

Community Solutions to Breaking the Cycle of Heroin & Opioid Addiction

TESTIMONY

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Vermont brought the problem of addiction to heroin and other opioid drugs to national attention this year. The numbers that quantify addiction as a public health crisis are startling for our small state: More than 50 Vermonters die from opioid drug poisoning every year. Deaths from heroin doubled from 2012 to 2013. Nearly 4,000 are in treatment for opioid addiction, and over half are young adults. More are waiting for treatment.

Vermont's experience has become the talk of the nation, for good reason. If it can happen here, in a mostly rural state made up of close-knit communities, blessed with natural beauty, where health care is nearly universal, with residents recognized as being among the healthiest of Americans – it can happen anywhere.

From my viewpoint, addiction must be recognized as a public health problem, and treated as a chronic illness. Addiction results from bad decisions, just like any of us might make to overeat or not exercise. But it quickly moves from a bad decision to disease. The end result is a chronic medical condition with profound implications for the

individual and society.

That's why Vermont is taking a comprehensive public health approach to the problem of substance abuse and addiction – that involves prevention, early identification and intervention, an array of treatment services, and recovery supports.

It is now well accepted by that we can't simply arrest our way out of the problem. A bill passed last week by the Vermont Senate would divert non-violent drug offenders from being locked up in the criminal justice system, and instead get them into treatment as soon as possible.

And addiction is not someone else's problem – it's our problem. As a longtime former resident and doctor in the Rutland area, I, along with just about every other parent of young adults, know several of their classmates who were well-adjusted kids with caring parents whose lives were taken over by the horrors of opiate addiction. Thankfully, nearly all are now in recovery and doing well.

With the opening of West Ridge Addiction Treatment & Recovery Center in November 2013, we marked a milestone in Rutland County and for our state. We now recognize addiction as a chronic illness, like diabetes and heart disease, requiring a similar approach to prevention and treatment. We believe we are on the right path.

Let me describe our path in a little more detail.

The Vermont Department of Health has prevention consultants in each of our 12 district offices, including Rutland. Their role, as local experts, is to educate community members, help organize prevention efforts, and support coalitions with technical assistance to help implement proven prevention strategies.

We are fortunate to have a series of prevention grants through the Substance Abuse

and Mental Health Services Administration (SAMHSA). These grants have allowed us to fund community coalitions so they have the resources to implement local prevention programs.

Rutland is one of our *Partnership for Success* communities. Through their Health Department/SAMHSA grant, they are focused on underage drinking, binge drinking and prescription drug misuse among youth – behaviors most linked to the greatest risks for youth. Their work on underage drinking involves partnering with local law enforcement.

Using guidelines provided by the Health Department, the grant also supports coalitions to promote information about proper storage and safe disposal of unused drugs, publicize safe drug drop-off locations and promote take-back events, encourage pharmacists to share specific cautions with patients when they pick up prescriptions for controlled substances, and encourage prescribers and dispensers to use the Vermont Prescription Monitoring System as part of their routine practice when prescribing controlled substances.

Last year, the Health Department also received a grant from SAMHSA to expand early alcohol and drug abuse screening, brief intervention, referral and treatment services for adults over the next five years. The goal is to make this a part of regular health care practice. Rutland Free Clinic is one of the provider sites that will become part of this pilot project.

The Health Department administers both federal Substance Abuse Prevention and Treatment Block Grant funds from SAMHSA and the state Medicaid funds, along with other funds that support outpatient, intensive outpatient, residential and medication-assisted treatment. We aim to ensure that anyone who needs treatment can access the right treatment as soon as possible.

With the opening of West Ridge in November, and BAART Behavioral Health Services in the Northeast Kingdom in January, the State is implementing the Care Alliance for Opioid Addiction. The Care Alliance is a partnership of treatment centers and clinicians around the state using a Hub & Spoke model to offer medication-assisted therapy to Vermonters in need.

Simply put, the treatment centers, or Hubs, will serve patients with complex needs. Hubs offer comprehensive assessment and specialty treatment with methadone or buprenorphine, providing treatment much closer to home for many. Connected with the Hubs are the Spokes – Blueprint for Health and primary care practices that treat patients using buprenorphine.

Patient care, at a Hub or a Spoke, is supervised by a physician and supported by a network of community-based services aimed at our goal: enabling patients to be successful in life, work and as family members. This system of care gives a health home for people addicted to opiates.

We also work closely with the criminal justice system and support both drug court programs and reentry services for people with addiction. We do this in partnership with the Court Administrator's Office and the Department of Corrections. To be effective, it is imperative that treatment services are tailored for people's specific needs. Clearly a person in the criminal justice system will need a different treatment regime than a young mother who has just delivered a baby.

The Turning Point Recovery Centers are also supported with grants from the Health Department. We have 11 recovery centers around the state, including one in Rutland. Their goal is to support all paths to recovery and to offer peer support to people who are trying to maintain recovery. The treatment centers work closely with the Turning Point Centers to ensure that clients make connections with peer support volunteers.

Another SAMHSA grant that was recently awarded to the Turning Point Centers' Recovery Network will allow them to place part-time staff with each Care Alliance Hub (in Rutland, that's the West Ridge Center) to focus on peer recovery and support.

What do communities need to do to get ahead of the problem? In Vermont, we look to the evidence. Research has shown that a comprehensive approach, using principles of effective prevention, intervention, treatment, recovery and enforcement, is most effective. Single strategy approaches may solve one part of the problem, but won't hold up for the long term.

First, a community must make a comprehensive assessment to determine what their risk factors are. For example, before Rutland had effective treatments in place for opioid addiction, they had to acknowledge that this was part of the problem and agree to bring evidence-based treatment to the community. Getting to this point requires community education and discussion. Messages from key community leaders, such as the Mayor and Police Chief, are key to raising community awareness and garnering support.

Next, organize a group of community stakeholders to lead planning efforts. This group can establish goals and measures so that residents understand how the community is progressing in addressing the problem.

Finally, evaluate progress, update goals and strategies, and report out to ensure forward movement. This also allows the community to see what progress is being made. As the saying goes, it truly does take a village of everyone working together to get ahead of the complex problem of opioid abuse.

What does it take to prevent relapse/reduce recidivism? Research shows that a person needs to be connected to treatment and recovery support for at least 90 days to get a firm foundation in recovery. It is important to have various levels of care available so that treatment can be tailored to individual needs. Intensive treatment is usually

needed in the early stages so that a client can be stabilized first. That means detox if necessary, a short stay in residential care if they need stabilization, and then transition to outpatient care either with or without medication, depending on the substances they are abusing. Medication-assisted therapy, such as is provided through The Care Alliance for Opioid Addiction, is the evidence-based treatment indicated for opioid addiction.

Recovery support services are essential for making new connections with people who do not use drugs. Changing one's environment is key to long-term recovery. This may mean getting sober housing, learning employment skills, whatever it takes to build a new life. The Agency of Human Services works to ensure that comprehensive wraparound services are available to meet a client's needs. This is essential to prevent recidivism – and it's a priority of the Agency of Human Services.

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Two recent national reports underscore that all three branches of state government are committed to finding solutions.

A report from the Trust for America's Health commends Vermont's use of all 10 nationally recommended strategies to reduce prescription drug abuse and overdose.

A National Safety Council report credits our state as one of only three to meet all of its standards on state leadership and action, prescription drug monitoring, responsible prescribing, and overdose education and prevention.

As we work to address the demand side of the equation, we can't underestimate the power of prevention. We see hope and progress in the 2013 Vermont Youth Risk Behavior Survey results that shows use of tobacco, alcohol and prescription drugs by Vermont youth declined significantly from 2011 – all priorities for our community-based prevention efforts. Investing early in the health of young people clearly yields the best return on investment.