Senate Testimony at the request of Senator Terry Johnson, Chair – Addiction and Community Revitalization Committee 6/6/2022

My name is Jay Hash, resident of Portsmouth Ohio in Scioto County, Ohio. I have lived here 32 years. I am in longterm recovery from alcoholism and addiction (which are the same thing). I tried alcohol when I was 12. I increased my alcohol use around 15. I increased my use again at 17. I mingled in drugs when they were available. I was a "recreational user." I believe the vast majority of people in addiction were once "recreational users." Society tries to comfort the blow of addiction by saying "well, they had an injury and then got hooked on the drugs that were prescribed to them." In my experiences, this is the minority of experiences. People like me picked up a beer or a substance like millions of people will each year. About 15-20% of people will end up with Substance Use Disorder through no fault of their own (other than experimenting to begin with). People who experiment will have varying problems with the substances, some major and some relatively minor. But for 15 to 20%, the substance use disorder will increasingly do with them whatever it wants. Jails, institutions, morgues. Fortunately, I was able to experience problems that led me to try recovery out, go to a treatment center, and become the person I hoped and many of my loved ones hoped I would be. My personal life and professional life have been intertwined in many unpredictable way. I am grateful.

I am honored to be asked by Senator Johnson to speak on this issue that I care deeply about. I have high respect for Senator Johnson and am confident his committee will make positive, important changes for treatment, recovery, and community revitalization.

My testimony today hopefully highlights some areas for healing and growth, not just an accounting of the history of our relationship with substances in America, Ohio, and southern Ohio, and Scioto County.

1. Substance use and misuse is not a new occurrence in our area, or in the world for that matter. Alcohol use dates back several thousand years! And the opium poppy and its derivitives and relatives have thousands of years amongst us as well.
2. Benjamin Rush, a physician in the 18th century and signer of the Declaration of Independence, may have been the first person to refer to alcohol abuse as a disease.
3. Fast forward to the 20th century. Alcohol use was seen as such a society problem that it was outlawed from 1919 to 1933 during a period best known at "Prohibition."
4. The first part of the 20th century was a flurry of activity in attempts to protect the public from dangerous food, medicine, and substances. Hence, the enactment of the Pure Food and Drug Act of 1906. It began to regulate food and substances.
5. The more regulation took hold, the stronger organized crime took hold, strengthening the criminal underworld and the "black market."
6. In the early 1930s, a stock speculator from New York (by way of Vermont) met a physician from Akron, Ohio (by way of Vermont). In short, Alcoholics Anonymous was created. Shortly after, the

first recovery textbook was written entitled “Alcoholics Anonymous.” Millions have recovered since.

7. In the 1950s, the American Medical Association stated the alcoholism was a disease.
8. From the 1950 through the present day, 12 step programs, hospitals, treatment centers started to impact alcoholism and addiction.
9. In the 1980s, the war on drugs reduced the drugs available but also strengthened the “black market” both nationally and internationally. Demand for drugs was impacted, but marginally.
10. In the 1990s, extended release oxycodone became available and most believe it was marketed as not addictive. We all know this is not the case.
11. Locally, people became addicted. The jails and hospitals and morgues were very busy.
12. Slowly, treatment centers began to expand to meet the increasing treatment demands.
13. From around 1997 to 2010, oxycodone became so accessible that is was easier to get oxycodone than it was to buy a 6 pack of beer. The transition from alcohol, marijuana, and cocaine, among some groups had begun.
14. Overdose death rates climbed. Pill mills proliferated. And, so did the waitlists to get into quality hospital detoxes, residential treatment, and outpatient services.
15. Medicaid expanded in many states starting around 2011 to 2013. This was a lifesaver to many! This has, no doubt, saved millions of this and last generation. And, hopefully, for generations to come.
16. With expansion, however, came challenges. New treatment centers started. The quality of these treatment centers widely varied. Some were unchecked and were primarily business oriented instead of recovery oriented.
17. As the number of addiction treatment providers increased, those charged with oversight could not have anticipated the amount of oversight needed of the new providers, some of which had no background in addiction treatment. Even if they had anticipated the amounts and types of oversight needed, their budgets did not proportionately match the oversight needed.
18. To compound matters, somewhere along the way, Alcohol Drug and Mental Health Service agencies were removed as overseers of agencies that provided services and billed Ohio Medicaid.
19. So, a large gap appears to exist between the former structure of oversight and the current one. In that gap, providers are starting, getting certified, and are not getting visited until their scheduled 3-year re-certification.
20. The increased access to treatment was needed! But, with the goal of increased access, there have been some unintended consequences. There have been and continue to be treatment providers that have underperformed, not achieved desired outcomes, and have even committed fraud.
21. This, unfortunately, has given the treatment provider profession a ‘black eye’ and it isn’t deserved. In counseling terms, this is what we call and “over generalization.” If one treatment provider is not good, then they all are!
22. “Fast forward” to the present. Many of us are scratching and clawing our way toward recovery for our citizens. We love them and care for them. We are constantly answering the phone, arranging admissions, working with a wide variety of referring offices. There are many challenges! But, we are facing them with a mission in our hearts and minds. To be there for our

citizens and neighbors. We want to provide the best care possible, a care that we would wish for those we love the most!

23. We are now bumping our collective heads against ourselves! If the stigma of substance use and mental health disorders wasn't enough, there is a new stigma gaining steam…against the providers who provide the counseling, case management, detox, residential treatment, and other services.
24. But some of this reputation has been earned by a handful of substandard providers.
25. Please remember that our agency and many, many agencies across the State of Ohio are extremely motivated and committed to being excellent addiction and mental health treatment providers.
26. Access to treatment is very good in our area! There are a number of providers with capacity to treat our citizens and neighbors. However, as our area has become saturated or possibly oversaturated with addiction providers, many of our existing agencies are left with dangerously low census that don't support a prudent business model. So, if left unchecked, the number of providers will continue to increase, the expected demand for services will not support existing models for capacity, in effect weakening the business position of all providers causing:
    a. Providers may try to support their existing business model by searching for clients in areas further and further away than our home citizens and neighbors. (this already happens)
    b. Some providers may have a weakened business model leading to reduction in expenses, cutting corners, less adherence to treatment standards, etc.
    c. The community will be less and less supportive to a formerly respected and needed treatment option. If the industry doesn't "police" itself, then the community will attempt to do it through a variety of methods, some of which will be and have been harmful to the efforts toward recovery (i.e. stigma toward clients and all treatment providers).

27. Probably the most harmful practice is the denial many have of the prevalence of addiction in Scioto County, Ohio, and the United States. Our position with various health indices steadily places us in the 84th through 88th county in Ohio. The increase in treatment centers has not caused this. These indicators were present before and still exist today.
28. The encouragement I have for our community and those that are working to face challenges and revitalize our communities is to:
    a) Acknowledge our challenges and our successes. Work together to accurately identify problems, areas for improvement, and successful practices that can be shared.
    b) Embrace transparency in identifying and recovering from our problems.
    c) Respect and support one another despite our differences.
    d) Consider a revision of the current schedule, practice, and budget of the respective oversight bodies such as the Ohio Department of Mental Health and Addiction Services (OMHAS), Ohio Department of Medicaid, Ohio Counselor Social Worker Marriage and Family Therapist Board, Ohio Chemical Dependency Professionals Board, and the Alcohol Drug and Mental Health Services county boards.
    e) Work on understanding that our addiction problem very much mirrors much of our society's "successes" and our resultant expectations. We expect everything to happen fast and we

eventually grow inpatient if we don't continue to handle things faster and find things "pills" that do things for us. Immediacy is sometimes referred to as the desire and expectation that things should be taken care of rapidly. Examples include the internet, our television experiences, fast forward through commercials, fast food, texting, emailing, paying bills). It stands to reason that we, as a society, may take similar approaches in handling our stress, emotional problems, or boredom.

f) Enhance PREVENTION! This takes money. Historically, prevention gets outspent by treatment at a 16:1 ratio. This needs to change. Prevention hasn't taken hold for a variety of reasons. But, follow the funding to find part of the answer. This is caused, in part, by the lack of a recognized diagnosis. In today's world, funding and treatment often follows a recognized diagnosis. Usually, addiction treatment providers have done whatever prevention that takes place. But, it is much more of an aside than a demonstrated priority. Demonstrating prevention as a priority will only take place when businesses are attracted to providing the service as many have been attracted by the treatment industry. This isn't just about money, though. It is about recognizing how behind we really are when it comes to prevention. Today's children and families face challenges that weren't as prevalent. Social media, high access to powerful drugs, normalized and glorified substance abuse in movies, television, music to name a few. Parents seem busier and pulled in multiple directions. Two income families are predominate. Single parent families are on the rise. Bullying and being a victim of bullying are commonplace. There is a heavier reliance on school systems to spend time and resources that once were in the realm of the parent. Today's society is much different than the society of times as recent as the 1980s. I hope that colleges and universities will begin to offer more comprehensive programs and majors that are called Prevention or another appropriate name. If this is a priority, then incoming freshmen would get reduced tuition or scholarships that increase in amounts of dollars if they will work in the Prevention Field for various numbers of increasing years after college. Prevention isn't just about 'don't do drugs.' It is about helping instill new abilities and attitudes , hope for the future, skills for meeting adversity, and realistic goalsetting that plans out how a youth becomes a productive young adult and beyond.

I am grateful for the opportunity to speak today, especially at Shawnee State where I got a 2nd chance at an education after failing out the first time.

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