both MCI Framingham and the men-only prison in Bridgewater offer addiction treatment for the convicted inmates they house.

But neither facility offers addiction treatment for men and women committed under Section 35.

Zachary was lucky, and avoided a stay in prison. When the court ordered him committed under Section 35 there was a bed available at the MATC in Brockton.

But the facility was never intended to be a long-term program with individualized care.

"The facilities are very old," Louise said of the MATC. "It kind of breaks your heart when you go in and see your child there."

Zachary was committed to the MATC for 30 days. The program, however, was forced to discharge him after only 21 to keep up with the backlog of committed men.

An alternate treatment

A paradigm shift is well underway in the opiate addiction field.

Not everyone agrees that a cold turkey detox followed by a 30-day residential program and long-term counseling is the way to beat the disease.

"The notion that somehow it's going to be resolved in five days, 30 days, 90 days, I don't really find valid," said Dr. Wayne Pasanen, former vice president of medical affairs at Lowell General Hospital and the physician at Habit OPCO, Lowell's methadone clinic.

Like most other diseases, addiction can be countered with the appropriate medication - as long as it is paired with a battery of support and counseling services, Dr. Pasanen said.

Suboxone and methadone are the two most common medications used in such treatment. They are both synthetic opioids used to lessen the symptoms of an addict's withdrawal and gradually wean them off their dependency.

On the advice of his drug counselor, Zachary and his mother went to see a doctor about Suboxone in the winter of 2011.

They arrived at his office, on the second floor of a converted North Andover home, to find around 10 other young men waiting in the reception area, Louise said.

Zachary walked into the doctor's office with $100 cash, and came out 10 minutes later with a one-week prescription of Suboxone, which he filled at a CVS down the street.

"There was no counseling going on, so you were just giving the doctor $100 a week," Louise said.

Periodically during his stint with Suboxone, Zachary would sell the medicine to his drug dealers in exchange for stronger pills or heroin, Mickey said. When he was in withdrawal, and out of his own supply,

Zachary would buy other addicts' Suboxone to get him through a day of work.

With little to show for the effort, Zachary and his family stopped going to the North Andover doctor after eight weeks.

"That place had very little to do with getting clean, it was just another pill place," Mickey said.

Doctors must apply for and receive a waiver from the Drug Enforcement Administration in order to prescribe Suboxone. To qualify, a physician need only complete an eight-hour training session.

"It's looser with Suboxone," Dr. Pasanen said. "There's no real supervision of physicians and how they practice it."

Methadone is more tightly regulated.

Hundreds of patients line up every morning inside Habit OPCO's non-descript gray building on Old Canal Drive for their dose of cherry-flavored methadone, Dr. Pasanen said.

Under state law patients must take the dose in front of the clinic's staff, and they are only allowed into the program if they participate in structured counseling programs and undergo incremental evaluations.

Many national addiction treatment advocacy groups laud medication-assisted treatment - including Suboxone - as the best form of treatment for hardened addicts, with the caveat that it must be supplemented by counseling.

Experts across the country said the availability of medication-assisted programs in Massachusetts is one of the state's strongest attributes.

There are currently 47 licensed methadone clinics in Massachusetts, compared to 49 in Florida, which has nearly triple the population and is widely considered to be an addiction treatment Mecca.

"That whole New England corridor has had a greater conversation about methadone, Suboxone, tied into your heroin epidemic," said Mark Fontaine, director of the Florida Alcohol and Drug Abuse Association.

The ultimate relapse

Zachary bounced through several more detoxes, sober houses, a residential program in Brookline, and another attempt with Suboxone throughout 2012.

At a Roxbury sober house where he lived from January to September, he strung together his longest stretch of sobriety - nine months - since he had first taken a Percocet.

But when he moved into a Franklin apartment with two friends who were also in recovery, he began to spiral back into his old life.

Shortly before that Christmas, Louise brought Zachary home to live with her after he relapsed.

He did fine for several months at home, but he relapsed again in April 2013 on Easter Day.

"It was not healthy for him to come back to the same place and do the same things over and over again with the same people," Mickey said.

He was falling back into his old habits; he was stealing from his family to fund his addiction.

Again, Mickey and Louise searched for a residential program in Massachusetts, and again they came up empty.

They sent him to Florida in the spring of 2013 for another "tour of duty," as Louise called his treatments. He completed it successfully and moved into a nearby sober home.

It was there that somebody introduced Zachary to morphine.

On July 19, 2013, Zachary overdosed and died.

Five days later, Zachary's obituary ran in The Sun. The sweet remembrance carried the distinct mark of an opiate victim: There was no cause of death.

"As a parent, we suffer in silence, we suffer in shame," Louise said.

There is a paradox for the families of opiate addicts, said Peterson, of Learn to Cope. People feel ashamed to discuss addiction in public, but the problem is so widespread that few people do not know a friend or family member struggling with the disease.

"Kids are losing parents and parents are losing kids," she said. "It's pretty sad when you have to pick and chose which funerals you go to."

Over a year later, Louise said she cannot blame the system for her son's death - he lost a bitter battle against a deadly, misunderstood disease and there were many people who did their best to help him along the way.

At the same time, however, over the nearly four years her family dealt with Zachary's addiction, she could not ignore the gaping holes in the treatment infrastructure.

"We have to devote resources to fighting the disease," she said. "The system is broken because there's just not a comprehensive enough approach to treat this disease."