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PA House of Representatives House Human Services Committee
Informational meeting on SUD and OUD issues during the COVID-19 pandemic.
August 25th, 2020 Testimony William Stauffer LSW, CCS, CADC

Opening Comments and Overview of Recovery Community Organizations

- PRO-A wishes to thank the House Human Services Committee for including us here today in this informational meeting.
- We are also deeply grateful to the treatment and recovery support service system workforce who are tirelessly serving people in need across Pennsylvania in these very difficult times.
- The most underutilized resource we have to support addiction recovery are the thousands of Pennsylvanians in recovery who understand how to effectively recover from addiction. Recovery is contagious - lets spread it!
- People recover in community. Strong, effective policy and interventional strategies are best developed collaboratively with recovering people and recovery community organizations who are central to the effectiveness of those strategies.

What is a Recovery Community Organization - *A recovery community organization (RCO) is an authentic, independent, non-profit organization led and governed by representatives of communities of recovery. These organizations organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide recovery support services.*

Who we are - the Pennsylvania Recovery Community Organizations – Alliance (PRO-A): We are the statewide RCO, a 501C3 that started in 1998 with a mission to "To mobilize, educate and advocate to eliminate the stigma and discrimination toward those affected by alcohol and other substance use conditions; to ensure hope, health and justice for individuals, families and those in recovery" has we have worked collaboratively to develop recovery initiatives within the substance use care system across five PA administrations. We have over 5000 members and membership **has always been free**. We provide education, training and technical assistance across the state of Pennsylvania.

- 24 states have statewide recovery community organizations similar to PRO-A, many of which have also supported financially through state resources.
- We were born out of what is called the national New Recovery Advocacy Movement predicated on the belief that no policy or service should be developed without the full participation of the authentic recovery community. These concepts were embraced across our care systems and were heavily influential in the development of Recovery Oriented Systems of Care (ROSC) that here in PA established collaborative efforts across several departments of government and recovery community stakeholders over the last 15 years.
- Peer recovery support services provided by authentic recovery community organization's remain a fundamental element of a recovery-oriented system of care vision in Pennsylvania and beyond.

PRO-A collaborative work with our Department of Drug and Alcohol Programs (DDAP) has historically been central to its state plan (page 11):

"Recovery is the foundation of DDAP's work on behalf of individuals and families experiencing drug and alcohol problems. With recovery as a cornerstone of DDAP's work, it is essential that we support and promote the statewide recovery organization to ensure that we continually have representation of the faces and needs of the individuals and families that we exist to serve distinct from stakeholders in the direct service arena. It also provides a mechanism to engage and support individuals and groups across the Commonwealth concerned about the issues of addiction and recovery.

Noted work conducted by PRO-A for the state of Pennsylvania include:

- Development of the Recovery Oriented Systems of Care - White Paper in 2008 through the Pennsylvania Drug and Alcohol Coalition established in collaboration with Pennsylvania Governor's Policy Office, Department of Public Welfare, Office of Mental Health & Substance Abuse Services and the Department of Health, Bureau of Drug and Alcohol Programs.
- Development of the Certified Recovery Specialists (CRS) with other RCOs, one of the first peer credentials in the nation, designed by the recovery community to serve our needs.
- Oversight of the Certified Drug and Alcohol Recovery Housing (CDARH) Task Force for DDAP. This report assisted the hard work of this body in the passage of Act 59 of 2017.
- Authored a paper at the request of DDAP to examine national trends to improve best practices for our recovery community Thriving Communities in Recovery: Policy Report on National Trends, Best Practices, and Evaluation of How Pennsylvania Can Improve its Recovery Environment.
- Facilitated a series of focus groups in 2019 for our Department of Drug and Alcohol Programs on Peer Family Support Services (PFSS) to inform the development of family peer services.
- Completed a 2020, preliminary report to our Department of Drug and Alcohol Programs titled Strategic Peer Workforce Development focused on strengthening the SUD peer professional workforce that came out of our organizations grassroots efforts over the last two decades.

Supporting Recovery During the COVID-19 Pandemic

1. Stabilize our fragile treatment and recovery support service system. Dramatic increases in substance use across the country and evidence of increased resumption of use within the recovery community highlight the dire need we have to preserve our care infrastructure.
2. Focus resources on strengthening our public substance use service system infrastructure, including our treatment and recovery support service system which has been underfunded for decades.
3. Strengthen and support our SUD service system workforce who are on the front lines and face overwhelming odds to provide care day in and day out.
4. Include the recovery community at all levels of our care system design and implementation as ultimately recovery occurs in community to ensure a long-term care infrastructure that works for generations to come. This will help us spread the "social contagion of recovery and hope."

COVID-19, Deaths of Despair and Serving Diverse Communities

The opioid epidemic is part of a larger trend in America related to deaths of despair which have hit rural communities particularly hard. Deaths related to despair over the last two decades include opioid and other overdoses, increasing mortality rates associated with alcohol dependence and, as noted by the CDC a steadily increasing rate of suicide in America across the last several decades.

The underlying elements of deaths of despair seem to link to a general loss of hope, loss of purpose and loss of connection across our society. These are deeply troubling trends that suggest a need to strengthen community, strengthen family and social institution connectivity and strengthen employment and civic engagement across our society. Deaths of despair seem to have has a greater impact in rural communities, which perhaps has led to an increased focus on deaths from these causes.

These deaths of despair have been largely experienced by white, non-Hispanic males. We also know that the African American have been experiencing reduced life expectancy for decades. On average still less than that of non-Hispanic White men born in 1990. According to a paper published in 2012 in the Frontiers of Psychiatry, African Americans have higher abstinence rates than the general population, but experience a disproportionate health consequences related to addiction and significant disparities in drug related incarcerations. When in treatment, studies have found that African Americans are less likely to complete, largely because of socioeconomic factors. All of these dynamics may very well be exacerbated by the COVID-19 Pandemic. A recent study published in the Lancet on the COVID-19 pandemic found that Black, Asian and Minority Ethnic individuals had an increased risk of infection COVID-19 and worse clinical outcomes, including ITU admission and mortality. We must move towards care that addresses the needs of all our diverse communities, including black, indigenous and people of color.

The COVID-19 Pandemic has been exceptionally difficult for the entire recovery community. COVID-19 related social isolation and stress can increase susceptibility to substance misuse, addiction, and relapse. Recovery occurs in community, and the pandemic has disrupted that community. We have seen a spike in overdose deaths with early data estimating that overdoses are up by roughly 18%, with later reports suggesting that the increases could be as high as 42%. It is being reported that as many as 75,000 people might die from suicide, overdose or alcohol misuse, triggered by the uncertainty and unemployment caused by the COVID-19 pandemic. We are also seeing a dramatic increase in alcohol sales nationally. March 2020 alcohol sales were up 55%, fueling concerns about increased substance misuse to cope with the stressors of COVID-19. Methamphetamine, which is on the increase in PA, has been found in some studies to reduce resistance to COVID-19 through lowered immunity and increased rates of infection.

The Pandemic is also resulting in disruption of treatment and recovery support services. Programs across the state have closed, like this one a few weeks ago in Berks county. We have a care system workforce working tirelessly to keep services open and safe. And they are doing it with the lowest substance use professional pay rate other than West Virginia in our SAMSHA region. Care disruption is largely due to fear of people with addictions seeking help is a result of COVID-19. Programs are also experiencing financial difficulties created by census levels well below the break-even point due to the Pandemic and experiencing increased costs to safeguard patients and staff from COVID-19 through testing and protective measures.

There are alarming stories of relapses within our community, even among people who would under more normal circumstances be considered stable. Recently, at the World Economic Forum COVID Action Platform, Dr Judith Grisel of Bucknell University stated in respect to addiction recovery that "repairing the holes in the bucket requires connecting with other people. Our addictions thrive in alienation and so it's absolutely a challenge to figure out ways to cope and connect that are

sustaining." Loss of connection due to physical distancing, shelter in place requirements and job losses may well underpin increased resumption of use in our communities.

Efforts to decrease deaths of despair, including those from addiction must include addressing the disparate social determinants of health in stark relief as a result of the COVID-19 pandemic. We must begin to examine service access and utilization data so we can more fully understand care disparities and move towards care without disparate outcomes. This will mean moving away from an acute crisis orientation and addressing broad care sytstem infrastructure needs. To do this effectively, we must include people in recovery in the design, development, facilitation and evaluation of care. This is vital in order to develop these care models in consideration of the diverse communities who use them and the communities in which they will sustain recovery over the long term.

Moving Beyond a Crisis Orientation to Sustain our Care Infrastructure

Crisis mentality narrows focus – We have been on a crisis footing in respect to addiction for many years, well before the opioid epidemic. While a great deal of progress had been made reducing overdose deaths, those deaths must be viewed in terms of our larger SUD service structure infrastructure needs specifically and healthcare disparity in general. Overdose deaths are tragic and sudden, but are also only part of the picture in respect to how addiction kills our family members and friends. Whole person recovery is key to long term efficacy for our care system.

Opioid Addiction is only part of the dynamic – We have somewhat incorrectly focused federal resources flowing to the states on opioid as overdoses highlight these tragic losses, yet missed the larger trend of deaths of despair and disparate social determinates of health occurring in our society. In this 2015 report by the CDC, 96% of past-year heroin users reported use of at least one other drug during the past year, and 61% reported using at least three different drugs. In addition, a significant percentage of heroin users met diagnostic criteria for past-year misuse of, or dependence on, other substances. We must treat and support the whole person, including recovery support needs.

Moving services into the virtual environment – One of the untold success stories of the COVID-19 pandemic is the work that the recovery community did to move recovery support services and recovery fellowships into the digital realm during the early weeks of the COVID-19 pandemic. PRO-A has played a very active role in supporting efforts to address these needs since the early days of the Pandemic. Most notably coauthoring a paper with internationally esteemed author Bill White on who is left behind in on line services and facilitating training nationally and roundtables across the country to support the effective development of on line treatment and recovery support services. Some people find digital services less intimidating and more convenient to access, while others have difficulty using them or prefer face to face interaction. We have the opportunity in the early stages of the use of telehealth services to determine with whom and how they can be used most effectively.

Inclusion of grassroots recovery community organizations – People recover in community and nurturing the environment in which recovery is fostered is critically important for persons with addictions, our families and our communities. Recovery fosters resiliency and the development of recovery capital. Evidence suggests that recovery is contagious – it has been characterized as the contagion of hope. Recovery benefits everyone in the communities it occurs in, this has been a central focus through the mission of PRO-A since our inception and we are prepared to assist in these efforts.

Addressing the Trauma Load on the Recovery Community from COVID-19 – We are learning that the trauma load created by the COVID-19 pandemic is particularly hard on our recovery communities. PRO-A is working to provide support and educational material like our Post Traumatic Information Sheet while getting information out across state on virtual and in person recovery events and COVID-19 resources and support platforms in order that people can sustain their recovery. Focusing support and inclusion strategies on recovery communities is important for a myriad of reasons. We are learning that strengthening recovery in communities has protective properties against addiction, and make communities healthier. There is evidence that recovery can spread in ways that improve overall community wellness, and helping others can actually help people sustain their own recovery.

Strengthen our care system infrastructure for the next generation – As programs are shuttering their doors across Pennsylvania in recent weeks, it has become increasingly apparent that many programs, particularly the public sector programs teeter on the edge of solvency even in the best of times. This is in no small part because resources for strengthening our substance use care system have always been limited. As all service systems, we need more resources in order to improve that care system. We also should consider how resources that we are able to get are expended in ways that strengthening our care service system over the long term to ensure it is available for the next generation.

Long Term Recovery Care Service and Support Model

Beyond the COVID-19 pandemic, addiction is arguably our most profound national public health crisis. *We should be shouting from the rooftops what science is showing us* – that maximum effectiveness of recovery is achieved with a five-year sustained recovery model – 85% of people with a substance use disorder (SUD) will remain in recovery for life if they achieve five years of recovery.

Achieving this standard of care across our service system requires expanding peer and community focused services and reorienting care to a long-term service model. It should link clients to peer professionals to make continued abstinence more appealing and beyond interventions focused on the individual or family to include the local community to incentivize longer-term recovery. Such a model includes treatment assisted by medication, peer support services, family supports and case management to help people get back into care quickly in the event of resumption of use. People should be able to obtain multiple services based on individual need, generally reducing in intensity over time. In the event of resumption of active use, people must be able access more intense care in real time with no arbitrary limits, delays, or barriers, much like what happens with a heart attack.

When a person gets a diagnosis of cancer, our medical system orients care to initiate multiple interventions, procedures, supports and checkups over the long term. If one approach does not work, we move to another. We do not refuse care or limit care if one procedure does not work. It is a chronic care model. Such a system is flexible, properly resourced, and offers multiple pathways to health. The system coordinates care in a supportive manner through the disease process to then celebrate five years in remission. This model, the five years recovery model, makes sense to the recovery community.

Systems and people alike cannot get out of crisis with a crisis mindset. While we have made significant strides here in addressing the opioid element of the addiction crisis, the COVID-19 pandemic is showing that our overall care system infrastructure is frail and now is an opportune time to consider how to reshape our care system for maximum efficacy to address our addiction epidemic in a systematic and manner inclusive of our recovery community stakeholders at the state and local levels.