



Written testimony of Patty McCarthy, Chief Executive Officer, Faces & Voices of Recovery

Before the House Energy & Commerce Committee, Subcommittee on Health

Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders

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**FACES & VOICES
OF RECOVERY**

ADVOCATE. ACT. ADVANCE.

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Chairman Pallone, Ranking Member Walden and other distinguished members of the Subcommittee on Health, thank you for the opportunity to testify before you today on behalf of Faces & Voices of Recovery and our members and affiliates nationwide. Our mission is to organize and mobilize the over 23 million Americans in recovery from addiction to alcohol and other drugs, our families, friends and allies into recovery community organizations and networks, to promote the right and resources to recover through advocacy, education and demonstrating the power and proof of long-term recovery. We are the leading organization dedicated to improving the infrastructure of recovery community organizations providing peer recovery support services in states and territories across the United States. I have had the honor of being the Chief Executive Officer of Faces & Voices of Recovery for five years and I have been in recovery from substance use disorder since 1989. Over the past 30 years of my recovery, I have seen first-hand the impact of addiction and have experienced the loss of friends and colleagues to alcohol and other drug related fatalities. However, over my 20-year career in the addiction field, I have also witnessed the healing power of recovery for tens of thousands of individuals who courageously overcome addiction to go on to rebuild their lives.

What is the Recovery Community?

The recovery community includes people in recovery, our families, friends and allies. We build relationships and networks with other national, state and local agencies with the aim of working together to eliminate barriers for people in recovery to access the support they need for long-term success in overcoming addiction. We do this by having a voice at the table and sharing our stories of what works, as well as what doesn't work. We are a constituency of consequence, meaning our lived experience of recovery drives us to speak out about policies and issues that have prevented individuals and families from reaching their full potential as citizens.

Why are Recovery Support Services So Important?

According to William White, a leading expert in addiction and recovery, recovery durability is reached at 4-5 years of continuous recovery, meaning that less than 15% of those who reach that point will re-experience active addiction within their lifetime (with opioid addiction potentially being closer to the 25% mark). This means that if you reach the 5-year recovery benchmark, your risk of again meeting diagnostic criteria for a substance use disorder is similar to the risk for such a diagnosis within the general population. (Ironically, this 5-year benchmark is strikingly similar to the durability point for cancer remission.) Reaching this benchmark is not assurance of invulnerability, but it does mark a point at which a much greater force is needed to destabilize recovery. William L. White argues that all persons treated for addiction should be afforded five years of post-treatment recovery checkups (e.g., monitoring and [recovery] support) on par with that afforded most cancer patients in the U.S.

How does the proposed legislation impact the recovery community?

Several of the bills being considered by this committee are of particular importance to the recovery community.

The first pertains to the **State Opioid Response Grant Authorization Act**. While medications play an important role in addiction treatment, medication alone is not a complete solution. In fact, the success of medication often depends on additional recovery support services in the community; and millions of Americans find recovery from addiction without the use of medication.

The 2018 Surgeon General's Report states that "individuals who participate in substance use disorder treatment AND recovery support services typically have better long-term recovery outcomes than individuals who receive either alone; that active recovery and social supports, both during and following treatment, are important to maintaining recovery". The 2017 President's Commission Report recommends that "the government partner with appropriate hospital and recovery organizations to expand the use of recovery coaches, especially in hard-hit areas."

Federal funding for medication assisted treatment can be measured in the hundreds of millions of dollars, while federal funding for recovery support services is still only a very small fraction of all funding for the opioid crisis. Recovery community organizations, recovery housing, recovery high schools, collegiate recovery communities, and harm reduction, all of which are evidence-based models, have no reliable and sustainable funding source at all. There is clearly an issue of scale here and substantial investment in recovery support is needed. In my written testimony, I have included a more detailed plan to make this significant investment by 1) reauthorizing the State Opioid Response grants, 2) moving that funding into the Block Grant for the long-term, 3) setting aside 20% of the Block Grant funding for recovery support services, and 4) increasing funding for the Building Communities of Recovery grant program to \$25 million. Treatment is short-term, recovery is long-term. Investments must reflect that.

The second bill we strongly support is the **Family Support Services for Addiction Act**. Parents, children and other family members, including those who have lost loved ones, need support groups and they need help navigating the complexity of the treatment system. However, \$5 million per year is not nearly enough to establish this new grant program. Not only do we need funds, we need an entire paradigm shift on how we view the importance of the family's role in recovery. We must be bold in this pursuit, and we must send a signal to families and the recovery community that we are truly vested in their continued well-being. That being said, increasing the authorization to \$25 million per year is warranted.

Thirdly, we support the **Medicaid Reentry Act**, which will allow medical assistance for incarcerated individuals during the 30 days prior to release. This new policy will make it easier for states to provide effective addiction treatment and recovery support services, allowing for smoother transitions to care in the community and reducing the risk of preventable overdose deaths. If we are truly serious not only about treating addiction, but about moving individuals out of incarceration and into long-term recovery, we must take this legislation seriously and see to its passage.



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I'll conclude by saying thank you on behalf of the recovery community for all the work that Congress has done to address the addiction crisis in America. There is much more work to be done and we want you to know that we are fighting this battle on the ground every day in communities across the nation. We focus on providing effective recovery support services, creating recovery-ready communities, eliminating the stigma of addiction, and celebrating the successes of individuals and families who have found their chosen pathway of recovery; and we'll continue to be a vocal, visible and valuable part of the solution working with Congress to save lives.

With that, I conclude my remarks.

Sincerely,
Patty McCarthy
Chief Executive Officer
Faces & Voices of Recovery

Attachment A

What resources from Congress would be helpful for state and local recovery support efforts?

A. Set Aside Funds in the Substance Abuse Prevention and Treatment (SAPT) Block Grant

Recovery support services have been under-resourced and underutilized in combatting the current opioid epidemic, with almost all the emphasis and funding being directed towards treatment approaches that deal with the problem after it has already reached crisis proportions. With billions of new dollars being appropriated for this crisis it is critical that there be a requirement that some proportion of them be specifically used for long-term recovery support if we are ever to break the cycle in families and communities.

The Substance Abuse Prevention and Treatment Block Grant (SAPTBG), administered by SAMHSA, that goes by formula to every state, requires by law that 20% of the funds that every state receives annually, be used for substance use prevention. Unfortunately, there is no requirement that block grant funds be used for recovery support services. To sustain the growth of recovery support services in communities across the nation, a 20% set aside for recovery in the SAPT block grant is equally important.

B. Extend the funding for the State Opioid Response Grant

The *SUPPORT Act* is already making significant impacts in the fight against the opioid crisis. Key provisions of the law are being implemented on the ground and are making a huge difference in many ways. Now, as you are considering legislation to continue funding the State Opioid Response Grants forward, it is an optimal time to put that funding into the block grant, so that it is sustainable and able to build a permanent infrastructure over time. A required 20% set aside for recovery support services would ensure that recovery community organizations have the capacity to continue to operate recovery community centers and provide highly effective peer recovery coaching services in emergency departments, treatment courts, recovery residences and other settings nationwide. As such, it would greatly expand capacity within states to address substance use disorders in a comprehensive approach across the continuum of prevention, treatment and recovery support.

C. Increase Funding for the Building Communities of Recovery (BCOR) Grant Program

Markedly increasing the amount of money appropriated for the Building Communities of Recovery grant program to \$25 million, to build more community capacity for stigma reduction efforts, public awareness campaigns and creating recovery-ready communities would be very helpful. There are many more recovery community organization that apply for BCOR funding each year than can be funded. Treatment is short-term, recovery is long-term. Investments must reflect that.