

**Testimony before Task Force to Study the Provision of Behavioral Health Services for Young Adults
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To the members of the Task Force to Study the Provisions of Behavioral Health Services for Young Adults - my name is Greg Williams and I am a current resident of Danbury, CT. I am a young person in recovery from addiction to alcohol and other drugs for over 11 years.

I grew up in Newtown where we lost many young lives tragically on December 14th. As with many of you, I still struggle to comprehend this tragic event, but it is important to recognize that this is the reason we have finally all come together.

From my perspective, one important piece to this story that you have not heard yet, is the fact that our community lost many young lives long before Sandy Hook and we will continue to lose many young lives in the near future if we do not make significant changes in our response to one of the most prevalent mental health disorders amongst young people - substance use disorders.

In my first 5 years of sustained recovery, I personally attended 6 wakes for my peers who were from Newtown and who have lost their lives too young to addiction.

It is time for us to view all loss of life relating to mental health and substance use disorders with great urgency and ferocity. I would quote you the staggering death toll numbers from last year numbering in the many hundreds, but our data is poor given that many families and our systems do not report the actual root cause of death due to the stigma, shame, and discrimination that remains associated with addiction.

There are 3 very basic facts you must use to inform any policy recommendations on improving our State's response to substance use disorders or co-occurring mental and substance use disorders:

- In Connecticut, about 8% of youth ages 12 through 17 and 24% of those 18 through 25 have met the clinical criteria for abuse or dependence on alcohol or an illicit drug, within the past year, according to a recent federal survey (2012 PRI Study). Over 90% of all people with abuse/dependence started using under the age of 18 and met criteria by age 20.
- Substance use disorders are a chronic health problem and the solutions to the issue cannot be found solely in the limited acute stabilization services currently available.
- Society pays up to \$2.3 million every time one kid quits high school for a life of drug abuse and related crime (Brandeis University – 2001).

The challenges are: How do we get better and where do we go from here?

The good news is a bipartisan roadmap has already been paved for our state on this specific issue last year in the Program Review & Investigation Committee report on Access to Substance Use Treatment for Privately and Publicly Insured Youth: http://www.cga.ct.gov/pri/2012_atu.asp.

There is a comprehensive set of policy recommendations found in this report that must be enacted if we are going to begin to turn the tide on this pediatric health epidemic. From a higher-level systems perspective, here is the root cause of our current shortcomings found throughout this report:

- **Currently No Recovery-Oriented System of Care Exists for CT Adolescents:** DCF, DHMAS, JJ, and CSSD professionals, parents, and schools have been on the front lines witnessing substance use problems growing among young people. Unfortunately they have lacked the community-based recovery models that research suggests are the best way to support long-term recovery and are already proving incredibly successful for our adult populations.

- ***An Increase In Access to Acute Treatment Is Not Enough To Combat What We Know Is A Chronic Health Condition:*** Improving access to detoxification, residential treatment, and outpatient treatment services would be a wonderful step, but what comes after that for young people with substance use disorders? If we want to be efficient with the resources spent on acute treatment these are some of the items that research, The Office of National Drug Control Policy, and CT stakeholders recommend will help sustain recovery for young people:
 - Safe, sober, and age appropriate housing options
 - Recovery-oriented education options currently available in many other states
 - Peer life skills coaching (peer recovery coaching)
 - Family involvement, support, and education
 - System navigation/coordination
 - Building bridges to existing youth recovery capital in CT

Thank you for the opportunity to submit this testimony,

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