

Testimony for House Resolution 590- Difficulties with Access to Drug and Alcohol Treatment.

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November 22, 2016

Per the topic, “Difficulty with Access to D & A treatment. I feel that that there are several topics that may offer the consumer difficulty when they reach the point of asking for help. The following are the areas that I will be discussing; Stigma, Funding, Concept of Treatment, and Aftercare.

First, the issue of Stigma effects the consumer as well as the community that they are coming from prior to treatment. Active Addiction take no prisoners, which is something that we are all aware of, and we all know too well. We know the painful truths and shame filled actions that one makes to remain in that lifestyle. We also know that many in our community and those who just started abusing chemicals are not aware of how much or how hard the actual act of stopping takes emotionally and physically. Although their desire to stop using is genuine and strong, the warm welcome from their family and friends and communities is usually broken, weak, or non-existent when they arrive at our doors. I feel this opioid epidemic has inserted itself so deeply into our fabric as a community, that we need to develop more public awareness, that will address the truth, the depth, and the range that addiction has on an individual, a family, as well as a community. We need to use advertising and media to carry this message. We need to unify our front as a society, if we are going to get the message of TX, recovery, and hope to those who are still stuck in the grips of addition, be it directly or indirectly everyone suffers from this epidemic one way or the other.

Second, the topic of funding is one that I find to be a barrier that prevents the admission, continued stay, or aftercare of the consumer. I do not wish to condemn all providers, that would

unfounded and inaccurate. Many providers do an excellent job providing client care services. I bring to light that the amount we spend on treatment is not enough, we do not receive enough to guarantee that there will be a bed, a counselor, or safe and secure environment for them when they get there. I am aware that one could argue that “clients attend multiple tx facilities and still don’t get it, why should we continue to fund them.” I understand that statement more than some, and not as much as others, but I do accept that we need to stay the course. We need to make funding the one thing that an active addict can count on having when they reach the point of seeking help. We do not have the right to expect someone to understand their belief system and start the process of change due to the financial means that are available or unavailable. By finding a remedy for the funding issues we could assure more beds, more staff, and more resources, which would allow the full continuum of care to be utilized.

Third, the concept of treatment is not one that is understood by the masses. I feel that this issue would also help remove the stigma of addiction that many feel compelled to hold onto as their loved ones enter tx. I find that the biggest misconception of treatment comes from the client and their families. I believe this because they have not been educated on how real the issue of drug addiction is, and how badly it can affect their lifestyles, homes, and futures. I feel that some believe that once they walk in to treatment, they expect to have the “secret” of recovery hurled at them. So they can move on with their lives and not look at the underlying issues. So that they can continue to ignore the self-care that is important and necessary in remaining sober.

In closing, I find that the issue of aftercare is not emphasized enough at any level of treatment. I also believe there is no one to blame. I believe that this issue is one that is growing at an alarming rate, and that constant change and knowledge is needed to manage the horrific effects it has had on our communities. I find this issue to be one that would fall under self-

development as well as program development, due to the emphasis that is put on the need to develop the ability to apply the tools that were taught at the treatment facility to their daily routine. I understand that one could argue that there is an outpatient and that would be the clients aftercare. I also understand that the client is supposed to be stabilized enough to navigate their environment when they leave treatment. The fact is, if a client does not enter a 12-step fellowship or another recovery community (limited), then they are essentially on their own. I feel that by addressing the above mentioned issues, we would be able to start implementing more programs and activities that would cater to those who wish to live a D & A free lifestyle. I appreciate your time with this matter, and thank you for your time.