

# Money

DECEMBER 2018 • MONEY.COM

## THEIR OPIOID CRISIS

How much  
more can we  
take of this?

Are we being  
too selfish?

What if  
they die?

Parents are  
cutting off their  
**opioid-addicted  
kids**—and it's the  
toughest decision  
of their lives.

Michelle and Kim Humphrey  
of Glendale, Ariz., say they  
spent more than \$50,000 to  
help treat their two adult sons.



(REPRINT)

# Parents Are Cutting OFF Their Opioid Addicted Kids — and It's the Toughest Decision of Their Lives

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November 12, 2018



**Humphrey family (from left): Andrew, Kim, Sean, and Michelle at their kitchen table in Glendale, Ariz. Photograph by Gregg Segal for MONEY**

Kim Humphrey was sitting in a sea of chairs, surrounded by about 40 people he had never met, when the Phoenix police officer finally realized what a train wreck his life

He didn't want to talk about it. Especially to a bunch of strangers. But his wife, Michelle, had researched addiction support groups online, found one at a recovery center across town, and dragged him here all the same. And now, as Kim stewed silently in his seat, mentally rehashing the made-for-TV movie he found himself in, he had a moment of clarity.

Kim isn't an addict, but like everyone else in the room, drug and alcohol abuse had sunk its barbs into his kids, and that was robbing him of his health, sanity, and nearly every penny he had. For close to a decade, he and Michelle had shuffled their two sons in and out of rehab centers and hospitals. They paid for cars, medical bills, and legal fees. They handed their sons cash for food, gas, and clothes, and when they realized it all went toward drugs, they tried giving them gift cards instead (It turns out - thanks to a grocery store's gift card redemption machine, those could be turned into drug money too.)

In some ways, they had been lucky. Both of their sons were alive, and as a public employee, Kim's health insurance had saved them thousands in medical costs. All told, the couple still spent more than \$50,000 in a futile attempt to save their kids from addiction, he estimates.

The emotional costs were even more staggering. By the time Kim made it to that first support group, the stress of wondering where his kids were, what they were doing, and

whether it would end up killing them was so overwhelming, he'd taken a leave of absence from work. He was too depressed to make it into the office, he says. Some mornings, he was too depressed to get out of bed.

"I felt like, as a guy, a cop, a dad, that I should be able to solve this," Kim, 57, says. "We begged, we cajoled, we tried everything we could to get them help. And everything backfired."

Money struggles are a common theme in addiction stories. Drug abuse eschews logic; rent money and retirement savings don't often top an addict's list of priorities. As a result, many parents, like the Humphreys, foot the bill for every debt their child neglects—on top of every recovery strategy (rehab, outpatient counseling, therapy) they can throw their paychecks at.

Kim met some of these people at his first meeting, and when he came back the next week and the week after that, he met still more. He got to know their stories intimately: parents who spent hundreds of thousands of dollars, emptied out their 401(k)s, and declared bankruptcy on account of a child's addiction. A mother who had lost her home; a father who had replaced his daughter's car eight different times. A couple who couldn't bear to kick their son out of the house but, because he'd stolen so much of their money and disrupted so much of their lives, had resorted to letting him stay in their garage—and feeding him meals through a doggy door.

The meetings were hosted by Parents of Addicted Loved Ones (PAL), a growing network of faith-based support groups sprouting up across the country. Kim says it saved his family.

For years, he and Michelle had wrestled with a question that plagues every family of an adult addict. Should we cut off our kid?

Now they had an answer.

For all the bleak public health reports, for all the PSAs, for all the fist pounding, change-promising, bipartisan-haranguing stump speeches, the magnitude of America's addiction problem is still remarkably hard to comprehend.

At last count, more than 2 million Americans were addicted to heroin or prescription opioids, the umbrella term for painkillers like morphine, codeine, and oxycodone. More than 70,000 people died from a drug overdose last year, according to federal estimates, prompting the Department of Health and Human Services to declare a public health emergency. Owing in part to the spike in overdose deaths, for the first time in decades, the American life expectancy is declining.

But the struggles of families, if those stories are told at all, play second fiddle to the relentless cycle of overdose, withdrawal, and relapse in every addiction narrative. The burden alcohol and drug abuse places on millions of parents—and the choke hold it has on their finances—is itself a crisis.

Watching a son or daughter succumb to drug abuse is a special kind of torment. Some parents feel deeply responsible for the addiction eating away at their child's personality, health, and future, even if its impetus was out of their control. It's a grief so deep, there's even a medical term for it: "chronic sorrow," the feeling of a "living loss" more commonly associated with

parents of children with chronic health conditions. Naturally, they want to do everything in their power to stop it.

Often, parents slip into a caretaker role: making their adult son's or daughter's meals, chaperoning them, and paying for everything from rent to rehab. Some clinicians call these relationships "codependent," though lots of people working in the addiction space reject the term, saying it puts undue blame on loved ones.

What experts do agree on is that getting clean is largely independent of how much money you spend or what kind of rehab you spend it on. If individuals aren't ready to commit to sobriety, bankrolling their lifestyle or bailing them out of every debt probably isn't going to persuade them otherwise.

"[Parents] are faced with this dilemma: Do I help them get out of this in the short term, or do I let them experience the natural consequences of their behaviors?" says Kenneth Leonard, director of the Clinical and Research Institute on Addictions at the University of Buffalo. "You don't want to do anything that will ruin their lives, but on the other hand, you want them to learn from experience. Nobody wants their child to suffer, short term or long term."

When Diane Buxton's son developed an opioid addiction in high school, she was resolute in her mission.

"I was going to save him," 67-year-old Diane says.

He had been prescribed painkillers for a football injury, gotten hooked, and switched to heroin. Now, as his friends went off to college and started families, he had morphed into a walking D.A.R.E. ad—when he wasn't out getting high, he lay slumped on her couch, zoned out in front of the TV. Diane, who lives in a middle-class neighborhood in Indiana, says she spent more than \$70,000 on eight rounds of rehab, outpatient counselors, and miscellaneous expenses that ranged from putting gas in her son's car to paying for his lawyer. After eight years, nothing had worked.

"I remember walking through my living room one day and seeing my 130-pound son, who was supposed to be 160 pounds, sitting on the couch with needle marks in his arm," she says. "And I heard this voice saying 'You're loving him to death.'"

Shortly after, Diane gave her son a choice: Stay at a local mission center, check yourself into a free rehab, or move in with a friend. Living at home and siphoning off her generosity were no longer options.

He did move out and bounced around from couch to couch before eventually checking himself into rehab. Today, Diane says, he's been sober for six years and co-owns a subcontracting business in New Hampshire. ("They have their own T-shirts!" she says, beaming.)

"If I had not given him that choice, he'd be dead or in prison," she says he tells her.

This redemption story isn't the norm. The truth is, we know very little about our addicted population and even less about how to treat them. People respond differently to recovery methods, especially when their addiction started as a means to treat pain or when it underscores a mental health issue. According to a 2017 survey from the Substance Abuse and Mental Health

Services Administration (SAMHSA), 8.5 million adults in the U.S. experience both a mental health (depression, PTSD, anxiety, etc.) and a substance use co-occurring disorder."

What's more, new data suggests that interventions can do more harm than good, and that the absolutist, abstinence-only approach to recovery that groups like Alcoholics Anonymous have long touted doesn't work for everyone. Multiple studies have found that medications like methadone and buprenorphine are the most reliable means of rehabilitation, though not the only ones. But since those drugs are opioids themselves, officials haven't exactly warmed to using them as a wide-scale treatment method.

In the meantime, this is an economic burden we're all shouldering. Researchers at the Centers for Disease Control and Prevention estimate that the abuse of prescription opioids alone comes with a \$78.5 billion annual economic price tag. Policymakers are split on the effectiveness of harm reduction strategies like supervised "safe injection sites," but experts argue that the criminalization of drug possession—for which black adults are more than twice as likely to be arrested as white adults—won't solve that problem.

For many parents, the big financial question—the "should we or shouldn't we" that hangs over every family of an addicted loved one—exists outside of these debates.

Severing financial ties with an addict isn't a treatment method, so whether or not it "works" is beside the point. It's not about "tough love" or "rock bottom," they say. It's about self preservation and putting what's best for your family—and the future of every member—above the irrationality of an addicted brain.

There are plenty of stories like Diane's—parents who got help for themselves and, in the process, changed their child's life for the better. But often, that's only after they've exhausted every other option.

"Families come to treatment with very unhealthy boundaries," says Ipek Aykol, a therapist in Newport Beach, Calif., who specializes in addiction counseling. "If you're giving your child money, and your child is spending that money on drugs, it's not serving them."

The decision to cut off an addicted son or daughter comes with a list of ancillary, but equally pressing, questions.

Do I go cold turkey—to borrow a recovery phrase—or cut them off in baby steps? Do I continue to pay for things that support a drug-free lifestyle, like substance abuse counseling, or sever all financial ties? What if they can't afford to eat? What if they're in withdrawal and ask for something as simple as a cup of coffee or a bottle of ibuprofen? Am I willing to watch them lose their home or wind up in prison? How long can I go without hearing from them? Am I being too harsh? Too selfish? What if they die?

To test the waters—and their own strength—some families start small.

"It's really hard in the beginning," says Katie Donovan, a 46-year-old mom who lives in the suburbs of Detroit. Tith addiction, anything can be a trigger."

Katie says her 27-year-old daughter started taking pills as a teenager, which led to snorting and eventually injecting heroin. For years, her daughter's life revolved around drugs. And for years, Katie's life revolved around her daughter (to the tune of about \$200,000, she estimates).

When her daughter got a job, Katie set her own alarm to make sure she woke up for work her uniform was dirty, Katie washed it and set it out for her to wear.

The rest of Katie's relationships, especially with her husband and younger daughter, were suffering. They were all stuck, in a way. Rehab, relapse, repeat.

"I was interrupting my whole life, constantly, on a daily basis, to take care of her,"

Katie says. "I didn't realize that I had become a part of it. I was addicted to her."

Slowly, Katie started to untangle herself from her daughter's life. She stopped doing little things, like buying all her clothes and making all her doctor's appointments. It wasn't easy, Katie says. "But when I started becoming stronger and saying no, ironically, she became stronger."

Eventually, Katie's daughter moved to a treatment center out of state and began an earnest journey toward recovery. She's had lots of success: One period of sobriety lasted three years. But nearly a decade after the addiction began, recovery is still an ongoing battle.

One night in August, Katie learned that her daughter had overdosed and was stabilized at a hospital in Florida. It's a call that would throw the most even-keeled mom into crisis mode, and usually, that's exactly how Katie would have reacted. Her daughter had overdosed about a half-dozen times before, and after each of those incidents, Katie lay in bed for days, unable to do—or think about—much else.

It's exhausting, trying to live a person's life for her. Once Katie stopped trying, she was able to start living her own again. And this time, when she got the call from the hospital, she was equipped to handle it.

The next day, Katie went golfing with her husband, as she had planned. The day after that, she went to a concert with friends.

Katie is always there for her daughter emotionally, she says. They call each other constantly and even run a joint blog about addiction. But Katie has her own life now—and in order for that to continue, she can't be there for her daughter financially.

"It's easy to buy a car. It's easy to pay for court costs and to bail them out of every situation," she says. "It takes a very long time to gain the strength, courage, and faith to say no. I believe in loving with boundaries. She knows that, emotionally, I accept where she's at. Am I going to give her money? No."

For families belaboring where, exactly, to draw the line, some decisions are easier than others. The street prices of drugs vary—heroin goes for about \$10 to \$20 a bag; painkillers like OxyContin cost at least \$50 a pill. But since heavy users shoot, snort, or swallow drugs multiple times a day, a steady stream of cash can easily fuel a \$100-a-day habit, no matter what the drug. When parents realize this, their untethered financial support tends to dry up quickly. Deciding whether to pay for rehab is much more fraught.



Katie Donovan and her husband, John, at their home in Macomb, Mich.  
Photograph by Nick Hagen for MONEY

The cost of rehab varies wildly by state, insurance provider, and services provided. Most out-of-pocket inpatient costs range from a few thousand dollars to more than \$20,000 for a 30-day program—though a "luxury" center, the kind that a celebrity might frequent, can easily top \$100,000. "Aftercare," recovery-speak for outpatient treatments like methadone maintenance and counseling, can add thousands more to the bill.

Most rehab facilities offer a sliding scale fee, according to SAMHSA, and most insurance plans will reimburse a patient for a certain number of days. But some patients need to stay longer than their insurer is willing to pay for, and many come back to treatment again and again. Eventually, even the best insurance runs out.

The thing about rehab is that it can work. Sometimes it works after the first try, and sometimes it works after the fifteenth. But there's not a lot of evidence to suggest that expensive, froufrou, pop-star-caliber treatment gets any better results than the free kind at the Salvation Army. And despite aggressive marketing campaigns aimed at filling beds in rehab centers across the country, there's no way of knowing if rehab will work for your kid at all.

For Fred Leamnson, a 64-year-old financial advisor in Fairfax County, Va., it took years to throw in the towel.



**Cathy and Fred Leamnson at their home in Reston, Va.  
Photograph by Ryan Donnell for MONEY**

Fred says he and his wife, Cathy, spent more than six figures trying to combat their son's heroin addiction—starting with a \$6,000 debt to drug dealers they paid off.

Cutting him off financially was one of the hardest decisions the couple ever had to make. Sticking to it was even harder.

"There's no playbook for this," he says. "Nobody understands unless they've actually been through it."

Fred writes a blog about personal finance—market commentary, mostly, and tips on financial planning. In June he wrote an off-the-cuff post about his family's story and what he's learned from it.

"We made so many bad decisions about our finances along this journey," he wrote on his blog. "The best advice I can offer is advice we didn't follow—protect yourself and your finances at all costs!"

It's a strong statement—far too definitive for many parents. But Fred stands by it. In the months since he wrote that post, at least 50 parents have reached out to him with similar stories, he says. A handful have booked appointments to meet with him one on-one.

"Every parent I've talked to has some version of this story," he says. "It's pervasive."

Kim and Michelle Humphrey went the "baby steps" route.

They canceled the family cell phone plan first and bought each of their sons a pay-as-you-go phone to fill up on their own as they pleased.

Next came car insurance payments and credit card bills.

Later, when their oldest son, Sean, was in treatment, they handed him a contract.

"They printed out a list of what they were willing to do for me," Sean, 31, says. "I was completely thrown off guard."

Before, "whatever I needed, they would help me with," he says. "Now I knew I couldn't just waltz over to their house whenever I felt like it."

For a long time, it was hard to tell how the Humphreys' story would end. Sean's health was failing, and he struggled with bouts of homelessness.

One Christmas, as Kim and Michelle were getting ready to leave town for vacation, the telephone rang. Sean had been hospitalized with a viral infection—one of the risks of being an intravenous drug user.

This wasn't the first time they had gotten this call. This wasn't even the first time Sean had been hospitalized on Christmas. So the couple made a decision that would have been unfathomable a few years earlier. They went on vacation anyway.

For Sean, that was when things started to click. He knew his parents weren't going to bail him out of the mess he was in, and if he wanted them back in his life, he'd have to figure it out himself.

Sean left the hospital and checked himself into rehab. Andrew, his little brother, went into recovery shortly after. Both have been sober for more than four years now.

There were a lot of things that helped push Sean into recovery. Poor health and a good 12-step program probably had something to do with it. But what certainly didn't help, he says, was his parents' unwavering financial support.

"Before, they were helping me stay sick," he says. "Whether it was giving me money or driving me to treatment centers, they were always trying to rescue me. None of that ever works for anyone. The best thing they could have done to help is what they eventually did. Getting help for themselves."

Kim retired from the Phoenix Police Department in 2014 and now works as PAL's executive director. Today there are about 120 PAL groups in 32 states, and that number is growing. Kim says the organization gets as many as 50 inquiries a week from parents who want to start a group in their own community.

He can't take away the fear those parents have—or the risk that their kids will wind up in prison, or worse. But he can talk about his own experience and how learning to support his sons emotionally, but not financially, contributed to their recovery.

Recently, an elderly couple came to his local PAL chapter for the first time.

The couple's 56-year-old son was a heroin user, they told the group. They had rented him an apartment, bought him a car, and paid for his car insurance. Every week they made sure his fridge was stocked with fresh groceries.

He couldn't do any of these things himself, they explained. He was "incapable of it."

"Here's the question that was once posed to me," Kim told them. "Why is this guy not getting any better? The answer is really simple: Because he doesn't have to."

*An earlier version of this story misstated Kim Humphrey's title. He is now the Executive Director of PAL, not Chairman.*