Testimony of

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Chairman Portman, Senator Brown and distinguished guests, my name is Margaret Kotz, D.O. I am the Director of Addiction Recovery Services at University Hospitals Case Medical Center. I thank the Committee for holding this field hearing in Cleveland, and UH Case Medical Center is proud to serve as host.

University Hospitals is a Cleveland-based super-regional health system that serves more than 1 million patients in 15 Northeast Ohio counties. The hub of our 18-hospital system is University Hospitals Case Medical Center, a 1,032-bed academic medical center that encompasses University Hospitals Rainbow Babies & Children's Hospital; UH Seidman Cancer Center; UH MacDonald Women's Hospital and a medical-surgical complex boasting world-renowned excellence in every specialty.

As we are all aware, the disease of addiction has reached epidemic proportions. One need only turn on the television or open a newspaper on any given day to see reports of the alarming increases in opioid pain medication and heroin use and associated overdoses and death. Opioid pain medication addiction and more recently, heroin addiction, have skyrocketed with the death rate for opioid pain medication increasing 3.4-fold and heroin deaths increasing 6-fold from 2001 – 2014. Nationwide, 78 people die of opioid or heroin overdose each day. Right here in Cuyahoga County we saw heroin and fentanyl kill 12 people in a matter of 6 days, just last month. Although we may see heroin and opiate addiction in the headlines these days, the rate of alcohol dependence has remained steady. It is estimated that 17 million Americans over the age of 12 are actively addicted to alcohol and more than half of households in the United States are affected by an alcoholic family member. Beyond the flashy statistics and the headlines, we must always remember that each number represents a person and a family suffering every day from this horrible disease. The only effective remedy for this enormous public health problem is adequate treatment for addiction.

I want to commend Senator Portman for his diligent work in drafting and working to pass the Comprehensive Addiction Recovery Act. I am confident that many provisions in the bill will help address the current shortfalls in treatment options and get more people the help they need. I

am pleased it had such strong support in the United States Senate and hope the House of Representatives swiftly moves to pass the bill.

It is a simple fact that the vast majority of individuals who need addiction treatment do not get it. According to the National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Service Administration (SAMHSA), only about 11% of individuals who needed treatment for alcohol or drug use problems in 2013 received treatment at a specialty facility (defined as inpatient hospital stays, inpatient or outpatient drug or alcohol rehabilitation facilities, or mental health centers). This translates to approximately 20 million people who needed treatment for alcohol or drug use problems but did not receive it in 2013 alone. The most common reason given by individuals who recognized a need for treatment but did not receive it was a lack of health coverage or the ability to afford it, comprising 37% of respondents. This reason was followed by not being ready to stop using (24.5%), not knowing where to go for treatment (9%), health coverage did not cover treatment costs (8.2%), and a lack of convenient transportation (8%). It is imperative that we make treatment more accessible and widely available to people of all socioeconomic statuses and improve insurance coverage and costs for addiction treatment.

The stigma attached to alcohol and drug addiction continues to loom large in society. Often, it is heard “just lock them up in jail, treatment doesn’t work anyways.” This less than humane attitude about people needing treatment for a chronic and often fatal disease is not only entirely inaccurate, this sentiment has contributed to a sense of shame where one’s disease is depicted as criminal. Shame about one’s alcohol or drug use affects the individual’s decision to seek treatment or not, as well as recovery and relapse rates. Individuals with addiction are more likely to have higher levels of shame compared to the general population as well as individuals with other mental health conditions. Early intervention on shame is a worthy goal, as children who are more shame-prone may be more likely to use drugs by age 18, compared to lower shame-prone children. Shame is associated with poorer functioning in multiple domains, including recovery from alcohol and drug addiction. Higher levels of shame about one’s past drinking is associated with higher relapse rates, more severe relapse, as well as worse physical health in general.

Despite typically having a faster course of illness and more severe physical and mental health consequences, women are less likely to go to addiction treatment compared to men. This is particularly alarming as women are among the fastest growing groups to be afflicted by addiction. The rates of overdose death from prescription painkillers among women have risen 400% from 1999 – 2010. We have seen a 100% increase in heroin use among women from 2002 – 2013.

The most common barriers to treatment for women are issues related to childcare. The stigma associated with substance use is one contributor, with research indicating that mothers who abuse substances are judged more harshly by the public and even by healthcare providers. On a practical level, women often fear that reporting problems with alcohol or drugs and entering treatment would jeopardize custody of the children. Women who are primary caretakers of their children often do not enter treatment at all, and among those who do, many leave treatment early due to childcare constraints. When addressing the addiction epidemic in this country, we must also include the very real concerns and barriers to care for women with addiction.

Treatment must include the use of state of the art medications, prescribed by properly credentialed physicians. It must also include evidence-based behavioral and psychosocial treatment (in conjunction with proper medications) to be effective and to assist patients in maintaining long term abstinence. Further, we must educate the public, including healthcare providers that evidence-based addiction treatment is effective and essential. Research has shown that individuals in treatment, over extended periods of time, will stop using drugs, decrease their criminal activity, and improve their occupational, social and psychological functioning. At the same time, it is important for patients and family members to have a realistic view of the chronic nature of this disease and the associated, expected treatment outcomes. Relapse does occur in the treatment of addiction. However, relapse should not be deemed a "failure". Relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma. If relapse occurs, this does not indicate failure. Rather, it indicates the need for treatment to be adjusted, or that alternate treatment is needed.

Specialized programs certified by their State's accrediting body have the most positive outcomes. Unfortunately, there is a dearth of treatment programs and addiction specialists in the United States providing evidence-based treatment. In order to adequately address the growing addiction epidemic, it is imperative that treatment be available and readily accessible by those who need it.

Beyond saving lives and healing families, treatment is quite simply cost effective. Alcohol and drug addiction yield an enormous financial burden on society, with costs of up to $600 billion per year. Conservative estimates indicate that every dollar invested in addiction treatment programs yields $4 - $7 in reduced drug related crime, criminal justice costs, and theft. As mentioned above, in lieu of treatment, addicts often end up in jail. In addition to the questionable morality of this practice, treatment is much more cost-effective than incarceration. For instance, on average, a year of medication for opiate or heroin addiction (methadone) costs approximately $4,700, compared to $18,000 for imprisonment. If for no other reason, investing in drug and alcohol treatment is a cost-saving measure in the United States.

Drug and alcohol addiction does not discriminate based on race, gender or socioeconomic class. In a time and country filled with great medical and technological advances, it is tragic that overdose death rates are not only rising, but rising at a tremendous rate. We whole-heartedly endorse the passing of the CARA as it will serve to make treatment more available to those in need. For too long, there have been insurmountable barriers for many to receive adequate treatment. CARA is an important step towards addressing this growing public health concern which devastates lives and families.