

Addiction and recovery: A human face on the substance use crisis in Worcester

Worcester has one of the highest drug overdose death rates in the state. But numbers don't tell the whole story. People are suffering, and one woman shares her saga of addiction and recovery.

WORCESTER – It's well documented that Worcester faces a homelessness and substance use crisis. The city has a shortage of roughly 200 beds that could help those suffering with these scourges, according to some advocates. Worcester just opened a [60-bed emergency winter shelter](#) at the former Registry of Motor Vehicles headquarters on Main Street for single homeless adults to help alleviate the shortage. But it's only open through April, and the need for beds will more than likely extend beyond April.

Meanwhile, from 2021 to 2022, Worcester had a roughly 35% increase in drug overdose deaths, including city and non-city residents, according to Dr. Matilde Castiel, the city commissioner of health and human services. It's a different story compared to 2022 through the first nine months of this year. Over that period, Castiel said overdose deaths in Worcester for city and non-city residents dropped nearly 20%.

There are a lot of numbers here that highlight deep social problems. But numbers can cloud one's understanding of the crisis, because numbers are impersonal. There's no face attached to these figures.

That's where Karen DiSaronno comes in. She puts a human face on this crisis as she shared her long struggle with drug addiction. In a lengthy interview that included moments of tears shed by DiSaronno, she believes she's finally on solid footing with a bright future ahead.

Cooking is her passion

The 48-year-old DiSaronno loves to cook Middle Eastern dishes, especially grape leaves. But she needs a new stove to get it done.

"I'm pretty persistent," she said for getting that stove. Dressed in black and comfortably seated in her living room near a decorated Christmas tree, DiSaronno hopes the stove comes soon because her housemates want to gobble up her homemade dishes.\

Cooking is routine in many homes this time of year during Hanukkah and Christmas, but the place DiSaronno lives is not your traditional home. It's a sober house, where DiSaronno and other women recover from some of life's demons.

Car accident started downward spiral

In 2016 DiSaronno, a Lawrence native, was driving in Haverhill and suddenly the car malfunctioned, flipping over several times. An ambulance raced her to Lawrence Memorial Hospital, and then she was airlifted to Boston's Beth Israel Deaconess Medical Center.

DiSaronno was in a coma for four days, and doctors wanted to perform reconstructive surgery on her face. She declined, because she felt the medical team was rushing her care and she didn't have full faith in them.

After nine days at Beth Israel, DiSaronno was sent home to live with her boyfriend, along with a month's supply of pain medication. Access to refills was a problem, so DiSaronno said she bought street drugs through her boyfriend's contacts. It started with Percocet and moved on to heroin.

"I felt there was no way out of my addiction."

Probation, then jail

Crying as she recounted the embarrassment of hiding her addiction from her three children, DiSaronno said she considered suicide: "I felt there was no way to get free of the addiction."

The downward spiral continued. DiSaronno got into an argument at home, police arrived, and they found drugs in the apartment. She received probation, spent three weeks in detox, but couldn't kick her addiction.

A toxicology screen revealed drugs in her system, and she was sent to jail at the South Bay House of Correction, where she spent nearly three months: "All I wanted to do was get high when I got out."

That's what she did, and a mixture of cocaine and fentanyl knocked her unconscious in a parked car at a Market Basket supermarket. Police arrived, and after a failed sobriety test, DiSaronno was sent back to jail at the South Bay House of Correction.

An Uber ride and a turning point

Released from jail this February, DiSaronno returned to her boyfriend's house, where she said he was using drugs. That's when the proverbial lightbulb went on. She knew it was time to make a clean break, and DiSaronno called an Uber to take her to the nearest detox facility.

"It was the turning point."

After a drug treatment stint at Independence Hall in Shrewsbury, followed by six months at a Worcester halfway house run by Veterans Inc., DiSaronno moved into her current home, the sober house where she's lived for the past month.

She is taking a culinary class at Quinsigamond Community College and hopes to study at QCC to become a surgical technician.

"I'm realizing there are things that make me happy," like this Thanksgiving when she prepared grape leaves with her children. She's also severed ties with her boyfriend: "It's very difficult to leave someone you love behind. To move forward, I definitely had to let go of that."

Sober for the past nine months, DiSaronno is thankful for a support system that includes the Worcester County Sheriff's Office and Open Sky Community Services in Worcester. DiSaronno said Open Sky awarded her a \$10,000 grant to pay for housing, and she wants to make Worcester her permanent home.

"I've met a lot of great people in the recovery support system, and living in Worcester is the best option for me."

'It's all about the support'

Considering Worcester's shortage of beds and its high rate of overdose deaths, DiSaronno was asked what is the best way is to tackle this crisis.

"Once you finally get in the (treatment facility) door, it's all about the support. At the (Veterans Inc.) halfway house, your only job is to think about yourself and get better."

Genuine commitment is another factor: "I wanted it, absolutely. You can only fake it so far."

There's more, said DiSaronno. It's having access to a primary care doctor. Massachusetts and the nation face a severe shortage of these doctors, and DiSaronno is thankful she has one: "It's a case of a lot of demand and not enough supply."

Dr. David Smelson, a professor in the Department of Medicine at UMass Chan Medical School, backs DiSaronno's claim that a full range of support during treatment and recovery is the key to conquering drug addiction.

"Accessing care and getting engagement in care is critical," said Smelson. DiSaronno's strength and resilience also account for her success, said Smelson.

Smelson has a research study underway that is funded by the National Institutes of Health. It uses treatment methods for those facing concurrent substance use and mental health challenges. The methods were developed by MISSION (Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking), founded by Smelson 27 years ago.

The study's goal is to determine which methods work best, either separately or in combination. Nearly 200 people are enrolled in the research, and Smelson hopes to enroll 800 more over the next two years.

Anyone with opioid use disorder and mental health problems living in Worcester or Western Massachusetts can participate, as long as they have a doctor's referral. Participants will receive free MISSION services for six months.

Smelson explained three components to the study. One is “critical time intervention.” Staff connect participants to community services that address social determinants of health, including housing, employment and food insecurity.

The second is 13 mental health and substance use treatment sessions for each participant. “Peer support” is the final component. That means participants attend recovery sessions held in community settings like libraries or homes.

DiSaronno benefited from MISSION in her recovery. She was set up with a recovery coach and a peer specialist: “They were the first people I could count on when I came to Worcester. They were huge.”

MISSION is aligned with Worcester's Family Health Center on another study.

Over the next five years, 250 people with opioid use and mental health disorders who are getting care at Family Health Center will also receive community services through the MISSION model.

Like the NIH study, research will determine which MISSION programs work best for treatment.

The program is funded at more than \$500,000 annually through a five-year grant from the Substance Abuse and Mental Health Services Administration. Funds will help deliver MISSION services to 50 people yearly and will prioritize services for Hispanic/Latino and Black/African American participants.

Bed shortage: challenges ahead

With 27 years of data, Smelson said MISSION improves mental health and substance use outcomes and reduces homelessness. But given the city's shortage of beds, Smelson acknowledged the challenges ahead.

“When you're losing 200 beds, there is a gap. When we developed MISSION, we know the health care system is stressed. That's why we wanted to offer community-based care. With the opioid crisis getting worse, there definitely needs to be more resources available. A lack of resources to connect people to makes recovery more challenging.”