

THE (LEGISLATIVE) HORIZON

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Introductions all around!

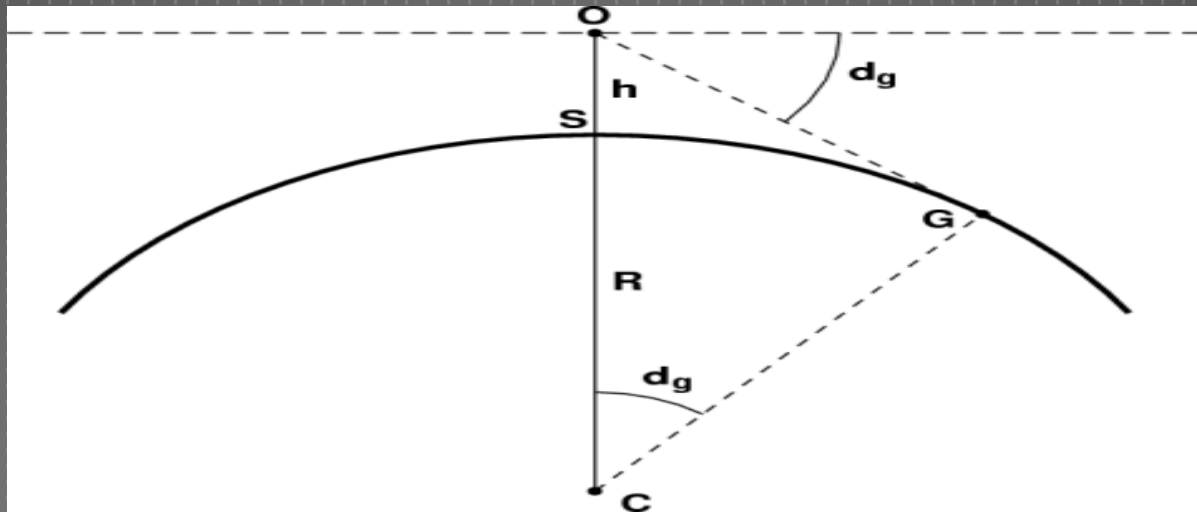
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WHAT A DIFFERENCE A YEAR MAKES

- ▶ 2014 has been a watershed year in advances for substance abuse advocacy.
- ▶ The reasons we have come so far are somewhat unfortunate, but the price of inaction is far higher.
- ▶ We (obviously) still have work to do.

HOW FAR IS THE HORIZON?

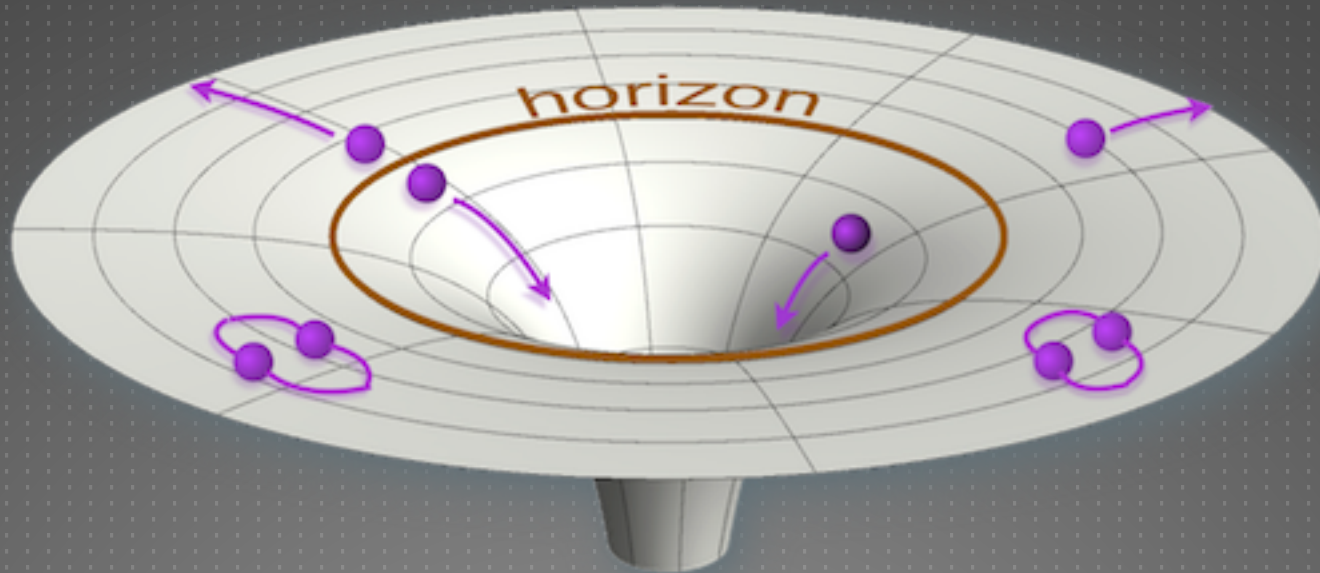
- ▶ For an observer on the ground with eye level wherein height = 5 ft 7 in (1.70 m), the horizon is at a distance of 2.9 miles (4.7 km).
- ▶ For an observer standing on a hill or tower 100 feet (30 m) in height, the horizon is at a distance of 12.2 miles (19.6 km).



JUST A FEW MILES

- ▶ Doesn't seem too far, does it?
- ▶ But then, you never really “get there,” do you?
- ▶ There's always a horizon....
- ▶ It's the same with advocacy and the legislative process

THEN THERE'S THE EVENT HORIZON...



THEN THERE'S THE EVENT HORIZON...

- ▶ “A boundary in space/time beyond which events cannot affect an outside observer.”
- ▶ A term used by astrophysicists to define the edge of a black hole, from which no matter can escape the gravitational pull.
- ▶ It is an also an apropos definition for the DC Beltway...

EVENT HORIZON

- ▶ In layman's terms, it is defined as
 - ▶ **"the Point of No Return."**
- ▶ Guess where we are in terms of advocacy on substance abuse prevention and treatment issues?
- ▶ I think we're on the edge of an event horizon...

OK, ANDREW: BACK TO EARTH!

- ▶ the horizon extends in every direction.
- ▶ It's ahead of you...It's behind you...It's all around you.
- ▶ You can't know where you are going unless you know where you have been- and what your surroundings are.
- ▶ So...off we go through the time/space continuum!

POP QUIZ, HOT SHOT...

- ▶ What was the first major advocacy movement aimed at curbing substance abuse in the 20th century?

PROHIBITION



ASK YOURSELVES WHY

- ▶ Was it because liquor was viewed immoral?
- ▶ Was it because drinking was detrimental to the economy?
- ▶ Was it because women were fed up with men coming home drunk and beating the daylights out of them?
 - ▶ DING DING DING DING!!!!
- ▶ Make no mistake- Prohibition was a SUBSTANCE ABUSE ISSUE

ASK THE HISTORIANS

- ▶ *The Eighteenth Amendment, which was ratified in 1919, came about only after a long process of activism against alcohol (led largely by sober women fed up with drunk men). This anti-alcohol movement **wasn't as much motivated by a moral objection to drinking as it was by the immorality, family dysfunction, and criminal activity that drinking spawned.***

"Legislating Morality", Geisler & Turek, Bethany House Publishers, 1998

SON OF A GUN...IT WORKED!

- ▶ Why was it successful?
- ▶ Was it because the public agreed with them?
- ▶ Was it because they had God on their side?
- ▶ Was it **because women already had a strong political and advocacy network in place** based on the suffrage movement and leveraged this network to their advantage?
- ▶ DING DING DING DING DING!

RECOGNIZE THIS MAN?



HARRY ANSLINGER

- ▶ In 1930, Anslinger was appointed to the newly created Federal Bureau of Narcotics
- ▶ Harry's greatest hits:
 - ▶ "There are 100,000 total marijuana smokers in the US, and most are Negroes, Hispanics, Filipinos and entertainers. Their Satanic music, jazz and swing, result from marijuana usage. This marijuana causes white women to seek sexual relations with Negroes."
 - ▶ "Reefer makes darkies think they're as good as white men."
- ▶ Believe it or not, much the public's attitude towards drugs is a holdover from these sentiments.

THE CLASSICS!



NOT MUCH CHANGED FOR HALF A CENTURY...

- ▶ Not much change in treatment protocols
- ▶ Not much change in advocacy (i.e. Zero...)
- ▶ Not much changed in terms of prevention

1970s

- ▶ Nixon establishes the Office of National Drug Control Policy
- ▶ he declared drug abuse "public enemy number one". That message to the Congress included text about devoting more federal resources to the "prevention of new addicts, and the rehabilitation of those who are addicted."
- ▶ Unfortunately, that part did not received the same public attention as the term "**war on drugs.**"
- ▶ His budget was split 70-30. 70% for treatment/public health, 30% for enforcement.

WAS NIXON ONTO SOMETHING?

- ▶ The Nixon Administration also repealed the federal 2–10-year mandatory minimum sentences for possession of marijuana and started federal demand reduction programs and drug-treatment programs.
- ▶ Robert DuPont, the "Drug czar" in the Nixon Administration, stated it would be more accurate to say that Nixon ended, rather than launched, the "war on drugs" (at least for the time being.)

THEN...



AND WHAT WAS OUR NATIONAL
RESPONSE?



“JUST SAY NO!”

- ▶ Brought awareness to the issue of drug abuse
- ▶ Kind of mixed results
- ▶ Not the best message...
- ▶ But it did start a national conversation

MEANWHILE, OVER IN THE WEST WING...

- ▶ Nancy's husband had different ideas.
- ▶ The WAR on Drugs was back in full force.
- ▶ Let me tell you a little something about war:
 - ▶ War is HELL!

BACK TO WAR

- ▶ There are no people you want to assist in a WAR. It is US against THEM and we will WIN through any means necessary (especially under Reagan...)
- ▶ Which makes drug dealers the enemy...
- ▶ And makes drug abusers and addicts collateral damage. And in war time, it's tough to give aid to civilian casualties.

THE WAR ON DRUGS

- ▶ Reagan's militaristic approach- combined with the "Just Say No" strategy that had absolutely no basis in evidence-based practice- set back treatment and prevention movement decades
- ▶ The ONDCP budget flipped from a ratio of 70/30 for treatment/enforcement to a ratio of 70/30 enforcement/treatment
- ▶ What did that do? It raised drug prices, and made the cartels even more powerful.
- ▶ And as previously mentioned, it made those who used drugs the enemy.

THEN...



POLICY NEEDS RESEARCH

- ▶ NIDA
- ▶ NIAAA
 - ▶ Created in the 1970s, but started to change their direction in the 1990s
 - ▶ Brain imaging
 - ▶ The science of addiction
 - ▶ The validation of addiction as a disease

LE MENU

- ▶ 1930s- Marijuana
- ▶ 1960s- LSD
- ▶ 1970s- Cocaine (powder)
- ▶ 1980s- Crack
- ▶ 1990s- Designer drugs (ecstasy)
- ▶ 2000s- Methamphetamine
- ▶ 2010s- Rx abuse/Opioid abuse
 - ▶ Specifically, Oxycotin/Oxycodone
 - ▶ (Even though Rx abuse has outpaced illicit drug use since the 1950s!)

BUT LET'S FACE IT...

- ▶ There is no better way to draw attention to a disease than a dead celebrity
 - ▶ Lou Gehrig
 - ▶ Rock Hudson
 - ▶ John Belushi & Len Bias

A DAY THAT WILL LIVE IN INFAMY...



CHANGES

- ▶ Today's heroin users are older (average age of 22.9 years), live in nonurban areas, and are equally male and female.
- ▶ These findings are significant because in the 1960s, the average age of heroin users was 16.5 years of age, the percentage of white people seeking treatment for their heroin use was 40% (it's now 90.3%), and 82.8% of heroin users were men.
- ▶ Why does race matter? Perception

WHAT CAN WE EXPECT FROM CONGRESS?

- ▶ “Congress does two things well:
 - ▶ Handle emergencies;
 - ▶ and nothing.”
 - (California’s own) Nancy Pelosi
- ▶ The opiate- and addiction- emergency existed long before Mr. Hoffman.
- ▶ But now it is visible to EVERYBODY

AND NOW...IT'S HEROIN TIME!

- ▶ Between March and April 2014, there were no less than 4 congressional hearings/briefings on heroin and/or opioid overdose.
- ▶ These included briefings sponsored by both the House and Senate, Democrats and Republicans.
- ▶ We are truly seeing bi-partisan support for this issue, at least substantively.

EVERYTHING OLD IS NEW AGAIN

- ▶ Two congressmen released an explosive report on the growing heroin epidemic among U.S. servicemen.
- ▶ Ten to fifteen percent of the servicemen were addicted to heroin.
- ▶ In 1971!

HEARINGS...AND MORE HEARINGS!

- ▶ Buprenorphine
- ▶ Addiction and women's health
- ▶ Opiate addiction in the criminal justice system

- ▶ 5 separate hearings on marijuana and marijuana policy (more political than informational)

OK, HERE IT IS...LEGISLATION!

- ▶ The Comprehensive Addiction and Recovery Act
 - ▶ Authored by Senators Portman and Whitehouse
 - ▶ Joined by Senators Ayotte and Sanders
-
- ▶ Working to produce a comprehensive bill that would address the gaps in service, focusing on prevention and judicial settings.

WHITEHOUSE/PORTMAN

- ▶ **Title I: Prevention and Education**
- ▶ **Title III: Treatment and Recovery**
- ▶ **Title IV: Addressing Collateral Consequences**
- ▶ **Title V: Addiction and Recovery Services for Women and Veterans**

BELIEVE IT OR NOT

- ▶ The Senate has done some great research on this issue, especially when it comes to the criminal justice system
- ▶ Aware of the benefits of medications
- ▶ Recognize the need for pretrial services, as well as diversion programs rather than prosecution
- ▶ Treatment for the incarcerated
- ▶ Ongoing recovery services post release
- ▶ Biggest need for the criminal justice system?
 - ▶ Many think its peer recovery services

STAY TUNED

- ▶ Their counsel welcomed us to draft legislative language that will create new programs for workforce training, specifically in the areas of prevention and peer recovery.
- ▶ What about treatment?
 - ▶ Could depend on our ability to work with the Drug Courts

- ▶ Prevention:
- ▶ Increase education and awareness among patients, health care providers and the general public;
- ▶ Research and develop new pain treatments and tamper-proof medications;
- ▶ Track and monitor opioid prescriptions;
- ▶ Clarify pain management expectations for providers and patients;
- ▶ Encourage proper disposal of unused/excess prescription opioids.

- ▶ Treatment:
- ▶ Improve access to opioid dependence treatment;
- ▶ Increase evidence based treatment in areas of need;
- ▶ Increase capacity and willingness of health providers to serve more patients with addiction;
- ▶ Reduce health insurance coverage barriers to treatment and intervention in all treatment settings;
- ▶ Improve care for vulnerable populations-pregnant women and youth;
- ▶ Reduce deaths associated with opioid overdoses.

BUPRENORPHINE

- ▶ Senator Markey (D-MA)
- ▶ Expands number of patients a physician can prescribe buprenorphine to from 30 to 100
- ▶ Emphasizes the treatment/counseling required for those receiving the medication

MEDICATION ASSISTED TREATMENT

- ▶ MATs are a big part of the future of drug policy.
- ▶ That train has left the station, so get on board.
- ▶ MAT policy is advancing at a perfect time, just as the ACA kicks into gear.
- ▶ ONDCP is fully behind this effort.
- ▶ Not mandatory- just needs to be an option
- ▶ Medication ASSISTED Treatment. NOT Medication AS Treatment.

IMD EXCLUSION

- ▶ Institutions for Mental Disease (IMDs) are inpatient facilities of more than 16 beds whose patient roster is more than 51% people with severe mental illness.
- ▶ Federal Medicaid matching payments are prohibited for IMDs with a population between the ages of 22 and 64. IMDs for persons under age 22 or over age 64 are permitted, at state option, to draw federal Medicaid matching funds.

IT'S A DINOSAUR

- ▶ The policy has been in place since 1965 when Medicaid was enacted. State and local psychiatric hospitals housed large numbers of persons with severe mental illness at (non-federal) public expense. The Congress made clear that the new Medicaid dollars were not to supplant this public effort that was already going on with resources from state and local governments. Later, exemptions for children and the elderly were added by amendment.
- ▶ The exclusion for adults was upheld in a Supreme Court case. In the early 1980s, the 16-bed exemption was legislated as a response to the Court's decision. It made a moderate concession to the realities of deinstitutionalization, and re-stated opposition to financing "warehousing" in state hospitals.

IT'S ON THE RADAR...SORT OF

- ▶ Breaking Addiction Act of 2014
- ▶ It establishes a five-year demonstration project to expand cost-effective, community-based treatment options to address the heroin/opiate epidemic.
- ▶ would establish a five-year demonstration project for 8-10 states in which federal reimbursement would be permitted for Medicaid services provided in certain residential settings known as “Institutes for Mental Disease.”
- ▶ will enable participating states to receive federal reimbursement for Medicaid services provided to all eligible in-patients who receive treatment for chemical substance abuse at a community treatment facility. It partially waives what is known as the Institution for Mental Diseases (IMD) exclusion.

BREAK IT DOWN.

- ▶ Do we have data? Why yes, we do.
- ▶ The IMD exclusion keeps nearly 15 million Medicaid beneficiaries from receiving the treatment they need, and indirectly, it limits the number of treatment beds available for more than 23 million Americans, regardless of health coverage status.

IS IT A BAND AID? A STOPGAP?

- ▶ The new legislation carves out a narrow exception to the IMD exclusion in the 8-10 states participating in the \$300 million demonstration program. It allows federal reimbursement for Medicaid services provided to individuals receiving treatment for a substance use disorder in a “community-based Institute for Mental Disease.” “Community-based” refers to facilities such as chemical dependency treatment facilities or rehabilitation centers and excludes hospitals. The bill also requires an evaluation and report from the Secretary of Health and Human Services on the impact this change would have on the provision of substance use disorder services in the U.S.
- ▶ The bill’s authors cite the growing heroin and opioid epidemic as an urgent rationale for making this payment change, stating that this demonstration offers a model to expand cost-efficient and timely community-based treatment options for opioid abuse and misuse.

HEAA

- ▶ Health Equality and Access Act
- ▶ Aimed at providing health services to traditionally underserved communities
- ▶ Sponsored by CA's own Rep. Lucille Roybal-Allard, on behalf of the congressional "Tri-Caucus"

HEAA

- ▶ Introduced every year since 2006
- ▶ In 2012, for the first time ever, there was a chapter in the bill on mental health services
- ▶ CCAPP took that a step further. In 2013, we sought to add substance abuse treatment services in the same chapter.
- ▶ What was supposed to be a quick fix and a bill introduced three months later turned into a year long marathon, and a fight on behalf of counselors that sought to define their importance in the provision of care.

HEAA

- ▶ Long story short:
- ▶ After clashes with other professional groups (which shall remain nameless...) Substance abuse services were included in the bill.
- ▶ More importantly, substance abuse counselors (those credentialed by an individual state through IC&RC or NAADAC) would be eligible to receive reimbursement from Medicare part B.
- ▶ Don't celebrate yet.

WHY?

- ▶ Because this bill **WILL NEVER PASS**.
- ▶ And guess what? We knew that going in.
- ▶ So....why all the effort?
- ▶ Because we established a marker. Legislative language- which we wrote- was published and introduced. Now, moving forward, we can refer back to that language any time we want counselors included in legislation pertaining to workforce.

FQBHC

- ▶ Last spring, legislation was passed to establish a pilot program for the creation of Federally Qualified Behavioral Health Centers.
- ▶ CCAPP supported this legislation in conjunction with the National Council for Behavioral Health
- ▶ This will be a pilot program for eight states to establish FQBHCs, and we are trying to position California to be one of them

DON'T CALL US...WE'LL CALL YOU!

- ▶ The tide is clearly turning
 - ▶ Congressional offices are now approaching advocates, asking us for information
 - ▶ Which can only mean one thing, and one thing only...
 - ▶ The PUBLIC is demanding action
- ▶ (and it's NOT because they're Philip Seymour Hoffman fans...)

HOW DO YOU KNOW THAT?

- ▶ Because congress is a reflection of its electorate- the public
- ▶ If people don't care about an issue, congress does not care about an issue
- ▶ The recent commitment to working on substance abuse issues by congress is a response to a demand for action by the public
- ▶ (Hey wait a minute- didn't I stand up here last year and tell everybody they need to take action?)
- ▶ Coincidence? I THINK NOT!

HOW INTERESTED IS CONGRESS?

- ▶ It's not just about rhetoric anymore. It's about knowledge. Members of congress want to learn and know as much as possible about substance abuse.
- ▶ Senator Diane Feinstein is chair of the Senate Caucus on International Narcotics Control
- ▶ Just this week (yesterday in fact) a member of Senator Feinstein's staff- for the first time ever- took a visit to "The Farm."

OXFORD, MISSISSIPPI



JUST A YEAR AGO...

- ▶ “No politician will ever get elected by making drugs and addiction a centerpiece of their campaign.”
 - ▶ Andrew Kessler
 - ▶ September, 2013

THE TIMES, THEY ARE A CHANGIN'?

- ▶ Massachusetts Democrat Joe Avellone: If elected Massachusetts governor, proposed creating department to deal with state's drug addiction problem would be a “top priority”
- ▶ In a sign of how drastic the epidemic of drug addiction here has become, Gov. Peter Shumlin of Vermont devoted his ENTIRE State of the State Message to what he said was “a full-blown heroin crisis” gripping Vermont.

IT'S SPREADING...

- ▶ A candidate for the United States Senate for West Virginia, Natalie Tennant, unveiled her “substance abuse policy” during her campaign.
- ▶ The policy was not willy-nilly: She held several meetings with treatment providers, faith based groups, insurers, and other interested parties to develop this plan (too bad she’s not going to win...)
- ▶ Even here in California, we are greatly anticipating the election of State Senator Desaulnier to the U.S. House of Representatives

KEEP SOMETHING IN MIND

- ▶ Right now, NOTHING is getting done in Washington. NOTHING!
- ▶ So...how do we design advocacy strategies for a hot button issue in an environment where even “popular” or “simpler” issues can’t even make progress? It’s not easy.
- ▶ BE READY. Washington- and advocacy- can keep you waiting for months. When that call comes for help, you’d better be ready to step up.
- ▶ How?

A HIP HOP LEGEND



KRS-ONE

- ▶ KRS

- ▶ **KNOWLEDGE REIGNS SUPREME**

- ▶ What Congress knows about treatment is an exact duplicate of what the general public knows about treatment.
 - ▶ If the public does not care, Congress will not care.
 - ▶ The public cares- more importantly, they are beginning to show it

CAREFUL WHAT YOU WISH FOR

- ▶ The door has cracked open
- ▶ EVERYONE is pouring through it
 - ▶ Recovery
 - ▶ Prevention
 - ▶ Treatment
 - ▶ Medication Assisted Treatment
 - ▶ Reimbursement
 - ▶ Access to care

DON'T JUMP THE GUN

- ▶ Lots of members of Congress support our efforts. But few- or dare I say none- have made it their top priority.
- ▶ There is rhetoric, and there is reality
- ▶ And in Washington, reality is MONEY.
- ▶ Some have made Mental Health a priority, but that's not exactly the same thing, is it?

THE GOOD, THE BAD, THE UGLY

- ▶ The good: Congress is giving more attention to the issue of addiction than ever before, and from a public health perspective.
- ▶ The bad: They're still not sold on the disease of addiction, just on specific drugs they perceive as a threat.
- ▶ The ugly: The current situation in Washington. Which, regardless of your affiliation or opinion, impacts substance abuse treatment nationwide.

WE'RE NOT EXACTLY ALONE

Federal spending has been cut by \$900 billion in the Budget Control Act, by \$1.2 trillion in the sequester and by more than \$500 billion in the 2010 continuing resolution.

SIMPLE QUESTION, SIMPLE ANSWER

- ▶ How do we get more funding for our workforce?
- ▶ There's actually a very simple answer to that question:
- ▶ **Learn how to diagnose and treat the Ebola virus**
- ▶ No? Then on we go with the presentation

EVOLVING ATTITUDES

- ▶ The administration has promoted the current National Drug Control Strategy as a new chapter in its counter-narcotics fight.
- ▶ But what distinguishes the current policy from the past is officials are reframing the drug problem in the context of public health solutions.
- ▶ 67% of U.S. residents said the government should focus more on providing treatment for those using drugs like heroin and cocaine, according Pew Research Center. By comparison, 26% said the government should focus more on prosecuting drug users.

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FY 2014

The budget deal returns NDD spending back to about the levels of the Bush Administration. Depending on how you look at the numbers, you could even say that spending is now below what it was in 2008, the last year of appropriations under President Bush.

In 2013 dollars, President Bush had \$509.5 billion to spend on NDD in 2008. Obama is on course to average \$486.5 billion a year.

STOP ME IF YOU'VE HEARD THIS BEFORE...

- ▶ We have no budget
- ▶ Congress was supposed to pass a budget by September 30.
- ▶ Instead, we are in a 3-month C.R. until December 11.
- ▶ All funding continues at last years levels

BUT...

- ▶ If the FY 2015 Budget is not passed- which is looking quite unlikely- we are faced with a Continuing Resolution.
- ▶ That means funding continues at last year's levels. Which means...
 - ▶ No new programs.
 - ▶ No new appropriations.
 - ▶ No \$10 million for peer workforce training
 - ▶ No \$15 million for a new Rx abuse program at CDC.

DOWN DOWN DOWN

- ▶ In FY 2015, discretionary spending levels are lower than a decade ago. Progress on all priority areas (research, infrastructure, education, etc) will not be possible under these fiscal constraints.
- ▶ FY 15 The levels are austere and will only get worse. Discretionary funding is still \$80 billion below where we were in 2010--in nominal terms.

UH OH...

- ▶ If we end up with sequester levels in FY 2016, in real terms things will be WORSE for discretionary programs than the first year of the sequester in FY 2013 due to inflation, population growth, increased demands on "must pay for" programs.
- ▶ FY 2016- anticipate a 2% across the board reduction (agencies asked to reduce by OMB)

THINK STATE FUNDS APPEAR OUT OF THIN AIR?

- ▶ In addition to the block grant- which this year stands at \$235.7 million- SAMHSA also disperses discretionary funds to the states, and in 2014, CA received \$42.4 million for substance abuse prevention and treatment.
- ▶ The previous year, the state received \$55.6 million.
- ▶ That's a 23.7 percent decrease in just one year.

BACK TO THE GOOD NEWS

- ▶ SAMHSA's approach to the next four years:
- ▶ “Leading Change 2.0”
- ▶ **Prevention**
- ▶ Health System Integration
- ▶ Trauma and **Justice**
- ▶ **Recovery Support**
- ▶ HIT
- ▶ **Workforce Development**

SO...WHAT'S ON THE "HORIZON?"

- ▶ Follow the money, follow the money, follow the money
 - ▶ IMD exclusion reform
 - ▶ Workforce inclusion
- 

- ▶ We are dealing with politicians who need to understand the disease of addiction, not just the current “scourge”
- ▶ The time has never been better to advocate for improvements, but our window will not be open for long
- ▶ No cure without a workforce and providers!

▶ **THANK YOU!**