

Ben Zimmer - HR 590 Testimony, November 29, 2016

Testifier: Ben Zimmer - Father of 12 year opiate addict and Recovery Ministry Leader - Bethel Life Worship Greenville PA - [814-282-9358](tel:814-282-9358)

My name is Ben Zimmer and I am the father of 10 plus year opiate addict. The subject of barriers to treatment is very near to my heart as our son and family has fought addiction with great confusion, frustration and fear for over a decade. The cost physically, mentally and financially has been great. I thank God my son is currently alive, sober and gainfully employed.

Even after two years of hard work and for the most part sobriety, my son still faces life long health problems and numerous obstacles and challenges as the result of his poor choices, and the past and current inadequacies in our D&A prevention, treatment and recovery programing. I do realize that no one was prepared for this epidemic and greatly appreciate the work everyone is doing to collaborate and address this crisis.

Part of the obstacles and challenges I am referring to is directly related to today's topic of "barriers to treatment". Thank you for the opportunity to briefly share our experience with some of the barriers we faced in our battle.

Understanding Addiction - we had no understanding of addiction when we found ourselves in the midst of this battle and nor did our son. To make matters worse many professionals working in the field of addiction prevention, treatment, recovery and sobriety do not understand the impact of the many of the drugs on the neurotransmitters and resulting mental and physical changes that occur. If you do not "know the enemy", how can you effective fight it?

This lack of understanding results ineffective prevention, intervention, treatment and recovery. I pride myself on being a good problem solving, after all I worked for over 34 years in State government, spending several in management, and received ongoing training on project management , conflict management and problem solving. However when I found out my son was addicted I had no idea what to do or who to go to. There was no short course on "understanding addiction" and the particular challenges opiate addiction create. This was over 10 years ago. Thank God that is changing now. At least now we can find out quickly who to go to, but the advice and treatment we get when we get there, varies greatly because of lack of understanding of addiction. To compound the problem, most of us looking for help would not understand whether the advice we are getting for treatment is "good advice" or not.

For example, my son spent (3) terms at a licensed in-patient program in NW PA, all (3) for 28 days. Each of these trips to the "recovery center" was the result of intervention we did, the drug had him out of his mind, and we knew the likely hood of his injuring himself or others in an accident where great, not to mention the real fear of OD. He was never violent, because was often severely intoxicated. The time spent at the recovery center began to help us understand what we were facing, but what was provided there was a foundation for recovery, without supporting structure (MAT) after discharge to make the recovery more likely. Some call the treatment being offered at many of our centers as "band aids" for opiate addiction at best. I now know, after seeking out training myself, that opiate addicts relapse at 95% rate when coming out of short term treatment without MAT. To say that this barrier to treatment had a negative impact would be a gross understatement. Staff and Management at Treatment centers providing care for opiate addicts must have current up to date, and on-going training on what is working and what is not and adjust programing accordingly. Understanding addiction is key to battling it. This ignorance must be addressed aggressively or the problem will not be resolved. See the attached Low Dose Protocol for MAT put out by Ohio for much more detail on this subject.

Intervention Training Addicts are very often out of their mind when active in their addiction. They will not "check themselves in" even though they know they need too. This makes breaking the cycle very difficult and scary for many, so it is avoided and the problem prolonged. Our family had to learn the hard way on how to plan and conduct an effective intervention. We had to involved our combination of approaches varying from our Pastor's involvement to calling the mental health crisis hotline on three different occasions and having them come (with the State Police to keep things calm) to get our son's into the hospital for assessment and (3) days of forced sobriety so he could break the binge cycle, and get him to clear his mind enough to consider in-patient treatment. Many arguments and confrontations took place along the way, exacerbating the problem. In some situations poorly planned interventions create dangerous situations for family members and other involved. The complete intervention requires planning and communication to handle the organized confrontation, transportation and placement. Community seminars are needed on this subject.

Access and Cost - Medically Assisted Treatment (MAT)- addicts do not have easy access to Professional Care that will prescribe MAT and cost are prohibiting even with insurance. In our case my son is covered on MAWD and they pay for the Subzone script, but not the \$180 doctor visit required monthly. This is an average fee most doctors charge and it limits many from getting the medicine they need. Also, many who decide they want to get on MAT have to wait to get into the doctor because they limits put on the number of patients they can see. Addicts who decide they want help should have ready access to a limited number of doses, that is closely monitored while they wait to get into the doctor, counseling and support groups. The urgency of this matter is really life or death in some cases. We lost a close friend to suicide because he could not afford the medicine and his family did not support the idea of getting on Compass.

Criminal and penal system approach to handling addiction. My son spent (3) different terms in jail with each being progressively longer, and the last sentence being 9 months in county. This is where he hit

bottom, and knew he did not want to spend his life in confinement. I am not opposed to incarceration, but I do feel that if you are serving because of D&A issues, you need to have required treatment and education while serving the time. Incorporating volunteer and professionals counseling and support groups attendance and understanding addiction training while in jail, in must be mandatory. Also, if you have health or D&A issues you should be signed up for Medical Assistance before you get out, and be required to entered closed monitored D&A programs with MAT consideration when you leave jail. Currently part of this puzzle is in place but it needs work. The other aspect is probation's role. Educating probation on opiate addiction (as discussed earlier) is key. They need to know about the necessity of MAT in helping to maintain sobriety is a must, and they must understand they need for comprehensive treatment plans and enforce compliance with the treatment plan. The probation system needs revamped to make it streamlined for tracking & reporting of compliance with the complete treatment plan and MAT. Many coming out of jail are greatly stressed because they have no friends or family left to support them, no transportation or job, no place to go and more they relapse!

Also regular communication and coordination between court ordered County D&A, probation, counselors and those involved in required treatment plans (support groups etc.) is greatly lacking. All individuals working with the addict's recovery should be required to conference call one another or not payment for their services. The role of Support Groups like Celebrate Recovery, AA, NA etc. is critical and attendance must require a minimum of (2) times week if public assistance probation is being provided.

These are just a few of the barriers to treatment we have experienced in our battle with addiction. I appreciate the opportunity to share and offer my assistance in future endeavors.

Thank you