



Massachusetts Organization for Addiction Recovery, Inc.

Heroin, OxyContin, Alcohol Abuse and Addiction = Massachusetts # 1 Problem Prevention, Treatment, and Recovery = Massachusetts # 1 Solution!

The Problem

OxyContin abuse/addiction is increasing in Massachusetts. OxyContin and heroin are being used interchangeably. In the Boston metropolitan area, the number of deaths related to narcotic analgesics, which include opiates such as OxyContin and Percocet, has increased significantly. According to the federal Drug Enforcement Agency, narcotic “pain killers” were a major factor concerning the 22% increase in deaths by poisoning in Massachusetts. By July 2003, with \$16 million cut from services, heroin addiction doubled. Six detox centers closed, and capacity was reduced to less than 50% with a little over 400 beds. Recovery homes, the only BSAS- Bureau of Substance Abuse Services-funded long term residential service, aimed at helping people learn experientially how to live in recovery were scaled back. Waiting lists were the norm before the cuts. A national survey places Massachusetts 5th among the fifty states in adolescent illicit drug dependence and abuse. In reference to alcohol, binge drinking is the reported norm for 44% of college students. (Harvard study: 2002). Our public transport system has many advertisements encouraging consumption of alcohol. Binge drinking is a significant cause for alcohol related deaths.

As state government began to turn the cycle with a 2005 restoration of \$2.8 million, and \$11.9 million in supplemental (one time only), we learned that the federal government was about to make major cuts to Medicaid. It appears that potential loss, which could have decimated the detox system by \$10 million, will not happen. Detoxification aims to help a person heal from the physical withdrawal process. Methadone and Buprenorphine are medically managed treatment options for people, who suffer from opiate addiction. Misunderstanding how Methadone works has led to a near closing of the service; Buprenorphine prescription is limited to 30 people per certified agency, which accounts for long waiting lists. Waiting lists can equal death. Approximately 34% of the Massachusetts residents who need and are seeking treatment for substance abuse lack access to appropriate services. We share concern regarding inadequate private health insurance coverage for people in need of treatment. With heroin and other opiate use on the rise, emergency rooms are over crowded; deaths by overdose mount, crime increases and prison versus treatment becomes the norm.

FY’06 State Budget Considerations

House I, The Governor’s Budget for 2006, proposes a 45.9 million dollars in FY’06; and 9.1 million dollars in a Supplemental Budget for FY’05 for the MA Department of Public Health, MA Bureau of Substance Abuse Services Line Item 4512-0200. This amount of money approximates level funding. It appears to allow BSAS to begin the Governor’s authorized strategic plan to rebuild and improve the continuum of care after several years of devastating budget cuts. The strategic plan incorporates strategies from a range of disciplines, inclusive of public safety, to address alcohol and other addiction. Both budget proposals seems to meet block grant obligations for both FY ’05 and FY’ 06 between the Commonwealth and the federal Substance Abuse and Mental Health Services Administration and ensures the state will continue to receive its current level of federal funding.

MOAR proposes a short range goal of building the capacity for detoxification with appropriate length of time to make the next step within the continuum of care. We seek an emphasis on available and quality services for youth and family. That further means a continuum with outreach to schools, and medical community. We support enhancement of long term treatment modalities. We support Public Safety and Health agencies to strategically reverse the statistic rate of 80% incarceration relative to substance abuse. In the long term, we seek a seamless continuum of care with no waiting lists. We thank all public officials for supporting strategic efforts to treat and prevent addiction with vigilance. MOAR, as people in recovery, families and friends- continue to activate our mission to educate the public about the value of recovery to our communities.

A List of 2005-2006 Legislative Proposals Impacting Addiction Recovery

These bills were filed for the 2005-2006 legislation session. Bill numbers are not yet assigned.

Relative to Substance Addiction Treatment

Sponsors: Senator Marian Walsh, Elizabeth A. Malia, Steven A. Tolman, Kay Khan and other members of the General Court. This bill creates a Substance Abuse Health Protection Fund that would provide financial support for alcohol and substance abuse treatment, education and prevention. The Fund would be financially supported by a percentage of money generated through an increase in the excise tax on alcoholic beverages. As a result of this increase, the Commonwealth could expect as much as a \$58 million in tax revenues.

Relative to Using Twenty Percent of Money, Property, and Assets from Drug Forfeitures for Drug Treatment and Prevention Programs

Sponsor: Antonio F. D. Cabral: This bill allows for 20% of drug confiscated forfeiture to go to drug treatment and prevention programs.

Provide Equitable Coverage for Substance Abuse

Sponsors: Senators Moore, Walsh, Tarr and Wilkinson; Representatives, D. Sullivan, Kennedy and Malia. This bill would provide parity (same standards of coverage used for other diseases) in insurance coverage for alcohol and other drug dependency. Representative Deborah Blum has put forward a similar proposal.

Authorizing Certain Licensed Alcohol & Drug Counselors To Receive Certain Insurance Payments:

Sponsors: Representative Marty Walsh and Senator Therese Murray. This bill requires insurers to reimburse for the services of an Alcohol and Drug Abuse Counselor I. Through insurance reimbursement, it will permit individuals and their families who suffer from, or are affected by alcohol and other drug abuse or addiction, to choose the human services professional most appropriate for their needs.

To Prevent HIV

Sponsors: Rep. Martin Walsh and Mayor Thomas Menino This bill decriminalizes syringe sales and possession. The aim is to prevent the spread of Hepatitis C and HIV.

Providing Alternative Sentencing Programs for Women

Sponsors: Representatives Marty Walsh and Brian P Wallace. This bill would offer women convicted of low level crimes the opportunity for probation with mandated treatment.

Expand the Scope of the Commonwealth's Drug Treatment Program to Allow for the Diversion of Low-Level Offenders Under Court Supervision.

Sponsors: Senator Dianne Wilkerson and Representative Frank Smizik. This bill would link alternative sentencing and substance abuse treatment.

MOAR Opportunities to Educate the Public about the Value of Addiction Recovery to Society

The CORI, Criminal Offender Record Information: Mass Law Reform Institute, with sponsorship from Senator Dianne Wilkerson and others put forward proposals to improve the regulations, so that people with changed lives can access jobs, housing, education without discrimination. **Re-entry from Prison to Society:** Boston Mayor Thomas Menino submitted a measure to assert planned support to help prevent relapse, and prison return. Senator Moore and other policymakers are proposing **Health Care Reform**. Educating about the need to include addiction services is our mandate. This further includes the maintenance or enhancement of Mass Health Essential, which further means including addiction services, inclusive of Methadone and Buprenorphine Treatment within Medicaid.

