

TESTIMONY OF MARY MARCUCCIO

Program Review & Investigations Committee; June 29, 2012
Access to Substance Abuse Treatment for Privately Insured Youth

Dear Sirs:

I appreciate this opportunity to share some thoughts on the issue of *Access to Substance Abuse Treatment for Privately Insured Youth*. Thank you for raising this subject for discussion and review.

I speak to you as the parent of a young drug user; my son became involved with drugs at 12 years old, he is now 23 and just beginning to make some needed changes. These years have given me extensive personal experience with drug addiction, which allowed me to create and manage a support group for families with drug addicted children. I have gained additional knowledge and experience while walking alongside numerous other families as they go through the drug process themselves. Below are some of my issues of concern:

****The unreasonable and unsound policies of private insurers and private pay facilities in restricting HOW and WHEN a youth gets into treatment**

HOW: many facilities will tell a potential client (during the pre-auth/intake process) that they're "*not high enough*" – they don't meet the intake protocol based on levels of drugs in the urine sample; **kids will go out and get high in order to get into detox!!**

WHEN: most insurers require a client to ATTEND AND FAIL repeated outpatient programs before they will cover an inpatient stay at rehab; this philosophy is completely the reverse of what should be – which is extended longer term inpatient programs to start with, with outpatient as follow up only (studies have proven that longer term inpatient programs have much greater success than *any* outpatient programs)

****There are NOT ENOUGH private pay youth facilities/beds in Connecticut; this includes inpatient detox and rehab. In my work, I've encountered many parents who've taken their child out of state for immediate care, often not covered by their insurance plan—meaning that they must pay out of pocket**

****In keeping with the previous item, the wait for a client to get into a facility (detox or rehab) can be *days or weeks*; this is absolutely unacceptable – as all clinical experience shows that IMMEDIATE treatment is most successful. In addition, many clients will opt to go to an emergency room to be seen immediately, often having to exaggerate or manufacture symptoms to meet emergency care protocol, in order to avoid the wait for a detox or rehab bed at a private pay facility**

****The length of stay for detox and rehab programs is simply TOO SHORT; longer stays are necessary!**

DETOX: most insurers require a detox patient to be discharged at/about 72 hours of care ----- According to well established research, CLINICALLY, 72 HOURS IS WHEN THE BODY IS AT ITS HIGHEST DETOX LEVEL AND THE HUMAN BIOLOGY IS MOST VULNERABLE ; they're literally discharging someone at the height of his withdrawal and when he's most likely to use drugs!! Substance abuse professionals agree that detoxes should be a *minimum* of at least 5 days for best results

REHAB: the average private pay client gets 14-28 days at an inpatient program; this is simply not enough time for the body, brain and psyche to have the opportunity to learn and habituate needed changes. Longer term inpatient stays are decidedly much more successful

****Because private insurers will only cover very short detox and rehab stays, many parents will take their child OFF of their private insurance coverage and put them onto one of the state funded insurance programs ---because they provide better coverage for longer periods of time. This switch is absolutely part & parcel of the protocol for many families once a child turns 18! (our family included!)**

~On a personal note, our family was faced with an untenable choice when my son was 15 and in the throes of a horrific drug addiction: keep him on our private insurance and not get long term care, or relinquish custody to DCF in order for him to be on state insurance and get long term care!! NO PARENT SHOULD EVER BE FACED WITH SUCH A DECISION!!!!!!!

****Unfortunately, *all drug users aren't created equal*; the brain function of a youth is very different from that of an adult, as we all know, yet this hasn't been taken into consideration sufficiently enough in most treatment programs. A young drug user will think differently, process differently, and react differently to treatment than his older adult counterpart. In my experience, staff and programs just aren't trained well enough in these differences, and are not keeping current on youth drug trends, leading to the needs of young users **not** being sufficiently met**

******Since most young users live at home with parents/family, the family should be better incorporated into the treatment process – this is not happening nearly as often or as well as it should be. Most insurers are “client” driven – will cover costs associated ONLY with the drug user/client, when in fact including counseling/therapy coverage for the supporting family *would be most advantageous*. If Johnny gets “fixed”, but mom and dad are still “sick”, how successful will his homebound process be??? My personal experience shows, and clinical research data supports, that the family of the drug user needs to receive counseling in order to make needed changes to *their* often uneducated and enabling behaviors.

Overall, the youth substance abuse treatment “system” is very broken, and desperately in need of repair. Insurance companies are the driving force behind this fracture, as they seem to view drug abuse/addiction with what I call “broken leg syndrome” --- *just patch him up and send him home...* This is very faulty logic, rooted in a completely ignorant and uneducated viewpoint. Insurance companies should be supporting longer term detox and rehab stays at the *onset* of the problem, spending monies on the *front end* – not the *back end*. The nickel and dime approach that they have now actually costs them much more in the long run because of repeated relapses and reoccurring treatment needs.

THANK YOU for your time and attention to this matter,

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