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Drug & Alcohol Service Providers Organization of Pennsylvania

PENNSYLVANIA SENATE DEMOCRATIC POLICY COMMITTEE

HEARING
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CHALLENGES FOR SUBSTANCE USE DISORDER RECOVERY

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DASPOP

Good morning Senators. Thank you for the opportunity to talk with you today.

Since 1971, I have worked in the drug and alcohol prevention and addiction treatment field at most levels of care and in many capacities including: counselor, clinical supervisor, trainer, director of a treatment program and advocate. Through the Office of Drug & Alcohol Programs (now the Department of Drug & Alcohol Programs), I was hired to provide training on addiction, identification and assessment around the state of Pennsylvania. I have a BA and MSW (Temple University), have taught a graduate course on addiction at Temple and continue to provide seminars and consultancy on addiction in Pennsylvania and other states.

Joining with colleagues, we worked to establish state and national organizations and then moved on to advocate for insurance and Medicaid coverage for addiction treatment, K through 12th grade prevention and education, residential addiction treatment programs for pregnant women and women with dependent children, to provide Narcan for first responders and families and other initiatives.

I also served as the treatment consultant for the President's Commission on Model State Drug Laws in the U.S. Office of National Drug Control Policy.

The best position I ever had was working in a residential addiction treatment program that specialized in treating people who had deteriorated to the streets. It is this experience that made me grab the opportunity to be with you today.

We are in the midst of a truly frightening alcohol and drug epidemic. In November 2021, the U.S. Centers for Disease Control and Prevention (CDC) released its provisional report on drug overdose deaths and reported a 13% increase in deaths in Pennsylvania. For the 2021 reporting period, 5,410 Pennsylvanians lost their lives to overdoses compared to 4,784 in the 2020 reporting period.

Our overdose death rates are climbing even while over 60,000 doses of Narcan have been administered emergency medical services and others. (Opendata.PA)

In addition to these deaths, another 3,500 Pennsylvanians annually lose their lives to alcohol-related problems. (CDC)

What does this mean? Today, over 9,000 families across the state are grieving the death of a loved one to a drug and/or alcohol problem.

To address the questions for the hearing, I will be focusing on addiction treatment studies involving two dramatically different populations from two different ends of the socio-economic continuum.

The first study involves treatment of physicians with addictions and the second, criminal justice populations involved in Philadelphia's Forensic Intensive Recovery Program.

1) Physicians' Health Programs – Setting the Standard for Recovery: Physicians' Health Programs, *Journal of Substance Abuse Treatment, 2008* and How are Addicted Physicians Treated? A National Survey of Physician Health Programs, *Journal of Substance Abuse Treatment, 2009*

These two studies provide information about Physicians' Health Programs (PHPs) now operating in 49 states and specializing in the treatment and care of physicians with alcohol and other drug addictions.

The PHPs across the country are quite similar in structure and work to identify, refer and monitor the physicians who are enrolled, both to protect the public safety and to save the lives and jobs of doctors with addictions.

The 49 states PHPs share similar structures. They start with a contract with the troubled physician to obtain his/her commitment to fully participate in the program (generally 5 years) and to understand the consequences if there is a relapse or non-compliance with the program.

The required program typically involves residential, abstinence-based treatment and ongoing involvement with Alcohol Anonymous, Narcotic Anonymous and other support groups and monitoring over a five year period.

Once again, the common elements of the PHPs are:

- Abstinence-based treatment
- Required attendance at AA and NA and other support groups
- Typically 3 months of residential addiction treatment

- 2 to 3 months of outpatient treatment for 3 to 12 months
- Random, observed drug testing five to seven times a week
- Ongoing monitoring

What are the recovery rates? According to the studies, *"Specifically, addicted physicians treated within the PHP framework have the highest long-term recovery rates recorded in the treatment outcome literature: between 70% and 96%."* (Setting the Standard for Recovery: Physicians' Health Programs, p. 160)

2) Executive Summary of Evaluation of First Two Years of Philadelphia Forensic Intensive Recovery (FIR) Program, December 1997 and Executive Summary of Evaluation of the Four Year Outcome of the Philadelphia Forensic Intensive Recovery (FIR) Program, August 2000

These summaries involve independent evaluations of Philadelphia's Forensic Intensive Recovery (FIR) Program, at 2 years and 4 years. The Forensic Intensive Recovery Program is a prison deferral initiative that offers eligible participants substance abuse treatment in lieu of incarceration. (Public Health Management Corporation, Forensic Services)

The 2 year evaluation compares FIR clients with a control group of people who were released and did not receive addiction treatment in the FIR program. Criminal history records were monitored from the date of release from jail for 15 to 24 months.

Considering a sample of 474 inmates sent into the FIR program the following results were identified:

- A 66% decrease in convictions occurred for FIR clients who completed <u>at least six months of treatment</u>.

- A 43% decrease in new charges occurred for FIR clients who completed <u>at least six months of treatment</u>.

The second evaluation of FIR found similar results with a monitoring period of 48 months. Here, the evaluation found a 44% decrease in convictions among FIR clients who completed six months of treatment.

In summary, the common elements – for both populations, doctors and criminal justice clients – are long-term addiction treatment with a system of monitoring extending over several years.

To fully address our state's drug and alcohol problem, we must remove obstacles to treatment and ensure that long-term treatment is available across the state.

According to the National Institute on Drug Abuse (NIDA, 2018), *"Research indicates that the majority of individuals need at least 90 days of treatment to significantly reduce or stop using substances."* This finding cannot be emphasized enough, particularly with individuals who are deteriorated enough to be dependent on Medicaid including pregnant addicted women, addicted women with dependent children, addicted veterans, homeless individuals and low-level drug offenders sent to treatment as part of sentencing.

Many of these individuals are living on the streets or in unimaginably, uninhabitable drug houses and will need the structure of the licensed residential treatment setting to anchor the first steps toward recovery. Without this level of care, these patients are simply unable to move across and benefit from the rest of the continuum of licensed treatment and into recovery houses.

In addition to the appropriate structure, staff at facilities must be able to develop strong rapport with patients struggling with addiction and lashing out in denial. People with addictions can be difficult to treat and challenging beyond most training in counseling. For this reason, family members and individuals in recovery should be purposely hired to reflect and buy in to this particular skill set. Through attendance at AA, NA and other support groups, this knowledge base is regularly refreshed.

Workforce staff must also be purposely hired to reflect the diversity of the populations that they serve.

Specific Recommendations

1) Ensure Availability of Long-term Treatment
   - Modify the ASAM Criteria to fit the needs of more deteriorated populations
   - Urge the PA Congressional Delegation to co-sponsor and work for HR2297 (Boyle/Fitzpatrick) that eliminates the federal Medicaid IMD Exclusion barrier to addiction treatment

2) Ensure Hiring of a Strong, Appropriate Workforce
   - Hire individuals and family members in recovery
   - Hire African-Americans
   - Hire Latinos and others

3) Eliminate Obstacles to Treatment
   - Support legislation that prohibits denial of admission to individuals based on drug use at the time of admission (SB975, HB220)

4) Ensure Reasonable Lengths of Stay at Point of Admission
   - Eliminate serial re-authorizations

5) Protect Patient Privacy
   - Oppose legislation that weakens confidentiality protections for patient drug and alcohol records (HB1563)

6) Kensington & Allegheny
   - Establish a $130 million a year fund to provide long-term addiction treatment for 500 to 1,000 people, including a counselor scholarship fund for people who are working in therapeutic communities or who are members of a minority group and to establish a $10 million fund for expansion of treatment capacity