

The Exchange

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Chester County
Department of
Drug and Alcohol
Services

September is National Alcohol and Drug Addiction Recovery Month

JOIN THE VOICES FOR RECOVERY ...

September marks the 15th anniversary of *National Alcohol and Drug Addiction Recovery Month (Recovery Month)*. During this month, we recognize the reality that recovery from alcohol and other drug addictions is possible and is experienced by untold members of our community. Individuals in recovery include parents, children, employees and employers within all gender, racial, and socio-economic groups, people just like you and me; individuals who are leading healthy and productive lives and are contributing members of their communities.

This year, Recovery Month emphasizes improving access to recovery among the large number of Americans who have difficulty obtaining treatment for alcohol or other drug use disorders. We have often shared research in this newsletter that documents the benefits of treatment. Sadly, treatment is still not accessible to many.

Nationwide, only 10.3% of people who needed treatment in 2002 actually received treatment. Of those who recognized that they needed treatment, 35% (266,000) of Americans suffering from alcohol use disorder – and an estimated 88,000 people suffering from a drug use disorder (24.4%) – tried but were unable to obtain treatment.

With your help, we can spread the word nationwide about the positive impact of treatment and the ways in which communities can improve access to and achieve recovery for those who are addicted.

What Are the Barriers to Treatment?

Many barriers keep people from the treatment they need including:

- ◆ A system-wide failure to identify affected people and their families and direct them to treatment and recovery resources
- ◆ The cost of treatment
- ◆ Treatment systems that do not have the facilities or staff to accommodate the needs of some individuals (such as the disabled and those with childcare issues that make it difficult to access treatment)
- ◆ Denial and stigma associated with alcohol and drug use disorders

Additionally, many private insurers do not cover treatment at the same level as they cover other health programs, leaving states and local government to shoulder a large share of the costs for treatment programs. As state budgets tighten, the money available to fund treatment programs is shrinking, making it more difficult for Americans to obtain access to local treatment programs.

Making A Difference: What Can We Do to Help?

- Educate yourself and others about Pennsylvania's Act 106: Speak out in support of this legislation that mandates group health insurance plans to provide the following annual coverage (*with lifetime limits*) for addiction treatment: 7 days detoxification, 30 days inpatient and 30 units of outpatient (please refer to our article on page 3 "*Act 106 - Momentum Builds*" for additional information).

- Foster education and discussion: Spread the word that for every \$1 invested in

(Continued on page 2)

Kim P. Bowman

MESSAGE FROM THE DIRECTOR

Inside this issue...

Director's Message—Join the Voices of Recovery	1, 2
Who Is my Brother's Keeper	3
Act 106—The Momentum Builds	3
Local Recovery Month Activities	4, 5
Family Corner—One Mother's Story	5

(Continued from page 1)

addiction treatment, there is a return of between \$4 and \$7 in reduced drug related crime, criminal justice costs and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.

- Urge your employer to develop a Drug-Free Workplace Program or offer an employee assistance program (EAP): Alcohol costs American business an estimated \$134 billion annually in productivity losses, mostly due to missed work according to The George Washington University Medical Center. Employers can calculate just how much alcohol is costing their business by using the Alcohol Cost Calculator at the Medical Center's web site www.ensuringsolutions.org. In addition, this web site offers employers solutions to workplace alcohol problems. Two additional resources for employers are: The Substance Abuse and Mental Health Services Administration (SAMHSA) Workplace Resource Center web site: <http://www.drugfreeworkplace.gov/HelpLine/HelpLine.htm> and corresponding toll free Helpline, 1-800-Workplace.
- Join a local community anti-drug coalition: Prevention is a key factor in addressing the problem of alcohol and other drug addictions. Chester County is fortunate to have active prevention coalitions in many of our communities. Each coalition is able to capitalize on their community's individual strengths and focus resources on identified needs making strides in preventing the onset of addiction for some. For more information contact The Coad Group at 610-363-6164 or 1-800-917-1117.
- Share your story: If you, or someone you care about, is recovering from an addiction, your success story may be the catalyst that encourages others to seek treatment. Also, stories of losing a loved one to an addiction can be a powerful tool to help open people's eyes and minds to the devastation that addiction reeks on families. Please see the Family Corner Feature Article, for a very personal and moving account of one mother's experience. Also, starting on this page, is an article written by a woman who shares her story: "Who is My Brother's Keeper?"

Untreated alcohol and drug use disorders take an enormous toll on individuals, families, and our communities. Clearly, the effects of helping one person achieve recovery from alcohol or drug use can improve a multitude of lives. We can help raise the public's awareness of the benefits of treatment, and increase access to treatment by taking some of the steps listed above. Recovery Month is a great beginning but we need to continue our efforts to make sure that individuals in need have access to meaningful treatment services and recognize that recovery is possible.

Reprinted in part from SAMHSA. For further information on Recovery Month: www.recoverymonth.org ■

Who is My Brother's Keeper? Commentary by Anara Guard 5/14/2004 jointogether.org

My brother has a drug problem. Like many adults in their late thirties and early forties, he began experimenting with drugs as a young teen. Unlike some, he never "grew out of it." A stint in the Army did not, as our parents hoped, instill enough self-discipline for him to stop using. And since his drug of choice is not one of the legally sanctioned ones-- alcohol, tobacco, caffeine-- he is ashamed and afraid of anyone finding out.

The federal agency tasked with tackling alcohol and other drug use issued a survey report earlier this year claiming that most people with problems don't get treatment because they are in denial. In my brother's case, denial is part of the problem, but he isn't the only afflicted. He chooses employers who do not administer drug tests. He is certain he would

be fired if his drug use were discovered, even though he does not think it interferes with his ability to perform his job. Of course, he doesn't really know, since he doesn't go without for very long.

Perhaps my brother would submit to testing if his employer had a policy that included referral to an employee-assistance program, which could link him to treatment. Perhaps if his employer offered a health benefit that included equal coverage for mental health and addiction treatment, he would feel that he could afford to get help. If he lived in one of the few states that require employers to offer such coverage, this benefit wouldn't be denied to him. As it is, with a wife and baby, the family budget

(Continued on page 3)

(Continued from page 2)

can't accommodate him paying out-of-pocket for outpatient visits. Perhaps if his primary care doctor were not "in denial," and would ask him about drugs when he goes in for his "nervous stomach," troubled sleep, or the foot he broke somehow. But his doctor never asks, and my brother never volunteers. He is afraid that word would get back to his employer, that his wife would find out, that the doctor would lecture him for his lapses, rather than offer help.

His wife doesn't know the true extent of his problem, and neither, I am sure, do I. He is increasingly isolated, hoping that love of his family and willpower are enough to help him overcome this disease. But they aren't enough. And he can't do it alone.

12-step groups like AA and NA are available to him, if only he would reach out to them. He doesn't realize that if he were to seek recovery, he would find an entire community of folks who have been in his circumstances, ready to offer support and encouragement. But he needs someone to reach out to him first, and no one is doing so. His wife takes his glassy eyes for granted; he has always looked like this. She would not believe that he would risk his child, their family, his freedom (with one past conviction on his record), for the brief relief that drugs give him. But this only shows what a grip this disease has on him. Who would willingly choose such risks unless they felt compelled? As it is, his most constant "support group" is the people who are ready and willing to use with him, to sell to him. The sellers are available 24 hours a day, seven days a week. They provide relief in small, anonymous, affordable doses. The providers of treatment, and the gatekeepers that stand in the way of accessing care, offer long waits and barriers to identification. Who is marketing or pushing treatment and recovery in a way that can compete with what the drug sellers and bars have to offer?

Am I my brother's keeper? I care about him. But I live a thousand miles away; I have my own problems. I could confront him – if I learned how. But I can't provide him with health insurance that will pay for treatment. Or with treatment that will accommodate his health needs. Or with a society that will continue to offer him housing and employment and support after he gets clean and sober.

Still, there are steps that I can take to help my brother and others like him. All over the country, advocacy groups have formed to speak up on behalf of those in recovery, those who need help in getting there, and the folks who love them. I am joining an organization called Faces and Voices of Recovery (**FAVOR**) but there are many others: NCADD, Advocates for Recovery, the Johnson Institute, and local grassroots organizations. **FAVOR** is rallying to change public perceptions of addiction and recovery, and to remove barriers that keep people like my brother from getting the help they need. I write my political leaders every time I see an opportunity to speak up for insurance fairness or against the budget cuts that keep chipping away at an already underfunded treatment system. And if a halfway house tries to open in my community, I'll be one of the folks at the hearing speaking in favor of it, rather than on the side of the room filled with neighbors afraid for their property values. I know that there are other values that are more important.

My brother's silence helps him stay addicted and ashamed. My silence helps keep the barriers of stigma and discrimination in place. We need many voices to break the silence: the voices of people who need help, people in recovery, and those who love them.

Am I my brother's keeper? Are you? ■

*Reprinted from Join Together Online—www.jointogether.org
For local advocacy efforts, log on to www.proact.org*

Recovery Month Activity....SEPTEMBER 19, 2004

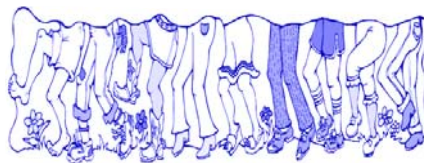
3RD Annual Walk to Celebrate Recovery from Alcohol and other Drug Addictions "Putting a Face on Recovery"

Fairmount Park Lloyd Hall at Boathouse Row, Waterworks and Kelly Drives, Philadelphia PA
Registration at 1:00 p.m.

Three (3) mile walk begins at 2:00 p.m.

Entertainment and Light refreshments

Log on to www.proact.org for more information



ACT 106 - MOMENTUM BUILDS

By Babbett Benham, PRO-ACT STAFF

Reprinted from *Pennsylvanian Recovery Organization (PRO-A) Quarterly Report, Volume 6, No. 1, Spring 2004

What do you do when your insurance company does not pay for needed and prescribed drug and alcohol treatment services?

Pennsylvania is the home of Act 106, which requires group health insurance plans to include coverage for addiction treatment – 7 days detoxification per year, 30 days inpatient per year, 30 units of outpatient per year, all with lifetime limits. Until recently, enforcement of this vital law was almost non-existent. Fortunately, this intolerable situation is now changing.

On August 8, 2003, the PA Insurance Commission issued *The PA Bulletin, Drug and Coverage: Notice 2003-06* with their interpretation of PA Law Act 106 of 1989. It said, "Under the act, the only lawful prerequisite before an insured obtains non-hospital residential and outpatient coverage for alcohol and drug dependency treatment is a *certification from a licensed physician or licensed psychologist*".

"It is the Department's determination that the same prerequisite applies for inpatient detoxification coverage. The certificate and referral in all instances controls both the nature and duration of treatment".

In response to this ruling, a group of insurers has filed lawsuits against the PA Insurance Commission. In a move that PRO-ACT believes is a positive development, the PA Attorney General's Office has joined the Insurance Commission in contesting the suit.

Fighting for your rights isn't always easy when insurance companies deny the care needed to support recovery. *"We are fortunate to be able to provide support for individuals and families needing to fight for what they are entitled to, but the point is that this shouldn't need to occur. The law should be enforced and patients should get the treatment they need to get well"*, said Beverly Haberle, PRO-ACT's Project Coordinator and Executive Director of Bucks County Council on Alcoholism and Drug Dependence.

PRO-ACT is leading the way in the region by providing desperately needed advocacy services that support, empower and coach callers through the managed care maze. Over the past 14 months, through PRO-ACT's advocacy services, numerous clients have been able to access treatment or gain longer lengths of stay. Many families have won reimbursements from insurance companies for out-of-pocket spent on treatment. For more information regarding Act 106 and PRO-ACT's client advocacy services call **1-800-221-6333** or email at bbenham@bccaddd.org.

**PRO-A (PA Recovery Organizations Alliance) is a grassroots organization dedicated to improving the lives of all persons who are affected by alcohol and other drug addictions. PRO-A members are persons in recovery, family members and other community supporters. Their purpose is to unite the recovery community through education, promote quality treatment and support services, as well as advocate for equal opportunities for recovering individuals. For more information log onto www.pro-a.org.*

Recovery Month Activity ... SEPTEMBER 25, 2004

**2ND Annual Alcohol and Drug Addiction Recovery Expo Keynote Speaker:
Vincent F. DiPasquale - speaking on...**

"Codependency: The Core Root of Addiction and its Effects on the Family"

United Methodist Church of the Resurrection 181 Sharp Lane, Exton PA 19341 9:00 a.m.— 4:30 p.m.



The Expo provides an opportunity for people to learn more about alcohol and other drug addiction. There will be information about treatment and prevention services available as well. No pre-registration needed. Lunch will be provided free of charge. **For more information contact Wendy Beck at 610-363-6164 or visit www.umcr.org**

Reprinted from the June 2004 edition of **The Ambassador**

(*Pennsylvania Recovery Organization – Achieving Community Together: PRO-ACT)

Imagine this – the year is 2003, the place: the United States of America, arguably the wealthiest and most advanced nation on the earth. And yet, a child dies for lack of adequate health care. My daughter is dead because she had a life-threatening illness that is treated differently than other illnesses. She had been diagnosed with a progressive illness that is usually terminal if not promptly and aggressively treated.

Katie came to me, confessed her addiction and begged for inpatient care. She'd already been through outpatient rehab first for weed, then cocaine. Clearly, her illness was progressing. I acted immediately, taking her to the ER that night. Inpatient care was denied because Katie hadn't OD'd, was not yet showing any significant signs of withdrawal had had no "recent" failed attempts at outpatient rehab, and, had a supportive family.

Katie had her first, and last OD three short months later. Dead at the age of 16. Not only did the insurance company deny coverage for the residential treatment that the heroin addiction warrants, but the only thing the ER doctor said to me was, "I doubt they'll approve inpatient". When her prediction came true, she said "I think she will beat this. She's young, hasn't been using long, and she wants to stop".

When I later sought advice from

a drug counselor, I was told there wasn't much I could do. It was only after Katie's death that I learned about a long-standing Pennsylvania law, PA Act 106, which clearly delineates the level of care that must be provided for addictive illnesses. My ignorance of this law cost me my daughter's life.

In retrospect, I realize how ludicrous it was for anyone to say that heroin addiction warranted only outpatient care. But what is even more disturbing is the extent to which the insurance companies influence and control doctors and other treatment professionals despite a law that clearly outlaws their deadly cost-saving practices. Treatment professionals minimize and under-treat addictive illnesses because of their influence.

In direct violation of PA Act 106, insurance companies ensure that addiction treatment is dispensed in doses small enough to virtually guarantee failure. In what other illnesses are there a pre-determined number of treatment days that have no connection with the amount of time required for recovery? This lunacy is precisely why the law was enacted.

Given the repeated violation of this law, the callous indifference for the sanctity of human life, the fraud of charging a premium for coverage that is not readily available, and for-profit motive, I fail to see why the responsible insurance parties cannot be

sentenced in criminal court for the crime that this is: murder for money. My daughter got death. I got a life sentence.

I'm sorry my daughter had to be born in the Dark Ages as far as health care for addictive illnesses is concerned. Hopefully, future generations will be more enlightened and the days of needless deaths from addiction will be a thing of the past.

For the time being, it is my hope that every single Pennsylvanian affected directly or indirectly by an addictive illness will learn about PA Act 106. Armed with this "ammunition", I would have fought tooth and nail to get Katie in the treatment that her illness warranted. But I didn't know. It is too late for Katie. Perhaps it is not too late for others. If only they learn about this law. For more information please visit my web site: www.beat-the-drum.org.

**PRO-ACT is a grassroots recovery support initiative in Southeastern Pennsylvania working to reduce the stigma of addiction, ensure the availability of adequate treatment and recovery support services, and influence public opinion and policy regarding the value of recovery. For more information contact Babbett Benham, PRO-ACT Client Advocate, 215-345-6644 or bbenham@bccadd.org.*





The Exchange is sponsored by: The Chester County Department of Drug and Alcohol Services, P.O. Box 2747, 601 Westtown Road Suite 325, West Chester, PA 19380-0990.

For more information or to be on the mailing list for this newsletter, contact the Community Prevention staff at: The Coad Group, 930 East Lancaster Avenue, Exton, PA 19341. 610.363.6164 or 1.800.917.1117

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The Department of Health and Chester County Commissioners specifically disclaim responsibility for any analyses, interpretations, or conclusions herein.

The Chester County Department of Drug and Alcohol Services, P.O. Box 2747, 601 Westtown Road Suite 325, West Chester, PA 19380-0990

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For More Information...

Join Together (617) 437-1500

www.jointogether.org

National Institute on Drug Abuse

www.nida.nih.gov or clubdrugs.org

National Center for Chronic Disease

Prevention and Health

www.cdc.gov/tobacco

National Clearinghouse for Alcohol & Drug Information

1-800-729-6686 www.health.org

Partnership for a Drug-Free America

(212) 922-1560 www.drugfreeamerica.org

PA Dept. of Health, Research & Info. Clearinghouse www.padohric.org

Al-Anon Family Group Headquarters.

(800) 344-2666 or (800) 356-9996.

www.al-anon.alateen.org

The Coad Group

www.coadgroup.com

You can view or print this newsletter by visiting Chester County's Website: www.chesco.org and following the links for Human Services to Drug & Alcohol Services.