

BEHAVIORAL HEALTHCARE **LEADERSHIP** SUMMIT



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Substance Abuse Treatment Advocacy: Bill W., Brain Biology, Big Plans

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BEHAVIORAL
HEALTHCARE

ADDICTION
PROFESSIONAL

 **NAATP**
National Association of Addiction Treatment Providers

MISSOURI
COALITION
OF COMMUNITY MENTAL HEALTH CENTERS

IN CONJUNCTION WITH

Introductions!

- **Andrew Kessler, J.D.**
- **Slingshot Solutions, LLC**
- **Clients include IC&RC, CAADAC/CCAPP, Connecticut Certification Board, Illinois Association on Drug Dependence and Alcoholism, National Council on Problem Gambling**



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- **Follow me on Twitter
@SlingshotDC**
- **(Feel free to live tweet!)**



Its good to be back!

- Back at NCAD/BHLS!
- Back in St. Louis! (Washington University Class of '93!)



I don't have much more than an hour...

- I can't make you a seasoned advocate.
- I can't tell you everything there is to know about every issue related to substance abuse policy.
- I can't answer every question.



OK, Andrew...What can you do?

- I can give you a snapshot- of what works and what does not.
- I can tell you about the progress we're making, why we're making it, and how to keep making it.
- I can give you some ideas as to why politicians take on our issue- or why they do not.



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 still have work to do.
- But...
- You can't know where you're going unless you know where you've been.



Confessions...

- **A TREMENDOUS amount has changed in substance abuse policy since I submitted the title and outline for this presentation.**
- **So you may not learn exactly what you were expecting to learn, but I guarantee, you will walk out of here much more knowledgeable than you walked in.**
- **So let's get started!**



Or, put another way

- **Let's use this year's conference metaphor. Down there, in the lower right hand corner...**
- **“Once you're on the train, you can always change your seat.”**
- **After many decades, SA policy is finally on the train- but getting a ticket was not easy, and was quite costly.**
- **All aboard!**



Pop quiz

- What was the first major advocacy movement aimed at curbing substance abuse in the United States?



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 crap out of them?
- Make no mistake- Prohibition was a **SUBSTANCE ABUSE ISSUE**



- ***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***



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Ask yourselves why

- **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 utilized this network to their advantage?**



Recognize this man?



Harry Anslinger

- In 1930, Anslinger was appointed to the newly created Federal Bureau of Narcotics
- “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 of our 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", but 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.



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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".



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



- **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!**
- **There are no people you want to assist in a WAR. It it US against THEM and we will WIN through any means necessary (especially under Reagan...)**
- **Which makes drug dealers the enemy...**
- **And makes drug abusers collateral damage**



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



RAD



DARE (drug abuse resistance education)



Slight improvements

- Evidence based
- Studies on efficacy
- Expansion & staying power



Remember the 80s?

- Advocacy for substance abuse treatment was not widespread until the early/mid 1980s
- Before then, it was pretty much reserved to medical specialty groups
- A combination of national attitudes- and research- led to the birth of national organizations concerned with prevention, treatment, and recovery.
 - Partnership for a Drug Free America
 - CADCA
 - SAAS
 - IC&RC



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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



A day that will live in infamy...



What can we expect from Congress?

- “Congress does two things well:
 - Handle emergencies;
 - and nothing.”
 - Nancy Pelosi
- The opiate- and addiction- emergency existed long before Mr. Hoffman.
- But now it was visible to **EVERYBODY**



Why is the public demanding action?

- Drug use- and specifically overdoses- are spreading to areas where drug use used to be “dirty little secrets.”
- In other words, the suburbs
- Look at Chicago
- Heroin-related deaths in suburban Chicago, 2011-2012
 - DuPage County increased 55 percent
 - Will County increased 80 percent
 - McHenry County increased 77 percent
 - Kane County increased 200 percent
 - (all in just one year)



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



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!



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...)



What's on the menu?

- **Something you need to know about Congress:**
- **They rarely address the underlying disease of addiction. Instead, each decade there is a “drug d’jour” that they go nuts over, and insist that it is the worst epidemic since Bubonic Plague.**
- **Some act as if this problem is solved, or talked about enough, then the drug epidemic is solved.**
- **(Even though alcohol abuse outpaces all illicit substance abuse combined- and to say nothing of tobacco...)**



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Le Menu

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



- Also, keep in mind other reasons why this is not an easy sell.
- This is a chronic disease, that has only been studied in earnest for about 40 years.
- But Congress- like Americans- like a quick fix. A silver bullet.
- Raise your hand if you flew to this conference
 - What did you have to remove at the TSA checkpoint?
 - And why did you have to do that?
 - Because ONE person tried it before. ONE.
 - I rest my case...



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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.



MORE hearings

- Buprenorphine
- Addiction and women's health
- 5 separate hearings on marijuana and marijuana policy (more political than informational)
- The “most important” in my book was on 4/3/14, because it was about opioid abuse and its impact on PUBLIC HEALTH
 - (thanks to TFAH...and Oklahoma!)



Public Health

- Terry Cline of Oklahoma is president of ASTHO
- His “President’s Initiative” for 2014/2015- an issue he selected as the most dangerous threat to public health:
 - OPIOID ABUSE!



Help from the White house

- U.S. President Barack Obama's 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.



There's something else to talk about...

- I'm thinking of two states...Can anyone guess what they are?
- The marijuana fight is going to be long and drawn out. But whatever your position is, you cannot be an effective advocate unless you know the facts.
- A new report that analyzes the impact of medical and retail marijuana in Colorado found that youth marijuana use increased by nearly 11 percent since medical marijuana became legal in 2009. In addition, since retail marijuana began overall crime rose nearly 7 percent.



Hello, Mary Jane

- Marijuana trafficking also increased since its retail legalization. Highway seizures of Colorado marijuana destined to 40 other states jumped 397 percent from 2008 to 2013.
- U.S. Mail parcel inceptions containing pot from Colorado going to 33 other states skyrocketed 1,280 percent from 2010 to 2013, with the number of pounds seized increasing by 762 percent from 2010 to 2013.



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**.



- No longer the age of “gimmie”
- Age of “don’t cut me!”
- And that’s bad (especially in criminal justice.)
- All public health funding is in jeopardy. Think addiction and substance abuse is a sacred cow, or first on the chopping block?



Show me the money! (walking out the door)

- Both federal and state funding for substance abuse programs across the state of Ohio has been cut by the state in a cost-saving measure.
- With the start of the 2015 fiscal year last Tuesday, the Ohio Department of Mental Health and Addiction Services is now distributing \$63 million of federal grant money for addiction and substance abuse services over the course of 18 months, instead of one year.
- As such, the state as a whole is losing more than \$20 million of funding that many programs, municipalities, and counties counted on having for the next 12 months.



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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.



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.



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What's the rush?

- On May 27-28, 2014, a public expert panel workshop was held to inform the development of a new initiative of the Collaborative Research on Addiction at the NIH, otherwise known as CRAN. This initiative involves the Institutes which comprise CRAN—the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Cancer Institute (NCI)—as well as the Eunice Kennedy Shriver Institute of Child Health and Human Development (NICHD).



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“CRAN”

- What is the impact of diverse patterns of use of marijuana, alcohol, nicotine and other substances on the structure and function of the developing brain, as revealed by brain imaging?
- What are the consequences of substance use on physical health, psychosocial development, information processing, learning, memory, academic achievement, motivation, emotional regulation, and other behaviors?



“CRAN”

- What factors (prenatal exposure, genetic, epigenetic, neurobiological, psychosocial, family history) influence drug use and its consequences during development?
- In what way does use of each substance contribute to the use of others (gateway interactions)?
- The price tag?
 - \$30 MILLION/YEAR



More alphabet soup: CDC

Addiction is a disease

The study of disease, especially ones that impact entire populations, belongs at the CDC

Yet other than studies on underage drinking, the CDC has never really engaged...until now





Addiction gets some traction at the CDC! (Finally!)

The White House asked for a \$15 million increase for Rx monitoring and prevention program, bringing the amount spent on this issue by the CDC from two million dollars to...



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\$17 MILLION DOLLARS!



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 \$15 million for a new Rx abuse program at CDC.



Just a year ago...

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



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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...)



We're not over the finish line yet...

- Governor Scott of Florida faced a massive budget shortfall. He needed to save money, fast!
- His bright idea? Drug test all welfare recipients.
- Why?
 - Because welfare recipients are poor and only poor people are addicts
 - Because addicts are a convenient scapegoat
 - Process- recipients must pay for test themselves, and if they test clean, they are reimbursed for the cost.



- **General population averages a positive drug test at a rate of about 8%**
- **Welfare recipients in Florida?**
 - **TWO AND A HALF PERCENT!**
 - **(And a federal judge ruled it unconstitutional to boot...)**



- Utah joined the handful of states that have passed laws mandating drug tests for people seeking welfare benefits.
- of 4,425 people screened for drug use after seeking aid, 813 were deemed to be at high risk of drug use.
- 394 were actually subjected to drug testing
- How many people tested positive?
 - NINE



Drug testing

- Several states have started drug testing programs for food stamp, welfare, and unemployment recipients
- Despite such laws being ruled unconstitutional, they continue to be passed
- Who benefits? Follow the money
- An independent healthcare market research firm states that sales in the drug testing market increased by 4.3% from 2011 to 2013, and are projected to exceed \$3 billion by 2015.



- **North Carolina!**
- **Governor vetoed the bill calling for testing of welfare recipients, citing it as too costly in other states.**
- **Hey, it's a start...**



Some states get it...

- **MISSOURI!**
- **Senate Bill 680, which modifies the federal lifetime ban on Supplemental Nutrition Assistance Program (SNAP), for persons with felony drug convictions.**
- **Although the new law is a step in the right direction, it imposes a one-year waiting period after a conviction or release from custody.**



Still some “holdovers...”

- **Governor Tom Corbett of Pennsylvania:**
- **“Drug Users Boost the Unemployment Rate”**
- **"There are many employers that say, 'we're looking for people, but we can't find anybody that has passed a drug test,' a lot of them."**
 - **There is no data whatsoever to support this.**
 - **Regardless of our advances, drug users are still used by some politicians as a viable boogeyman.**



South Carolina, too

- "Down on River Site, they were hiring a few hundred people, and when we sat down and talked to them -- this was back before the campaign -- they said of everybody they interviewed, half of them failed a drug test,— Governor Niki Haley
- Want to know something about River Site Construction?
- The River Site doesn't even test applicants.
- They test workers. How many failed the last round?
 - ONE



Big Plans

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



KRS-One

- What Congress knows about treatment is an exact duplicate of what the general public knows about treatment.
 - A select few understand that addiction is a disease and treatments should be evidence based.
 - Far more than last year are on board
- If the public does not care, Congress will not care.
- The public cares- more importantly, they are beginning to show it



The timing just flat out SUCKS.

- Times are tough for all advocates
 - Pressures to reduce spending
 - Which brought us such lovely headaches as the Sequester...
- We get the crumbs to begin with



Keep something in mind

- Substance abuse is a big talking point
- But 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?





Each US Representative receives approximately 10K emails every week.

5,000 bills are introduced in a session of Congress.

Capitol Hill is literally drowning in information

Raise your hand if you think

- Politics plays a role in the funding decisions that are being made on Capitol Hill.
- Politics accounts for 50% or more of the decisions on Capitol Hill.
- Politics accounts for 90% or more of the decisions on Capitol Hill.



One step forward, one back

- Still a boogeyman
- emails obtained by the Tulsa World, The Oklahoman and The Associated Press show that within months, Governor Mary Fallin's staff held meetings without key players, turned away federal money that could have funded programs and expressed concern the state might appear "liberal."



How do we stand out?



The two “Q”s

- It used to be about quantity
- That it shifted to quality
- Maybe it's not Quantity VERSUS Quality
- Maybe it's Quantity AND Quality



Back to that open door

- Where can we find common ground?
- Advocates for consumers...for professionals...for treatment centers...for prevention...for children...for minorities...
- Our members have a huge collective voice.
- Agreement on goal (fight discrimination/roadblocks and change the perception of the disease) and strategy (mobilize members)



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Simple, but not easy

- Take advantage of the networks you have in place and strengthen them.
 - No need to reinvent the wheel
- We can bring the people to Capitol Hill, no doubt. It's the message that may need to change- and how we deliver it.
- One size fits all does not work any more.
- In a day and age where so much data is available, and everyone knows it, you must take advantage of it.



It's been done- many times

- 30 years since release of MMWR identifying unusual illness in gay men
- FasterCures sponsored a symposium last summer on the “lessons learned” from the HIV/AIDS movement.
- From \$0 to \$27 billion in federal funding in 30 years (16K annual deaths).
- “Most successful public policy change model ever.”



Can you believe it worked?

- By 1989, spending on AIDS reached more than \$2 billion, compared to \$74.5 million on breast cancer, although breast cancer killed more than 40,000 women that year, compared with 22,000 deaths due to AIDS.
- Then, using some of the same grass-roots techniques used by AIDS activists, breast cancer advocates successfully pushed for an increase in federal funding for breast cancer research and were “instrumental in getting legislation passed for health coverage of mammograms



A lesson to be learned?

Are We That Different than HIV/AIDS in 1981?

- A marginalized community...
- A misunderstood disease...
- Scientific knowledge about the disease that
- no one is paying attention to...
- Sounds like a match...



Lots on the agenda

- Medication Assisted Treatment
- IMD exclusion reform
- ACA enrollment
- Naloxone/Overdose prevention
- FQBHCs



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.
- Senate bill introduced by Ed Markey seeks to expand the number of patients a doctor can prescribe buprenorphine to.



It's a whole new world

- **An innovative National Drug Early Warning System (NDEWS) is being developed to monitor emerging trends that will help health experts respond quickly to potential outbreaks of illicit drugs such as heroin and to identify increased use of designer synthetic compounds. The system will scan social media and Web platforms to identify new trends as well as use conventional national- and local-level data resources.**
- **Funded by NIH**



What have we learned?

- Understand the landscape you are navigating
- We are dealing with politicians who need to understand the disease of addiction, not just the current “scourge”
- Make your efforts qualitative AND quantitative
- The time has never been better to advocate for improvements, but our window will not be open for long
- Politics still reign supreme



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