

Increased participation in addiction treatment programs and greater turnout at self-help group meetings are beneficial upsides to our nation's recession.

Attendance at one man's AA meetings doubled in the past few months. On Memorial Day weekend, attendance at his Friday evening meeting tripled.

Other addicts are succumbing to the panic and isolation that follows job losses and scheduling cutbacks by relapsing into their addictions.

Many are unable to help themselves. For those who are older or who have chronic medical conditions, withdrawal needs to be medically supervised given that it could precipitate a stroke or other medical emergency.

A recent study reported that 92% of addicts admitted to a leading addictions treatment facility had coexisting medical and/or psychiatric diagnoses.

A professional man, unemployed for over a year, was finally admitted this week to an addictions treatment center.

I wrote about this man's desperate and subsequently futile attempts to obtain help for his alcohol addiction a year ago in a column entitled "Rehabilitation Realities." The column is posted on the Archives page at [www.emo-ed.com](http://www.emo-ed.com).

Recently, he developed a plan to kill himself following a relapse.

He had, yet again, patiently endured many months of intake interviews by individuals incapable of providing help or of prescribing medications for him and he had finally given up all hope of obtaining medical assistance.

This man knew that he had a serious problem, he had made paying his health insurance premiums a priority and he has a co-existing psychiatric disorder.

He has long needed intervention services as an inpatient. He is in his fifties, his family history includes the relevant fact that both of his parents died from strokes and he broke several ribs recently in a fall while intoxicated.

Nevertheless, I received a call this morning advising me that his health insurance company prefers to discharge him after only a weekend of detox.

Among greedy companies who have contributed to our nation's economic and moral demise, health insurance companies must be held to high account.

It is morally reprehensible for them to make profits by delaying treatment to increasingly desperate individuals with addiction and psychiatric disorders.

Losing a job coupled with diminished access to health care as well as an increasingly likely prospect of homelessness has become a perfect storm of despair for many individuals, in particular for those with addiction problems.

It is unacceptable for so many of our citizens, some of whom fought in foreign wars for our freedom, to end up homeless, incarcerated or even dead as alternatives to obtaining prompt and proper mental health interventions.

As a culture, we have a tendency to discredit people with psychiatric and addiction disorders. We even tear down homeless shanties and pass laws to prohibit begging as a means of obtaining sustenance while at the same time leaving frantic human beings with few to no other reasonable options.

Whenever I read about the rescue of abused or homeless cats and dogs, I am left to wonder what it is in our national psyche that permits us to ignore the very same intolerable conditions when they afflict other human beings.

We rationalize our national behavior by suggesting that these increasingly desperate individuals need to pull themselves up by their own bootstraps.

We have elevated Mother Theresa nearly to sainthood for her work with outcasts in India while we ignore and even abuse our own sick people here.

The widespread disenfranchisement which our culture attaches to addicts and psychiatric patients makes it easier for nation's increasingly greedy and inhumane mental health insurers to rationalize treatment delays and denials.

Our current national conversation about this nation's founding values needs to be extended well beyond esoteric academic discussions of corporate greed and whether the torture of military prisoners was ever acceptable.

We need to begin discussing procedures to assure the provision of prompt, proper, humane and non-exploitative treatment to our psychiatrically disabled and addicted citizens by our nation's health insurance carriers.