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First, we want to thank the HOPE Caucus for the opportunity to present written comments. We are grateful for you to allow us to participate here today to represent our organization, the statewide drug and alcohol recovery organization, at this critically important meeting. Finally, we want to thank the HOPE Caucus for bringing together the legislature through this caucus to elevate and highlight the need to seek solutions to this terrible opiate epidemic. We wholeheartedly believe that we are making progress with the Opiate Epidemic, but that more can and should be done to end this deadly scourge on our communities.

Substance use disorders impact at least one in four Pennsylvania families, accidental overdoses are the leading cause of death in some age groups. Tragically, we rank first in the nation among overdose rates of young men¹ and 6th nationally in overdose deaths up from 9th in 2015. This first point bears repeating – Pennsylvania leads the nation in overdose deaths of young men. We simply must take action to reverse these trends to save our young people.

The stark reality is that it is much more expensive to not treat or to under-treat substance abuse. We spend great sums from our state resources cleaning up the carnage resulting from untreated or undertreated substance use conditions. One of the biggest areas is within our criminal justice institutions. At least 70% of all people incarcerated are there with substance abuse problems. Nationally under Medicaid, patients' medical costs decreased by 30 percent on average between the year prior to substance abuse treatment intake and the third year following intake. Both Medicaid and non-Medicaid patients showed average declines of 30 percent in medical costs from the baseline period to the third year following treatment initiation.² An often cited study from California – the CALDATA study found that on average, substance abuse treatment is associated with a monetary benefit to society of greater than 7:1 ratio of benefits to costs. These benefits were primarily because of reduced costs of crime and increased employment earnings.³ In short, helping people recover saves money.

We do not have to belabor the impact this is having on our communities in these and many other areas. Sadly, we do not know of anyone left untouched by this condition. We have all lost family and friends, neighbors and colleagues and we surely are losing more than dollars and cents. Our community is tired of losing people.

We also know that helping people recover saves lives. Recovery is a reality for thousands of Pennsylvanians. We know that there are roughly 23 Million Americans in long term recovery from a substance use condition. As Pennsylvania makes up just under 4% of the nation's population, we estimate that there are over 800,000 Pennsylvanians in recovery. We raise that point as we believe that acknowledging that recovery is a reality for so many of us across Pennsylvania is a fundamentally important point to focus on in addressing this epidemic. Our lives are as worthy as any others and we do recover.

Given the opportunity to heal, we are contributive members of our community. We attend college, build careers, raise families and take active roles volunteering in our communities. If there any element of this issue that has not gotten the public attention that it should, it is that we can and do recover. We are an under identified but very real resource in communities across Pennsylvania.

Often, and just like with any other medical condition, we require help to heal. But, resources to help people with a substance use conditions are woefully inadequate. One example of this is our federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) which has lost a quarter of its purchasing power in recent years amidst other cuts in Human Services across government.⁴ While we are seeing some new resources being made available to help people, it is also important to note that care for a substance use condition has never been funded in a manner even close to the level needed.

We want to shift the focus of our testimony here today on one area of particular concern to us at this time, the needs of our young people experiencing a substance use condition.

First a few points:

- 90% of adults diagnosed with substance use disorder started using between the ages of 12 and 17⁵
- *“The 2012 National Survey on Drug Use and Health data indicate that among those adults who first tried marijuana at the age of 14 or younger, 13.2% were classified with illicit drug dependence or abuse; this percentage was 6 times higher than that for adults. In fact, among adolescents, the transition from initiation to regular use of alcohol, marijuana, and other drugs often occurs within 3 years.”⁶*

It is important to understand that SUDs act much like a communicable condition. Young people often initiate use based on peer pressure and drug use spreads among our youth like wildfire. Conversely, we are also learning that strong and visible recovery communities and recovery support services can assist persons to engage and sustain recovery in a protective manner. It is common sense that the earlier we engage with and work to help a young person with an SUD, the less damage that will be done with fewer resources expended in our medical and criminal justice institutions.

The Adverse Childhood Experience(ACE) study found that, “persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking and poor self-rated health”⁷ We know that being raised in a household of alcohol abuse or drug use is traumatic and can lead to intergenerational drug use and/or other issues. We need to address the latent effects of these dynamics and stop the viscous cycle we all know of far too well. The opioid epidemic had grown to its current proportion through a myriad of factors and a lack of resources for treatment, prevention and education. We should not forget that one in five drug users needing treatment did drugs with their parents, according to a recent study.⁸ We ignore these dynamics to our peril.

Are we doing enough to help our young people?

We certainly have deep concerns about the state of our care system for our young people, including the state of our acute-care-adolescent-treatment system, and the lack of extended supports we have for our young people following acute care. We have shuttered and closed the vast majority of our adolescent residential programs over the course of the last decade or so. We are hearing that we are down to 2 publicly funded adolescent residential treatment facilities in Pennsylvania, down from around 20 a few years back. This is a statistic worthy of greater understanding and a trend we need to reverse before we lose all of our adolescent residential treatment capacity.

The research is showing that, (much like cancer and other chronic conditions, if a person can sustain recovery for a period of five years, lifetime resumption of use falls to around 15%.⁹ This is what we should be aligning all of our systems of care to do, and we think that there is no better place to start than to focus on the services offered our young people. Young people can particularly benefit from additional services and resources to assist in their recovery process. Recovery high schools, recovery community organizations, drug and alcohol peer recovery support services, alternative peer groups and collegiate recovery programs, that have been in use and saving lives

for several decades in other areas of the country, have not yet been implemented here in Pennsylvania. Our young people are worth saving.

We have a single recovery High School here in Pennsylvania. While funding was approved last year, allocated funding has not yet reached the school. We should be developing recovery High Schools statewide for our young people, as we should Collegiate Recovery programs. Much more can and should be done to expand this network of collegiate recovery programs.

We are asking this Caucus to do two things today:

1. That you envision what it would be like if we could get more of our young people the proper treatment and recovery supports early in life. It would change our communities. We could have a system of care in which a young person could get treatment and extended recovery support services to help them stay on track. Imagine fewer kids getting arrested, dropping out of school and in all too many instances, dying at far too young an age. We are seeing these services work in other areas of the country; we should look into how they may help us here in Pennsylvania.
2. Consider scheduling a public hearing on the adolescent drug and alcohol care system and the loss of nearly all of our adolescent residential treatment centers in Pennsylvania. Such a hearing could also be used to explore how recovery support services such as recovery high schools, recovery community centers, drug and alcohol peer support services and collegiate recovery programs can be important elements in the recovery process for our young people.

Thank you,

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Citations

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