

Testimony before the Center for Rural Pennsylvania

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Senators Yaw and Wozniak, Representatives Everett and Kavulich, Dr. Falvo, and all other distinguished members of the Center for Rural Pennsylvania. Thank you for allowing me to testify at this forum.

My family never dreamed that we would become knowledgeable about the drug community; but here we are - the parents of a dual-diagnosed (depression/anxiety) addict who is currently involved with the recovery process. Heroin was his drug of choice.

We have been through the loss of property, criminal activity, jail, various rehabs, and, thankfully, ever-lengthening periods of sobriety. Our focus now is on working within a difficult system to continue the recovery process.

To stay within time restraints, I will anecdotally share three experiences which show our concerns with the recovery services available to recovering addicts, and our perceived inadequacies with the system.

After a successful stay at a well-known inpatient rehabilitation facility, my son came out in one of the best frames of mind we had seen him in in years. He wanted to do the recommended "90-meetings in 90-days" as part of his commitment to recovery. That night, rides were arranged to attend three NA meetings. At the third meeting, he was offered drugs by a dealer he had known from the past, and he accepted. Unfortunately, newcomers make easy prey for the dealers looking for new customers. The next morning his mother and I got to have the experience of breathing life back into our child who had overdosed.

Another visit to one of the many rehabs we have tried resulted in the purchase of drugs from another patient while in the detox area of the center. As you can imagine, this visit rapidly went into the failure category.

Our current experiences with the methadone and Suboxone factories gives the impression that revenue generation is of great importance to their operators, who simply know how to fill out the proper paperwork and often times are motivated by said revenue rather than any real concern for the patients their practice is treating. The statistics that I've seen indicate an approximate 30% coverage in number of clinic patients that can be accepted of the estimated six-figure population of heroin addicts in western Pennsylvania who are attempting to enter Suboxone treatment. Our experience has been that many of the therapists are excellent, but the psychiatrists and prescribing doctors are simply dispensing medication on a one-size-fits-all basis, with little or no regard to eventual tapering down or even completely stopping the Suboxone completely. Suboxone is not cheap, and getting insurance to help defray the cost is no small feat. In my son's case, we had to pay for his Suboxone out of pocket because our insurance company requires an assessment from a licensed facility that can make the determination that he "requires as a life-sustaining medication." The catch is, that the rehab facility mandates a 15-week outpatient program to correlate with the Suboxone treatment in order to authorize the insurance to pay for it. So, we pay out of pocket for the meds. For those who live and work with an addict, they know that most addicts detest the process of sitting in redundant meetings hearing the same parroted speeches that they've heard umpteen times before for extensive periods of time.

There is also a problem with transportation to add to the difficulty of these rehabilitation programs. First, once an addict is convicted of drug possession, they lose their license for a variable amount of time, even if no car was involved with the offense. The state also issues six points so any additional point-worthy infraction will again result in a license suspension so that any job requiring driving privileges is automatically eliminated, simply because the addicts driving history has six points on it and was suspended, not because of any particular inadequacies in their driving. The families then become responsible for getting the recovering addict to his medical appointment, job search, probation office, etc. So, how many of us can take hours out of our work week to get their loved one to their required destinations? Further,

from where my son lives, it would take three buses and almost two hours each way just to attend rehab sessions. That is a long, expensive, fifteen weeks.

There are myriad stories to be told, like the lady in recovery on methadone who went to the hospital and had to be taken off the methadone for surgery. Because of the break in her program, she had to “pee dirty” in order to get back into the methadone program. For those who don’t know, that means acquiring something illegal to get well again.

Please don’t think that, given all my concerns with the system, that I am blind to my son’s culpability in his situation. He has paid, and will continue to pay, for the rules he has broken. But what we have experienced is a total lack of follow-up from the rehab centers, unless it was to collect dollars owed.

There seems to be a dearth of psychiatric care for members of the drug community. My son needs specific drugs to treat his mental issues, which we believe would alleviate (if not eliminate) his desire for illegal drugs. But, because he is a recovering addict, the doctors seem to think he is simply trying to get drugs legally. But, because their protocols say to be totally skeptical of the addict, both my son and the many of addicts we've come to see as people like our son and not the villains they are often portrayed as in the media are not sufficiently cared for on a mental health basis.

Our perception is that the overall system is insensitive to the few families that hang on long enough to continue to support their loved ones in recovery. HIPAA rules preclude easy sharing of information. So many multi-generational families share addiction that we are seen as part of the problem, not part of the solution.

While I am realistic that resources are limited by budgetary constraints, if a way could be found to fund them I see a need and a benefit for the following:

1. Increased psychiatric care for recovering addicts and alteration of treatment protocols
2. Better follow-up procedures from rehabilitation facilities
3. A realization that no one blanket treatment works for everyone
4. Someone other than a probation officer to be the only contact that the recovering addict has
5. Better services available to reentry into society (i.e. job training and placement) and other life-sustaining elements such as food stamps and Medicaid.

While many resources do exist, the delivery systems are often cumbersome, disorganized, and de-humanizing. I sat with my son for four hours while he signed up for ACCESS (food stamps); this should not take an eight-hour day. As mentioned, transportation is a major issue; if they don’t a car (let alone a license to operate one) or money to ride the bus everywhere (if the failing bus system in Allegheny County even services their area), how are they to get to their appointments?

I applaud what your agency has done to date, and am excited that you are taking the next step to coordinate treatment and follow-up programs for those impacted by drug use.

The Narcan program for police departments is especially valuable, and has already saved lives. As a person of faith, I believe things will improve, but until they do, we say goodbye to too many people claimed by addiction. Our family will continue to fight for the few that we can, and hope and pray for positive outcomes.

God Bless