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Testimony to Joint Medicaid Oversight Committee May 26, 2016

Chairman Burke, Vice Chair Sears, and Committee members, good morning. I'm Lori Criss, Associate Director of the Ohio Council of Behavioral Health & Family Services Providers. We represent providers of addiction prevention and treatment, mental health services for kids and adults, and services to families from early childhood development to foster care to aging. I appreciate the opportunity to share our perspective on where Ohio needs to head with the prevention and treatment of substance use disorders. Today, I'll focus on several areas for further development, including:

- Documenting environmental factors that create opportunities for substance abuse in Ohio;
- Targeting prevention strategies to families of youth with ADHD, anxiety, and depression;
- Improving Crisis Response Strategies;
 - Create services and supports for families
 - Engage people who are still actively using
- Increasing involvement of the medical community in addressing addiction as a disease.

So, let's start with what we know from research and from listening to individuals in recovery, families, law enforcement, faith communities, and so many others mired in the battle to end addiction in Ohio. I've provided a handout to use in conjunction with these comments.

- Most people in the United States don't use alcohol or drugs at all or in a way that threatens their health.
- Yet just under half of Americans are engaged in problematic substance use:
 - Nearly 32% of Americans are using in a risky way.
 - Nearly 16% of Americans have an addiction – meaning that they have significant life consequences as a result of the chemical dependency.
- Addiction is a preventable and treatable brain disease.
- Addiction has biological, psychological, behavioral, and social aspects.
- Once someone becomes addicted, it is much more difficult to reverse the course of the disease than it is to prevent it or arrest it in its progression.
- The words recovery and sobriety cannot be used interchangeably. Neither can the words recovery and treatment.
- Recovery is so much more than that; recovery is about wellness in health, home, purpose, and community.

In fact, we know that the opposite of addiction isn't sobriety. The opposite of addiction is connection. If you hang around with people in recovery long enough, you'll hear the phrase

“people, places, and things.” Who we hang out with, where we go, and the activities that we engage in largely inform our quality of life. And so today, I’d like us to think about how connection is important in both preventing and helping people recover from addiction.

We know that behavior change is influenced by three factors: motivation, capacity, and opportunity. Motivation is analytical thinking and emotional responses that direct behavior. Capacity is an individual’s psychological and physical ability to make a choice. And opportunity is all of the factors outside of a person that make the behavior possible or prompt it. Opportunities are what we help create with policies and resource allocation.

First, let’s talk about opportunities we have to strengthen prevention for Ohioans. We now know that developmentally, the human brain is not fully formed until the age of 23. We also know that the longer a person delays the onset of using tobacco, alcohol, and other drugs, the less likely they are to have a substance use disorder in their adulthood. Ohio providers will tell you that most adults diagnosed with addiction report onset of their use between the ages of 12 and 16. They started with cigarettes or alcohol, then progressed to marijuana and eventually harder drugs. Research shows us that a young person with ADHD, anxiety, or depression has an increased likelihood of underage substance use and a greater chance of developing addiction later in life. Despite this, we’re not providing targeted prevention or early intervention services to youth with these risk factors nor the families caring for them. Ohio has an opportunity to lead the nation in better educating parents about how to mitigate their child’s increased risk of substance abuse and to support at-risk youth in connecting to people and activities that are not focused on using alcohol or drugs. Effective strategies will look different in rural, Appalachian, urban, and suburban communities, but the core features will be the same.

Another prevention strategy that could be further developed in Ohio would be pursuing a better understanding of the environmental prevention strategies that exist throughout the state. Environmental strategies are the broader physical, social, cultural and institutional forces that contribute to substance use and addiction. Just like people recover with the support of others, people begin using alcohol and drugs in relationship with others. Substance abuse occurs when a person’s motivation and capacity collide with the opportunity to use that is created through a complex set of factors that exist in communities throughout our state. These factors include regulations, community norms, mass media messages, and the accessibility of alcohol, tobacco, and other drugs. Ohio does not have a single resource that maps prevention strategies being deployed across the state, and local communities would benefit from an environmental scan of what’s happening in Ohio today that either helps prevent or contributes to underage drinking and illicit drug use.

Providers are also interested in exploring better ways to engage people who have substance use disorders but don’t have the motivation or capacity to pursue treatment or recovery. This is an area where we need the medical community to be more engaged. Families struggle to find the support that they need to better understand the disease of addiction and what they can do to help their loved one stop using or prevent relapse. They describe the experience as

painful and isolating, and they will tell you how their energy is focused on trying to keep their children alive each day and waking up each morning. To a great extent, this is the result of the stigma that people with addiction experience. But it's also related to the fact that unlike other diseases, this is one that the medical community is not addressing.

Law enforcement and the justice system have become the institutions assisting people in getting help for their disease. Judges will tell you that they are putting people in jail to save their lives. Crisis response and stabilization opportunities are scarce. We have no "pink slip" process - no way to require a medical intervention if a person is a danger to themselves or others because of their substance use. But communities in Ohio are starting to create these opportunities. Toledo has developed a crisis response approach where trained CIT Officers can take a person to a crisis center rather than jail if the call for help is related to substance abuse rather than crime. In Canton, a similar strategy is being used as a centralized response for families, physician's offices, and hospitals to get immediate assistance for people who are motivated to pursue recovery. In the first year, they served over 1,000 people - more than double the anticipated need.

We know that drugs impair a person's capacity to behave like a fully functioning adult, yet we approach addiction as if it were a choice that someone is continuing to make rather than the brain disease that compels them to continue using. We say things like "they're not ready to stop yet", putting the emphasis on their motivation to ask for or accept help rather than their psychological or physical inability to pursue an opportunity to start recovery. New research reveals that people who receive a dose of MAT in the emergency room and then are referred to community treatment for their next dose are more likely to continue treatment than those simply given a referral and released. How can we use research like this to help Ohioans recover? What progress would we make in ending addiction if we engaged people in the recovery process without expecting them to immediately change their behavior and stop using without experiencing the full contingency of treatment and supports needed for recovery to be initiated and sustained?

In recent years, Ohio has made significant strides in reforming prescribing practices and in expanding access to treatment and recovery supports. We have significant challenges to overcome with building statewide capacity for a full continuum of care and building the needed workforce. Now it's time for us to take on the issue of preventing people from becoming newly addicted. We need to embrace the fact that tobacco, alcohol, and marijuana are gateway drugs that if used before adulthood create an increased risk of addiction. It's time for us to make crisis services available to families throughout Ohio. It's time for them to know that recovery is about living a full life, not simply just staying alive. It's time for us to stop locking people up to save their lives. It's time for the medical field to help people recover and live full lives. Community addiction services providers welcome the opportunity to pursue these opportunities at the local and state levels.

Thank you for inviting me to speak with you today. I'd be happy to take any questions that you may have now or as you continue your efforts to end addiction.