

**Task Force on Mental Health and Substance Abuse**  
**JMVH Presentation to Adult Workgroup**  
**November 18, 2015**

Thank you Judge Buckner and Dr. Santopietro for asking me to be with you today. I appreciate the opportunity to share with you my thoughts about how to address the problems of substance use disorders. A personal disclaimer, please: what I have to say are my opinions only and, although others may agree with them, they are not official positions of any other persons, agencies or groups.

Key points and recommendations:

1. Substance addiction is a complex problem that requires multiple responses and a full continuum of care (Awareness & Education, Prevention, Treatment and Recovery Support Services). There is no magic bullet or single new approach that is sufficient in and of itself that will adequately address the problems we face with addiction in North Carolina.
  - Awareness and education are on-going, every-day necessities that must be done by all stakeholders.
  - Prevention programs geared to youth and their families work. Examples are the North Carolina Coalition Initiative and SAMHSA's Partnership for Success. They both need to be expanded to all 100 counties. Student Assistance Counselors need to be in all schools. Effective prevention programs must start in middle school or before (ABC Commission's Talk It Out campaign). Faith communities need to become partners in awareness, education and prevention efforts and use of modified SBIRT principles.
  - Treatment programs need to be available for youth, adults and families.
  - For recovery to become a reality we need to create recovery supports with state-local and public-private partnerships to support job creation, housing, transportation and health care.
2. Mental health, substance addiction and primary health care are inextricably linked.
  - best practices should include treatment for all
3. Addiction is a chronic disease and, as such, cannot be cured. Like other chronic diseases it can be managed and, when done well, can result in long-term, successful recovery.
4. We need to assist medical professionals to become better prepared to deal with clients/patients with addictive diseases.
  - how to recognize it and how to treat it or refer client/patient out for treatment (SBIRT).....starts with medical training—in medical school and in practice
  - we need greater knowledge by medical professionals on the efficacy and use of medicine-assisted treatment (MAT).

—require 100% participation in the controlled substance registry system

5. The Criminal Justice System needs to be a key player in providing treatment and recovery support services (we know the numbers and the potential for successful treatment/recovery).
  - every Judicial District needs to have a Drug and Mental Health Court(s)
  - Juvenile Crime Prevention Councils (JCPC) need expanded funding
  - local law enforcement need to be full partners
  - the Legislature needs to look at cost savings in treatment vs. incarceration and the expansion of treatment opportunities within prison system to ebb the flow of recidivism for substance-related issues.
6. We need a workforce development program to increase the number of addiction professionals, to assist them in their certification and licensing efforts, and to develop effective leadership for the future.
7. We need flexibility in our approaches...recognizing that what works in urban areas might not work in rural areas...therefore the need for greater infrastructure support in rural areas...wrap around services that include access to transportation, health care, food, and housing as well as treatment services.
8. We need to redefine the purpose of our work as recovery, not treatment. It needs to be holistic in design and practice (body, mind, emotions and spiritual).
  - we need to incorporate complementary therapies that have proven successful as accepted parts of treatment protocols (mindfulness, yoga etc..)
  - medical care is essential for successful treatment and recovery —needs to be an integral part of treatment (partnerships between medical and addiction professionals)...We need to expand Medicaid in North Carolina.
9. I say these things not to malign the good work that is currently being done by many for many, but to say we need a new initiative that integrates all aspects of addressing the problems associated with substance use, abuse and addiction. Let's assess what we are currently doing, keep and expand programs that work, discard those that don't and create and support new programs that meet current needs (look to examples like Project Lazarus and also the use of Naloxone to prevent overdose deaths).
8. We need to be bold and innovative in creating a Recovery Oriented System of Care (ROSC) at the state level that works...that consumers, providers, and leaders at every level have confidence in and support. We must have strong and passionate leadership at the top (Governor) and a coordinated effort by all major stakeholders. Counties and municipalities should follow suit and create Recovery Oriented Communities of Care (ROCC) that meet the needs of their local communities.
  - Governor McCrory should call a Summit of all stakeholders/partners) to create a unified call to arms on dealing with substance abuse/addiction in the state. Every sector would have their marching orders and the full support of the state (judicial, law enforcement, schools, treatment, medical, faith

- communities, support programs, recovery fellowships, local government, MCOs, state and local foundations etc...).
- There has been tremendous change in the public delivery system over the past 12-15 years. Providers are cynical about more change. I would keep the MCO system, tweak it as needed, but create stability in the system.
  - Set markers for success and incentivize the process. Incremental progress will pay great dividends to the state. The payback will be tremendous in terms of cost savings (less recidivism in prison system, less use of emergency rooms for substance abuse issues, less diversion of law enforcement personnel etc.. improved health and welfare for our citizens, better workers, and improved family life.

Thank you again for the opportunity to share with you my thoughts and experiences from over 20 years in the addiction field. Please do not let the work of this important task force go for naught. Some would say the problem is too big, we don't have enough resources etc... I urge you to think big but set realistic goals and not settle for anything less than progress. I like poetry and use it a lot in my work, so if you will oblige me, I would like to share one of my favorite poems that I think is appropriate here. It is W.H. Auden's "Last Will and Testament":

*"To the good who know  
how wide the gulf,  
how deep between ideal and real,  
and feel the final temptation  
to withdraw, sit down and weep.*

*We pray the power to take upon themselves  
the guilt of human action,  
knowing the imperfection of  
what can and must be built,  
the wish and power to  
act, forgive, and bless."*

Jim Van Hecke  
Addiction Recovery Institute  
PO Box 987  
Tyron, NC 28782  
828-279-5175  
jimvh1@gmail.com