



Drug & Alcohol Service Providers Organization of Pennsylvania

dasdbeck@hotmail.com

**PA House Human Services Committee
Public Hearing 9/26/2018**

Residential Addiction Treatment Endangered

Over the years, the Pennsylvania House and Senate joined with advocacy organizations and individuals and families in recovery to enact laws and policies to establish a full continuum of alcohol and other drug abuse prevention and addiction treatment services in the state.

Some of these laws and policies are: K through 12th grade, age appropriate, prevention, education and Student Assistance Programs in the schools, comprehensive insurance coverage for addiction, comprehensive coverage of addiction treatment through Medicaid, establishment of residential addiction treatment facilities for pregnant addicted women and addicted women with dependent children and assorted laws combining treatment with criminal justice sentencing.

In addition, the General Assembly and advocacy groups worked together to establish the Prescription Drug Monitoring Program, including educational programs for physicians and processes for identification and referral, for laws ensuring widespread availability of Narcan and for the development of warm hand-off procedures for overdose survivors.

Reflecting the rich complexity of the state, the Pennsylvania General Assembly and advocates have embraced and fought to establish a full continuum of services that include both the new and the time-tested. In short, policymakers have specifically avoided simplistic, one-size-fits-all approaches to prevention and addiction treatment.

Pennsylvania's comprehensive prevention, education and addiction treatment laws and policies are bedrock, highly regarded and borrowed from by other states.

SO WHAT BRINGS US HERE TODAY?

Pennsylvania is in the middle of a horrific and deadly opioid and other drug epidemic. Over 5,400 Pennsylvanians died in 2017 with no immediate end in sight.

Now, in the middle of this most deadly crisis, we are faced with potential serious reductions in capacity to help our most deteriorated citizens.

Changes in federal and state rules are likely to reduce access to, and lengths of stay in, short and long term residential addiction treatment by limiting Federal matching funds for provision of such services. These programs provide critically important treatment for our most deteriorated patients including: addicted pregnant women, addicted women with dependent children, veterans and addicted homeless individuals, low-level drug offenders sent to treatment as part of sentencing and others.

Many people recover through self-help groups and outpatient treatment. However, for our more deteriorated citizens with addictions, intensive, highly structured residential treatment must always be available and for long enough periods of time to achieve recovery.

HOW MANY PENNSYLVANIANS COULD BE AFFECTED BY THE CHANGES?

--- Over 50,000 Pennsylvanians receive treatment in these residential programs each year.

HOW MANY OF THESE LICENSED PROGRAMS DO WE HAVE?

--- Over 200 licensed, residential detoxification and rehabilitation programs are located in Pennsylvania in 42 counties and serve Pennsylvanians from all 67 counties.

Today, the PA House Human Services Committee members will hear from residential addiction treatment facilities from across the state that are struggling to provide treatment for our most vulnerable citizens.

9/19/18



Drug & Alcohol Service Providers Organization of Pennsylvania
dasdbeck@hotmail.com

ANNUAL

COSTS OF UNTREATED ALCOHOL AND DRUG PROBLEMS

LOSS TO U.S. ECONOMY:

ALCOHOL	=	\$235 BILLION*
OTHER DRUG	=	<u>\$193 BILLION**</u>
TOTAL COST	=	\$428 BILLION
COST TO PA	=	\$17-21 BILLION

*Costs include loss of productivity, alcohol-related illness, health care, crashes and crime.

**Costs include crime, incarceration, court and other enforcement activities and health care.

SOURCES: National Institute on Drug Abuse (November 2012)
Office of National Drug Control Policy (2004)
Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. Lancet, 373(9682):2223-2233, 2009



Addiction Treatment is Effective and Cost Beneficial for Society

“Treatment of addiction is as successful as treatment of other chronic diseases such as diabetes, hypertension, and asthma”. Principles of Drug Addiction Treatment: A Research-Based Guide, National Institute on Drug Abuse, National Institutes of Health, October 1999, page 15

Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System, Treatment Improvement Protocol (TIP) 17, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 1995, pages 12 and 14

“Substance abuse treatment cuts drug use in half, reduces criminal activity up to 80%, and reduces arrests up to 64%.” The National Treatment Improvement Evaluation Study (NTIES): Highlights, DHHS Publication No. (SMA) 97-3159, Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 1997

A major review of more than 600 peer reviewed research articles, plus original data analyses, show conclusively that drug addiction treatment is very effective and that it works as well as other established medical treatments for illnesses such as diabetes, asthma and hypertension. Physician Leadership on National Drug Policy Finds Addiction Treatment Works, Journal of the American Medical Association, 279(15), 1149-1150.

“Inmates who participated in the Federal Bureau of Prisons (BOP) residential drug abuse treatment program during their imprisonment were less likely to be re-arrested or to use drugs following their release . . .” Prison-Based Residential Drug Treatment Program Reduces Post-Release and Drug Use, CESAR Fax, March 9, 1998, Federal Bureau of Prisons, U.S. Department of Justice, “Triad Drug Treatment Evaluation Six-Month Report, Executive Summary”, February 1998

“According to several conservative estimates, every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.” Principles of Drug Addiction Treatment: A Research-Based Guide, National Institute on Drug Abuse, National Institutes of Health, October 1999, page 21

“Substance abuse treatment saves taxpayers an estimated \$9,177 per client . . . Ninety-four percent (94%) of those savings derived from a reduction in crime-related costs . . .” Cost-Savings From Treatment Derive Mostly From Reduced Crime, CSAT by Fax, April 26, 2000, Center for Substance Abuse Treatment (CSAT), National Evaluation Data Services (NEDS), “The Costs and Benefits of Substance Abuse Treatment: Findings from the National Treatment Improvement Evaluation Study (NTIES)”, August 1999

“Treatment Reduces Crime. Data from across the nation prove the effectiveness of treatment in reducing crime.” Substance Abuse in Brief: Treatment Succeeds in Fighting Crime, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, December 1999, page 1

“Like other chronic illnesses, the effects of drug dependence treatment are optimized when patients remain in continuing care and monitoring without limits or restrictions on the number of days or visits covered.” McClellan, A. Thomas, Ph.D., Lewis, David, M.D., O’Brien, Charles, M.D., Ph.D., Kleber, Herbert, M.D., Drug Dependence, a Chronic Medical Illness, JAMA, October 4, 2000, Volume 284, No. 13, page 1694

“Recent studies show that after six months, treatment for alcoholism is successful for 40 percent to 70 percent of patient/clients, cocaine treatment is successful for 50 percent to 60 percent and opiate treatment for 50 percent to 80 percent, with treatment effectiveness or success defined as a 50 percent reduction in substance use after six months.” Substance Abuse: The Nation’s Number One Health Problem, Brandeis University, 2001, page 113

New York Drug Treatment Alternative-to-Prison (DTAP) Program Reduces Recidivism, CESAR Fax, April 19, 2004, National Center on Addiction and Substance Abuse at Columbia University (CASA), “Crossing the Bridge: An Evaluation of the Drug Treatment Alternative-to-Prison (DTAP) Program”, March 2003

Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policymakers, Treatment Research Institute, University of Pennsylvania, February 2005, page vi

Long-term Treatment is Key to Recovery, Crime Reduction and Cost Benefits

“Good outcomes are contingent on adequate lengths of treatment.” Treatment “. . . of less than 90 days is of limited or no effectiveness, and treatments lasting significantly longer often are indicated.” Principles of Drug Addiction Treatment: A Research-Based Guide, National Institute on Drug Abuse, National Institutes of Health, October 1999, page 16, see also page 5

“. . . high-need populations such as . . . criminal justice offenders may need long-term, intensive treatment to achieve positive outcomes.”

“In general, treatment research finds that longer retention is associated with improved outcomes.” Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policymakers, Treatment Research Institute, University of Pennsylvania, February 2005, page vii and page 8