

Written Statement of Marcia Lee Taylor

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Presidential Commission on Combatting Drug Addiction and the Opioid Epidemic

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Governor Christie and Members of the Commission, thank you for inviting me to testify today. I'm Marcia Lee Taylor and I am President and CEO of the Partnership for Drug-Free Kids, a 30-year-old national nonprofit organization dedicated to supporting families struggling with their son or daughter's substance use.

It is said that having a child is to forever to have your heart go walking around outside your body.

So as we gather to talk about the country's opioid epidemic, what we see at the Partnership for Drug-Free Kids are not just the 144 individuals who lose their lives every day to overdose, but the families that surround them – families who have lost their hearts to a loved one's disease.

Nothing tears apart the fabric of a family quite like having a child who is struggling with addiction. [Parents are usually overwhelmed by feelings of guilt, shame and fear.](#)

From the very beginning of a child's substance use, parents encounter hurdles. When they suspect something is going on and look for help where all 21st century parents begin – the Internet – they discover there is very little reliable science-based information available, a far cry from the abundant resources for all other health issues and diseases.

So right off the bat, they are at a disadvantage.

Like other adolescent and young adult health issues, there is increasing evidence that parents with kids who are struggling with drugs or alcohol who are given guidance, support and training have better outcomes with their kids, than parents who don't.

That's where the Partnership for Drug-Free Kids comes in. We're dedicated solely to supporting families as they look for answers to address their son or daughter's substance use, and [we've been on the frontlines of this issue for three decades](#).

The Partnership empowers families with critical information and support in a variety of ways:

- Through our [national toll-free Helpline](#) (1-855-DRUGFREE) [and new, online live chat](#) service, we have connected 10,000 families to bilingual master's level counselors who help them develop a plan to address their child's substance use;
- With our [national network of parent coaches](#) – with nearly 200 volunteers in 2017 – and our new [“ask a coach”](#) feature, we connect parents to others who have “been there” and can help them learn how to love their child through this health crisis and understand that “tough love” and “rock bottom” are not the only viable options.
- We have an active network of nearly 180,000 families, and through our website – [drugfree.org](#) – we provide 5 million families per year with the latest, [cutting-edge scientific information distilled into actionable tips and tools](#) to help them understand the disease of addiction, be better able to navigate the treatment system and get their child to accept help.
- Thanks to our national and local media partners, we receive approximately \$100 million a year in donated time to run [PSAs](#) to let parents know that there is help for their loved one and that they can find support at the Partnership.
- And working with private sector partners like Google and [Facebook](#), we help reach parents as they actively search for help online.
- In all of these tools, we use evidence-based concepts such as [community reinforcement and family training \(CRAFT\)](#) and motivational interviewing to help parents obtain the best possible outcomes for getting their child into treatment and on the path to recovery.

One of our parent coaches is with us today, [Denise Mariano](#) from New Jersey. She tells the story of how she began looking for help for her son, sending dozens of emails, completing “contact us” forms and emailing generic addresses to different organizations. And of those dozens of emails, only the Partnership responded. And we responded with resources, tools and strategies, and perhaps most of all, hope for Denise and her family.

And that hope was not in vain; Denise's son Mike has been in recovery for four years.

Because the Partnership helped Denise's family to heal, she is committed to giving back and

she serves as one of our tireless parent coaches, guiding other families – both through the Partnership and throughout the Garden State – giving them the same hope that she found with us. We are incredibly proud of Mike and so grateful to have Denise as part of our team.

We are proud of the work that we are doing and the difference we are making in parents' lives. Yet, there is so much more work to be done – which is why the efforts of this Commission are so vital.

There is no silver bullet in this effort. Of the array of policies that the federal government could pursue, we believe that there are a handful that rise to the top:

1. There needs to be a continued recognition of the importance of a comprehensive approach, such as the one taken in the [Comprehensive Addiction and Recovery Act](#). In the two decades I've been involved in federal drug policy matters, there has been a tendency to search for a favorite approach – law enforcement, prevention, treatment, recovery. There are no easy answers in this work and it is imperative that we address this crisis from every possible vantage point.
2. Federal jurisdiction for the drug issue crosses over 16 separate federal agencies. The Office of National Drug Control Policy was created in 1988 to ensure that the national drug control strategy was coordinated among these bureaucracies, that information was shared, and that the counter-drug budget got appropriate attention in each agency. [This is not the time to entertain eliminating the office or reducing its role](#). Consideration should be given to making the Director of ONDCP a member of the President's Cabinet to reflect the gravity of the current crisis and the importance of involving the highest levels of government in working together to address it.
3. The Mental Health Parity and Addiction Equity Act must be enforced. Despite the fact that the law passed nearly a decade ago, [parents continue to struggle with obtaining the coverage entitled to them under the Act](#). When we polled our parent coaches to see if any of them had been denied coverage by their insurance company, virtually everyone raised their hands. Not only were they denied coverage, many are in financial ruin because of it, blowing credit and raiding a siblings' college savings account. This issue is incredibly raw for them because many never recover from the financial damage. In other cases, they blame the lack of coverage for their child's ongoing struggle, or in some cases even their death.

4. There needs to be more Federal funding to support the work being done by national organizations. While resources are being invested in state and local organizations that are in great need and doing important work, national organizations that provide crucial infrastructure and have invaluable reach are being lost in the shuffle. That includes the Partnership, and we have proven that we have a tremendous role to play in preventing and intervening in this disease.

5. Addiction treatment needs to enter into the medical mainstream. Too many health care providers are not trained about addiction in medical school and are not prepared to screen for, identify and treat a patient with a substance use disorder. We need robust training programs in every medical school in the country, we need incentives for doctors to specialize in addiction medicine and we need a better understanding of the importance of [medication-assisted treatment](#) for some patients as well as a commitment by the private sector to develop even more medications to treat this disease. Overdose is the leading cause of accidental death in this country. It deserves a full-throated public health and medical response.

6. We need to ensure that there is a dedicated funding stream at the federal and state levels to support families. Too often, families get left out of the equation and programs like the Partnership's fall into the canyon between prevention and treatment. We need to prioritize empowering families to intervene early, teaching them that they don't need to wait for "rock bottom", helping them to develop a plan to get their loved one into treatment and learning how to support their son or daughter in recovery.

There's never been a more urgent need for resources to support and educate families struggling with this disease, and while growing attention has been paid to solutions to "put out the fire," there are also solutions and steps we can take to de-escalate the problem and to address it further upstream. We can save costs if we leverage the evidence and the tools that exist. More importantly, we can save lives if we don't try to reinvent the wheel, whether that's state-by-state or community-by-community.

It's families who are left to fill the hole of lost prevention funding, so let's invest in "upstream" approaches to equip them with [information on the risk factors](#), including mental health issues, family history and traumatic events. And with [prescription pain reliever misuse and abuse](#), we add sports injuries and oral surgery to that list of risks.

Let's give families tools to respond to and effectively intervene in early use. Make them easy to understand and based in science, like our web pages on [heroin, fentanyl and other opioids](#), an effort funded by HIDTA, and give them information on medication-assisted treatment, and more.

These are all cost-effective, and they demonstrate that families are and can be part of the solution. You would be hard pressed to find a parent who wouldn't do anything for their child, especially a child who is sick. Let's give them the information to help them and their child heal; empower them with resources and support; and together, let's change the trajectory for our next generation.

Thank you again for inviting me to testify today. I am happy to answer any questions.