

I want to thank you for the opportunity to talk about why closing 41 detoxification beds, 21 at Blue Hills and 20 at Connecticut Valle Hospital [CVH], is a bad idea that will brought serious consequences to CT citizens.

I would like to start providing you with a rapid reminder of the magnitude of the problem that detoxification and rehabilitations programs such as those at Blue Hills Hospital and CVH have to deal every day.

Our country and our state not only are in the middle of one of the worst financial crisis but also are in the midst of a serious epidemic of alcohol and drug abuse. Alcohol and drug problems are rampant in our communities.

According to the *National Survey on Drug Use and Health* conducted in 2007 by the *Substance Abuse and Mental Health Services Administration*, these highly disabling and lethal problems affect almost one in four persons, especially young adults, the segment of the population that is potentially the most productive and in which alcohol and drug related disability and death translates in the most serious and costly consequences for families and society.

Not treated alcohol and drug addicted patients experience a likelihood of death 63 times greater than that experienced by the general population. After a year of use, 75 to 85% of not treated intravenous drug users become infected with the hepatitis C virus. Twenty to 40% also become infected with HIV, accounting for 75% of new HIV infections in the population.

Seventy to 90% of patients with alcohol and drug disorders become unemployed with those remaining in the work force becoming unreliable and little productive

It is also well known that a large proportion of alcohol and drug dependent persons incur in criminal behaviors. For example, in one longitudinal study that followed a group of 573 not treated heroin addicts it was found that this group committed close to 80,000 criminal offenses in their communities during the course of a year. Other studies show rates of incarceration in this population ranging from 20% to 75%.

In the US, the fiscal burden to society generated by alcohol and illicit drug abuse problems exceeds \$500 billion dollars per year. This dollar amount is substantially greater than the cost associated with other health problems such as obesity (\$133 billion) or cancer (\$196 billion).

The good news is that successful detoxification and rehabilitation treatment of alcohol and drug dependent patients reduces crime, increases productivity, and reduces the spread of HIV/AIDS, hepatitis, and other infectious diseases, lowering the staggering costs to society generated by these problems.

It is estimated that for every dollar spent on both, detoxification and rehabilitation programs, there is a 7\$ to 9\$ reduction in the cost to taxpayers attributable to alcohol and drug-related problems.

Is in this context that for many years, the detoxification and rehabilitation programs at Blue Hills Hospital and CVH have provided safe and effective services to the citizens of CT.

Blue Hills Hospital has the particular honor of being one of the oldest publically funded substance abuse programs in the nation.

With 21 detoxification beds and another 21 for rehabilitation treatment, Blue Hills Hospitals covers primarily a wide geographical area with a population greater than

1,000,000 people residing in the greater Hartford Area and in the north central region of the state.

More locally, Blue Hills Hospital is situated in the north end of Hartford, an area of the City that during the last years has been severally affected by alcohol and drug violence. Because the level of poverty and the lack of health services, this area has been designated by the Secretary of Health and Human Services in the Federal Government as an area considered medically underserved and in need of primary care and mental health services.

Blue Hills provides services to patients walking in from the community and to patients referred from hospital emergency rooms, from inpatient medical and psychiatric units, by substance abuse and mental health clinics, from community agencies, case managers, courts, probation officer, and family members across the state.

In this regard is worth to mention that Blue Hills Hospital is one of the major players in a collaborative program implemented by DMHAS aiming at ease the crisis in Emergency Room of major hospital in the greater Hartford area, motivated by patient over-crowding. In this program alcohol and drug dependent patients seeking help in emergency departments are diverted, 24 hours a day 7 days a week, to Blue Hills Hospital for proper addiction treatment.

Approximately 1,500 alcohol and drug addicted patients are admitted to Blue Hills Hospital detoxification services each year. In addition to undergo detoxification protocols for alcohol, opioid and sedatives use, patients also receive cutting edge psychosocial interventions designed to enhance recovery efforts and to maximize chances of recovery.

It is important to mention that more than half of the patients who complete the detoxification program are directly transferred to the rehabilitation program. This practice enhances continuity of care, reduced dropout rates and reduces risk of relapse.

Because quite frequently our patients have not had the chance of getting treated, the population of patients admitted to Blue Hills Hospital typically suffers high severity alcohol and drug problems commonly accompanied by numerous and severe acute medical and psychiatric conditions. Consequently, treatment in the detoxification program is not limited to the detoxification protocols but also include simultaneous treatment of all these co-occurring problems.

Incidentally, integrated and job seeking services, allowing pt to go back to work

Contrary to the private sector practices where the uninsured and the sickest are routinely rejected, patients admitted to Blue Hills are predominantly persons who do not have medical insurance, an increasing group of people in the midst of the current financial crisis, and people who have public entitlements such as SAGA, Title 19, and Medicare who also are commonly rejected by health providers in the private sector.

In their proposal of closing Blue Hills and CVH detoxification beds, DMHAS and the governor argued that people who need detoxification will be able to go to community and private hospitals and to outpatient detoxification programs.

Against this idea we can say that:

Hospitals in the area, as we mentioned before, particularly emergency departments, are already inundated with addicted and mentally ill patients with no or insufficient health insurance. Ironically, these patients are currently diverted to Blue Hills Hospital, the facility that DMHAS and the governor want to close.

Second, due to poor training and/or lack of resources, community primary care providers and general hospitals in general do a poor job diagnosing and treating alcohol

and drug addiction, even when treatment consists only of detoxification. In consequence, it is unrealistic to believe that these providers will be able to absorb the numerous patients seeking drug and alcohol treatment if Blue Hills Hospital is closed.

Third, there is currently a shortage of community substance abuse programs especially of programs capable of dealing with severely affected alcohol and drug dependent patients with co occurring problems. It is unclear whether existent programs can provide the same level of care and integration of services currently provided by Blue Hills and CVH substance abuse programs.

Fourth, although outpatient alcohol and drug detoxification programs appear to be effective in populations of patients with moderate severity of alcohol and drug dependence, this type of treatment tend to be ineffective with extremely high drop out rates (>85%) among patients with more severe addiction problems. In order to be effective, outpatient detoxification requires strong family and psychosocial supports, and strong motivation to change, elements frequently absent among addicted patients. Also, outpatient detox is probably contraindicated in those with severe comorbid psychiatric and medical conditions. Beneficial effects of outpatient detoxification are restricted only to a subgroup of low severity addicted patients.

Detox treatment is the first and a critical step in substance abuse treatment that prepares mind + body of pt. for recovery work.

Fifth, in order for detoxification treatment to be effective it has to be followed and closely integrated to rehabilitation services in a coherent program. When inpatient or outpatient detox treatment is delivered (inpatient or outpatient) with no subsequent or readily available rehabilitation services, rates of relapse after a few weeks are greater than 90%.

In conclusion, for many years the only alternative for people with severe alcohol and drug problems in the state of CT, other than being returned to the streets, has been the detoxification programs at Blue Hills Hospital and CVH.

These public programs have provided safe and effective medical detoxification and have engaged patients in rehabilitation treatment. Without access to these beds, many addicted patients won't have a chance of recovery and will be condemned to further disability and death,

Closing the detoxification programs at Blue Hills and CVH effectively will reduce access to treatment, and among other consequences, it'll increase alcohol and drug related criminality and violence, and it will increase the spreading of HIV/AIDS and other infectious diseases .

Closing BHH is bad public health policy and worst economic policy.

Rather than saving money, these closings will cost more to Connecticut taxpayers.

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