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Testimony By  
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Before the JoinTogether National Policy Panel  
***Blueprint for the States: Policies to Improve the Way States Organize and  
Deliver Alcohol and Drug Prevention and Treatment***

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In the 1980s, the DC government created Karrick Hall, an 85-bed, residential treatment center for alcohol and other drug addiction. Under the direction of Dr. Tom Kirk, now head of Connecticut's addiction and mental health agency, Karrick Hall used the 28-day Minnesota Model of treatment, administered by a staff that brought an outstanding measure of love and service.

I carried support group meetings to Karrick Hall every Friday night for several years as part of my early recovery. Today, hundreds of people in recovery trace their recovery to a treatment experience at Karrick Hall.

The quality and quantity of treatment disintegrated in the 1990s. The building became a way station for social service causes of the day. Whatever was popular politically was commissioned a floor of space at Karrick Hall.

The District Government recently announced a complete refurbishing of this facility, restoring it as a full service residential treatment center for alcohol and other drug treatment – increasing its capacity to 105 beds.

The telling feature of this announcement is the structural home of this agency. Karrick Hall began as a facility of the health department. Today, it is re-commissioned as a facility of the court services department.

Unfortunately, this story is symbolic of America's experience. Our responses to addiction disease have been born of prejudice and fear. We have isolated concern and care in silos of service disconnected from appropriate support systems and from accountability or outcomes.

We have failed to empower agencies and professionals who see the early symptoms of disease. We have indulged in our penchant for toughness and revenge, resorting to slogans and strategies of war instead of healing. The price tag for our silly War on Drugs is staggering and its failures will be felt for generations.

We have spent billions to tell a generation of young people (mostly black men) that they are value-less. The consequences and damage of these decisions will scar our society for generations.

Before we can discuss structure, it is useful to see how the science applies to today's experience. Addiction disease is a treadmill illness. Symptoms appear early in our life experience and when left unchecked or unrecognized they emerge into critical stages of tremendous pain and violent consequences for individuals and society. Because of our inappropriate responses in both public and private sectors for the past ten to fifteen years, we have massive problems at the end of the treadmill.

It is clear from our experience that national efforts will continue to give greater weight to vengeance and supply management than to health and healing. This hearing brings hope for structural change, in part because the focus is on strategies at the state level.

Our efforts must begin with science. And the science that can be applied to public policy is expressed in this single sentence:

***Addiction recovery is a normal expectation  
when appropriate responses  
are applied in a timely manner.***

In designing and implementing new structural systems at the state level, we must consider three strategic goals:

**First, reform the front end of this treadmill.** Government has placed responsibility for the health aspects of addiction disease in so-called single state agencies, but failed to support them with enough money or vital linkages. Even though these state agencies are often administered by the larger health system, there is little linkage with health education, screening, or treatments. Nor is there linkage with public and private agencies who observe early symptoms of disease. Professionals in schools, public safety and religious organizations know little and do less when confronted with emotionally stressed individuals, people experimenting with drugs and alcohol or their concerned family members and friends.

At the same time, private health insurance has dramatically cut claims related to addiction disease. This massive cost transfer from the private sector to the public sector discriminates against people at risk for addiction disease, delays appropriate intervention, and clouds the issue with shame and the mythology that weakness rather than sickness is the root of this disease.

As a nation, we can change future outcomes through these appropriate actions at the state level:

- Make our public health departments holistically responsible for addiction prevention, early response to symptoms, quality treatment and strong recovery support. And make them accountable for results.
- Single state agencies should be disbanded. These silos of limited service miss the mark, leaving people abandoned by their communities and assigned a second class citizenship. Worse, they allow health officials and political leaders believe they are responding appropriately to the addiction epidemic, when they have actually shoved it under the carpet.
- Instead, citizens' accountability councils should be appointed to hold the Department of Health accountable for clear outcomes. These councils should act at the state level to stop insurers from discriminating against people with addiction disease. They can also focus policy on recovery rather than illness management.
- State insurance statutes and regulations should discourage "carve-out" practices for claim settlements. Private health care funding should see the linkage between appropriate addiction response and lowered costs for primary health issues.

**Second, address the overload at the end of the treadmill.** Our failure to address symptoms of disease and the inappropriate War on Drugs at the front end has placed our correction system into chaos. It has also resulted in the largest jail building spree in the history of civilization. Our criminal justice system has been forced into the health business because they have no choice.

This is untenable. But we can't just walk away. We need to provide a Marshall Plan level of quality treatment, follow up, and recovery support – linking people reentering their communities to education, jobs, homes, and a life of responsibility and quality. As a nation, we can:

- Develop temporary, but well funded, task forces composed of health and correction disciplines to direct remedial treatment, support services, and systems to restore individuals to lives as productive citizens.
- Demand appropriate addiction treatment during incarceration.
- Support the criminal justice system by providing appropriate linkages to health, job, housing, education, and other social services for the incarcerated.
- Enlist congregations and other community organizations into a massive, community-wide service ministry. This is a national disaster, and we must act at the level of hurricane and flood relief.

**Third, demonstrate to the public that addiction recovery is a huge bargain.** Any solution must convey to America the linkage between addiction health and a good quality of life, establishing the value of every citizen and the specific financial value of addressing addiction disease appropriately. As a community, we must:

- Honor and celebrate the process and people of recovery.
- Force government budget decisions that seek Medicaid (and other) cost savings through appropriate treatment. (Like the State of Washington.)
- Advertise the value of ending prejudice and discrimination at every level.

America's community of individuals and families who have experienced recovery must play an increasing role in both managing our public policy and demonstrating success. This testimony of success has been critical in conquering every disease.

Let us not be confused, however, with what we have to offer. Too often, we have confused therapy with advocacy. Our stories of illness are scintillating and sometimes entertaining. We confuse getting on "Oprah" with educating America. This is counterproductive. Advertising our drunk-o-logs continues the stereotyping of addiction and does nothing to enhance the view of recovery.

Recovery is happening broadly. It's a huge bargain for every American.

Families heal.

Money is saved.

People in recovery contribute.

Everyone wins!

*Johnny W. Allem is President/CEO of Johnson Institute, America's leading policy voice for addiction recovery. A veteran recovery advocate, Allem is a District of Columbia community activist, business owner, and former Director of Operations of the District's Department of Mental Health. He is a past member of the Advisory Council of the Center for Substance Abuse Treatment (SAMHSA).*