

Hello, my name is Andrew Sullivan, Pres. and CEO of Mazzitti and Sullivan Counseling Services, Inc., with five offices located here in central Pennsylvania. Mazzitti and Sullivan is a licensed outpatient program that has provided substance use treatment in Pennsylvania since 1983. I want to thank Sen. Yaw and his Chief of Staff for asking me to provide a voice for today's proceedings. I have been in the addictions treatment field since 1975, and over the course of those 41 years, I have seen the ebb and flow of opiate use. I remember the days when there was no OxyContin, when a bag of heroin cost 40 bucks, and if it was 15% pure, it was considered strong.

In the late 1990s, my business partner, Chuck Mazzitti, and I were visited by an adjunct professor from Penn State. He had spent many years as a consultant to the U.S. drug enforcement agency, and he was gathering evidence regarding heroin use in Central Pennsylvania. He was asking whether we had seen a significant increase of clients using heroin, and that the time, we had not. Heroin addicts and prescription opiate addicts made up less than 15% of our outpatient population. He informed us that based upon what was happening in South America and in Mexico, the heroin use in the United States would begin to increase. At the time, I was skeptical of this information. About the same time in the mid-to-late '90s, the medical culture was changing in regards to prescription opiates for treating chronic and terminal pain. Physicians began to prescribe several opioid medications used to treat pain symptoms, such as Vicodin, Percocet, Percodan, and then OxyContin. Over the next 15 years, the United States became the leader in prescription opiate use. Addiction to prescription opiate drugs became a major problem, and overdoses increased by record numbers. At the same time, heroin production across the globe began to ramp up. The purity of heroin became stronger, the means of administration changed from only being injected to being snorted or smoked. The price also dropped; now you can get a bundle of eight bags of heroin for 40 bucks. Because of this high-grade heroin, more and more adolescents and young adults have been introduced to this very powerful drug. The impact on the developing brain of an adolescent or young adult from heroin use is significant. While the brain is still changing, growing, and maturing, the heroin stops the growth and creates a tremendous craving or desire for the substance. Our communities, our state, and our country are in an opiate epidemic, the likes in my 41 years, I have never seen. People are overdosing in record numbers; we hear that almost every day. Most inpatient substance use disorder treatment programs and detoxes indicate that over 60% of their referrals are opiate users. It is no different in outpatient programs.

I was recently asked to speak on the subject of treatment, specifically related to young adults and opiate use. The audience was comprised of lawyers and judges. When I was asked about relapse, they questioned if I ever become discouraged. My answer was, "No, I don't get discouraged; I get challenged." The vast majority of people in the field of addictions treatment get challenged to find new and innovative ways to help people achieve a healthy and recovering life. The substance use disorder treatment field is continuing to evolve. Medication assisted treatment includes more than methadone, with drugs such as Suboxone and Vivatrol. There are more addiction treatment drugs in the pipeline. Evidence-based successful treatments that include nutrition, exercise, relaxation, and incentive programs are now all being incorporated in treatment. Social

media and recovery apps are being created every day to maintain ongoing contact to help in this battle. Documentaries like "The Anonymous People" take the wraps off the stigma of addiction and exemplify 23 million long-term recovering people in our country that are making a contribution every single day.

When Sen. Yaw's chief of staff, Rita Zielonis, contacted me about speaking on the subject, I was willing to fly back from my vacation because this issue is so important to me. In Pennsylvania, we have seen great strides to help communities and families cope better with the extreme impact of opiate use. Secretary Tennis and his staff, at the Department of Drug and Alcohol programs, have helped implement programs such as Narcan availability to police officers and first responders, just to name one. It saves lives.

I want to thank Sen. Yaw and his staff for a second year of promoting the message on heroin and the ways a united community can make an impact. If we join together, law enforcement, medical professionals, treatment providers, educators, family, and loved ones, we will truly make a difference. Thank you.

Andrew Schmitt, LCSW  
Facility Director at Mechanicsburg Mazzitti and Sullivan

In discussing opiate addiction, although it is not only Young Adults who struggle with this particular drug of choice, they disproportionately make up the majority of those seeking or are in need of treatment services and in many ways exemplify the lack of services within the community. For years now the full severity of opiate addiction has been widely known, but there remains a lack of programming on an outpatient basis for Young Adults and individuals struggling with opiate addiction or receiving medication assisted treatment services. Young adults are faced with unique challenges in early recovery. Because of their age they often have life experience beyond those who are younger but have a difficult time identifying with older adults. Most Young Adults we see in treatment are still living with their parents, do not have employment or solid financial stability and are often times dealing with associated issues such as legal involvement or, Mental Health issues. Another compounding factor in dealing with the Young Adult population and one that should not be underestimated is overall identity development. In early recovery there is the need for separation from old people, places and things. Young Adults lack brain maturation, prior life experience, independence or resources to expand a support system. In short, they are limited from a physiological, financial, environmental and societal standpoint.

From a treatment perspective I am of the belief that inpatient or residential programs have made positive strides in being able to more adequately treat and work with the Young Adult population. However I have not seen the same progress made with outpatient or community services. I say this as someone who admittedly is not fully in the know, but has worked in the field for some time and works in offices within Cumberland, Dauphin and Lancaster counties.

Young Adults present with a unique set of needs and challenges from a recovery and treatment standpoint and having just inpatient programs that address these needs is short sighted and a lead to relapse.

There is an urgent need for programming that is specific to Young Adults and also opiate addiction. These programs need to take into account the characteristics of these populations and cannot be complacent and seek to treat them with traditional programming models and believe this is the best that can be offered.

Some core components of programming such as this would include:

- Groups that are open only to those receiving medication assisted treatments or within an age range of a Young Adult such as ages 18-25.
- Programming that has strong family involvement, both in terms of support and also education for the parents/ family members involved in recovery process. Many parents we see in services fluctuate between enabling/ co-dependency, working to develop clear boundaries and enforce consequences to getting sick and tired of having their son or daughter still in their home and just wanting to get them out in a way that absolves their conscience of guilt.
- Programming that finds a balance between traditional models and ability to engage and keep young person engaged in treatment, emphasizing incentives and benchmarks to highlight progresses made in treatment and recovery.
- Offering a variety of treatment interventions such as group therapy, experiential activities, wellness activities (yoga, acupuncture, nutrition etc.), and exercise or meditation practices.
- Available levels of care: there needs to be an accessible continuum of care, including long term treatment, with leads to more successful outcomes. Treatment needs to allow individual can move down to lower levels of care or increase services depending on needs or progress made in their recovery, without restrictive insurance regs.

I make these statements with a full understanding of the challenges in implementing and maintaining them. Mazzitti and Sullivan has had a Young Adult program three different times over the past 3 years, has had three different Wellness programs that offered acupuncture, exercise, yoga and nutritional practices as components of the programming and has offered a free weekly Family Program modeled off of SMART Recovery for the Family, and evidenced base program. Our Family Program is our committent at it has maintained and thrived. Recent collaboration with the RASE Project has renewed our attempts to develop programming I have just recently discussed and we are very excited about these prospects.

Despite the struggles I would say it is inexcusable as providers and community members to not continue to develop and create programming that is in such dire need and to thrive to provide treatment that is most accessible and effective.

Thank you