IMPACTING NATIONAL ADDICTION & RECOVERY POLICY & LEGISLATION

WHAT YOU CAN DO AT HOME AND IN DC

NAADAC PUBLIC POLICY CO-CHAIRS
MICHAELE KEMP & SHERRI LAYTON
TODAY’S AGENDA

- Current National Issues
- NAADAC’S Involvement
- What Are States Doing?
- Ways You Can Be Involved in DC & at Home
<table>
<thead>
<tr>
<th>Understanding how authority flows!</th>
<th>Parity/ACA &gt;&gt;&gt;&gt;&gt;&gt; State Insurance Commission</th>
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<td>SAMHSA &gt;&gt;&gt;&gt;&gt;&gt;&gt; State Regulatory Agency &gt;&gt;&gt;&gt;&gt; $$$ to organizations</td>
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<th>Similarities &amp; Differences</th>
<th>Availability</th>
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<td>Access/Contact</td>
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<td>Relationship</td>
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ISSUES ADDRESSED AT THE STATE LEVEL

- Budget
- Funding Sources
- Counselor Licensing
- Regulation of Treatment Facilities
- Criminal Justice & Treatment
SO, WHY ADVOCATE?
“Our destiny is ruled by people who don’t know what we do!”
Grace Davis, LCSW

We are **ALL** in the advocacy business!
PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES AND WORKPLACE STANDARDS

• III-29, 30, 31, 32 all focus on Advocacy –
  • Providers shall be advocates for their clients in those settings where the client is unable to advocate for themselves.
  • Addiction Professionals are aware of society’s prejudice and stigma towards people with substance use disorders, and willingly engage in the legislative process, educational institutions, and public forums to educate people about addictive disorders and advocate for opportunities and choices for our clients.
  • Addiction Professionals shall advocate for changes in public policy and legislation to improve opportunities and choices for all persons whose lives are impaired by substance use disorders.
  • Addiction Professionals shall inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Providers shall act to guarantee that all persons, especially the disadvantaged, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public about substance use disorders, while working to dispel negative myths, stereotypes, and misconceptions about substance use disorders and the people who have them.
“All politics are local!”

Us Representative Sam Rayburn, Former Speaker of The house
INCREASING STATE INVOLVEMENT

- Legislative Chair in each affiliate
- Representation at Advocacy in Action from each affiliate state
- State level advocacy conferences
- Public Policy Committee members
- How can we help you?
BUILDING THE RELATIONSHIP – BE THE EXPERT!

• Legislators cannot be experts in everything
• YOU can be THEIR expert – few constituents have the front-line experience you have; real world perspective
• Legislators are desperate for facts
• 1:1 interactions are the best opportunity for providers/advocates to build their influence
FRAME YOUR MESSAGE!

• “All politics are local!” - Sam Rayburn, US Rep
• Bring the issues home
• Why does it matter?
• We are the solution!
• We make financial sense!
• Singleness of purpose, non-partisan
• Emphasize who you represent
  • As a provider
  • As an employer
  • As an individual
GET TO KNOW YOUR LEGISLATORS!!!

• Start local

• Get on their email lists

• Make use of their presence in your district - Know their calendars; attend their events

• Voting history/positions/committees

You’re invited to a

Fall Forum

with

Congressman Lamar Smith

Rep. Smith will discuss issues important to the 21st congressional district and answer questions.

Wednesday, October 19th, from 9:30-10:30 a.m.
Kroc Center
201 Holdsworth Drive
Kerrville, TX 78028

RSVP requested for planning purposes. Send email with subject Kerr County Forum to Smith.RSVP@mail.house.gov
THE IMPORTANCE OF DISTRICT STAFF

• “Staffers function as the legislators’ key information sources. They are exactly the right people to establish relationships with.”

  • Rebecca Farley, Former Sr. Director of Policy & Advocacy for National Council for Behavioral Health
REMEMBER - IT’S THE RELATIONSHIP!

• Follow Up, Follow Up, Follow Up
• Get any information you promised to them
• Keep them posted on bill developments
• Make yourself a resource
• Respect their time—be selective, prepared & focused
• Send a Thank You note
COLLABORATION + RELATIONSHIP

• What treatment providers are in a district?
  • Multiply the impact

• Invite them to your events

• Invite them to your facility

• Host a lunch for their District staff

• Make a contribution!
NATIONAL COLLABORATION

Combining our voices increases the volume!

NAADAC’s lobbyist!

NAADAC
THE ASSOCIATION FOR ADDICTION PROFESSIONALS

NARR
National Alliance for Recovery Residences

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES

ASSOCIATION OF RECOVERY COMMUNITY ORGANIZATIONS
FACES & VOICES OF RECOVERY

YPR
Young People In Recovery

ARHE
ASSOCIATION OF RECOVERY IN HIGHER EDUCATION
WHAT STATE COLLABORATIONS CAN YOU ESTABLISH?

- TAAP (Texas Association of Addiction Professionals)
- recoverypeople.org
- NAMI (National Alliance on Mental Illness) Texas
- National Council for Behavioral Health
- The Association of Substance Abuse Programs
HOUSE RESOLUTION
“Patient confidentiality is something we really believe in so we don’t need to do pinkie swears.”
HR 6 (CARA & CURES)

- Reimbursement for educational expenses for SUD workers who work in underserved areas
- Expands access to addiction treatment and prevention programs
- Law enforcement components to curtail trafficking of illegal drugs
- IMD exclusion removed for all SUD treatment for 30 days annually
- Kickbacks for treatment referrals are made illegal - pay or receive kickbacks – fine up to $200,000 and 10 years in prison
- Requires annual analysis of how states are implementing Parity
- Development of best practices for sober living homes
- Authorizes grants to examine many aspects of SUD impacts, building communities of recovery, & support for transition from treatment to the workforce
- Comprehensive Opioid Recovery Centers – all FDA approved meds

Passed in 2018
Now we need funding!
• Federal law – SUPPORT Act of 2018 – Recovery Kickback Prohibition
  • Focus on patient brokering with private health insurance (including federal healthcare program) & overutilization of lab-based urine drug testing
  • Cannot solicit or receive any remuneration (including kickback, bribe, rebate) directly or indirectly, cash or in kind, in return for referring a patient or patronage to recovery home, treatment facility, or lab
  • Cannot pay or offer any remuneration to induce a referral to same, or for individual to use the services of …
  • Fines up to $200,000 and imprisonment for up to 10 years for each occurrence
  • Remuneration defined as “anything of value”
  • Payments to employees or contractors cannot be determined by or vary by # of individuals referred, tests or procedures performed, or amount billed to insurance
DON’T DRINK THE KOOL-AID!

• “It’s been ‘opioids, opioids, opioids’, and with that has come some challenges and opportunities. The challenge has been in keeping the focus on addiction in general.”

• “… given that opioids clearly are not the only drug problem out there.”

• “… stimulants such as cocaine and methamphetamine are starting to re-emerge as an issue of concern.”
  • Cassandra Price, Board Pres NASADAD

• Several studies shining different lights on opioids
  • Drug OD deaths increasing since 1979; rates double ~ 9 yrs
  • Alienated communities; disaffected population; deeper social issues
“We treat drug epidemics like ‘whack a mole’. We get one under control and another pops up.”
Rahul Gupta, WV Public Health Commissioner

- Cocaine deaths increased 52.4% between 2015 & 2016
- OD deaths involving methamphetamine increased 30% 2014 to 2105
  CDC data
- National Survey on Drug Use & Health (SAMHSA)
  - Individuals initiating heroin use decreased by 50% - 2017 to 2016
  - Methamphetamine use increased
- In Texas – more OD deaths from meth than opioids
- Meth is seen as #1 problem by DEA in HOU, DAL, EIP
• “...extreme binge drinking problem in the US”

• The problem has been “under the radar because of the opioid crisis.”

• “The time is now to start looking at the alcohol-marijuana interaction.”

  George F. Koob, PhD, Director of NIAAA - RSA Meeting June 2018

• More than 88,000 deaths in US each year attributed to alcohol misuse

• More from National Survey on Drug Use & Health

  • 75% of SUDs are Alcohol Use Disorder
  • Initiation of alcohol use increased in 18 – 25 yr olds
BIZARRO

No, I won't prescribe medical marijuana for you, because the people who make it won't fly me to the Caribbean for conferences.

Green Cross
Recreational Dispensary
Silt, Colorado

It's 420 Everyday.

Get a JOINT for a

when you spend $50 or more!
Not valid with any other offers. Expires 07/31/17
Must present coupon at time of purchase.

Huge selection of flower, edibles, concentrates and accessories!

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$240/oz & $30 1/8s Tax Included

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2017
Medical mj users are at higher risk for Rx drug use & specifically non-medical Rx drug use than non-users of medical mj.

Significant association between medical mj use & not only non-medical pain reliever use, but nonmedical stimulant and tranquilizer use as well.

2017 longitudinal study showed mj use increases risk of developing nonmedical Rx opioid use and disorder.

Journal of Addiction Medicine, 2018
WE DON'T HAVE AN OPIOID EPIDEMIC, WE HAVE AN ADDICTION EPIDEMIC!

“A compulsion to be high that circumvents logic, judgement, and self-interest”

NYTimes Article, May 2018
NAADAC POSITION PAPERS

• Medical & Recreational Use of Marijuana
• Effectively Treating the Opioid Epidemic
• Investing in the Addiction Workforce
• Protect Patient Confidentiality & Access to Treatment: Maintain Newly Created Privacy Protections
• Addiction Professional Credentialing: Need for National Standards

• https://www.naadac.org/position-statements
ADVOCACY – IT’S MORE THAN JUST AT THE CAPITOL

Speak Up – “When we are silent we allow others to define us.”

• Treatment Works! People Recover!
  • It Saves Lives, Restores Families, Heals Communities!!!
• Share your story
• Offer your expertise
• Community groups
• Regulatory hearings
SOCIAL MEDIA

- 97% of Congressional staff say social media comments are reviewed
- Picks up the pace of engagement
- Fewer than 30 comments result in most staffers paying attention
- Comments should be polite & professional 😊
REMEMBER TO

Thank You & Good Luck!

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