Joint Senate Task Force on Opioids, Addiction and Overdose Prevention November 15, 2019 Testimony Cortney Lovell

As a child, I suffered abuse. I had repeated early adverse childhood experiences that went largely unaddressed. By seven years old I suffered with such intense night terrors and sleep walking I needed to be sedated at night. My mother and step father did the best they could with what they had. A convenience store worker and a farmer, they didn't have much.

I tried hard to hide the pain throughout most of my life. After all of my attempts failed to fix the broken pieces inside of myself, it would only make sense that I eventually found the one form of dissociation that actually worked to numb my emotional pain. I became addicted to opiates by sixteen, an intravenous drug user by seventeen, and by eighteen I was racking up an extensive criminal record. No school intervened. No therapy saved me. Attempts at treatment failed. And at nineteen, with my mother at home dying from a terminal cancer, I gave up. I had no hope. I had no more fight left in me. I felt completely alone with nowhere to go. I felt the world would be better off without me in it. I drove off to a back road not terribly far from here and decided to end my life by overdose. But for some reason, I'm one of the few who got to wake back up.

After some grueling time detoxing without any medication or compassion in jail, I was afforded treatment court, long-term residential and out-patient treatment, endless forms of cognitive therapies and eventually, even recovery supports.

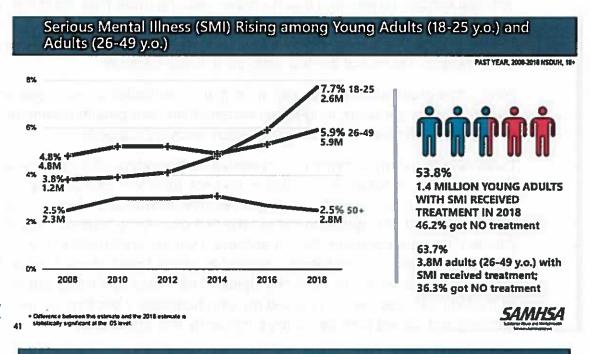
I was able to get my criminal record sealed as a youthful offender, my felony charges disappeared completely. I was able to go back to school and get a good job as an addictions counselor. I was able to get security clearance and work on a contract with our Department of Defense to roll out the first ever Army National Guard Substance Abuse Prevention program for our soldiers. I volunteered most of my free time. I got married. I started my own family. I bought a house. I paid taxes. I began to vote. I was asked by our Governor to sit on his Opioid Task Force and travel our state. I was invited to the White House, twice. I started my own business. I became an author. I became an intricate and valued member of my community and our society.

The same society who would not even look that sixteen, seventeen, eighteen, nineteen-year-old version of me in the eyes because I was just another no good, criminal, drug addict and wasn't worth it. The same society who tells people just like me, every single day, that they do not deserve medical care, sterile supplies to inject with, safe spaces to not overdose in, nor a welcoming spot within it. No, they say I must first do away with the only means that ever quelled that crippling pain, trust perfect strangers to not victimize me further, and endure all of the physically and psychologically painful phases of a brain recalibrating to the sudden loss of its' only ability to produce dopamine. Then, if and when we can somehow make it through all of that, that same society calls us

criminals. It bars us from education, housing and jobs with records and cold stares, and cruel whispers of wasted tax payer dollars.

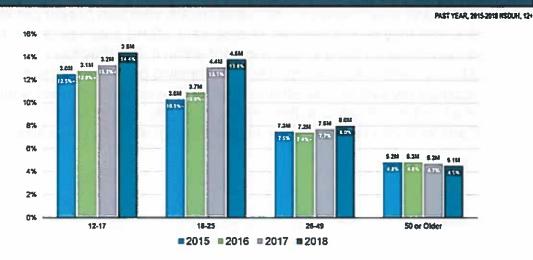
As one of far too few people who have managed to army crawl through the impossible sludge of hatred and judgement, and shame, and ridicule, and laws, and red tape, and meek moral arguments, while many, many more have died around me - today, I am one of those tax payers. Those are my dollars. I have the right to tell you the best way to help me – all those versions of me, with my money.

1) Increase funding for children's mental health services. Suicide rates are skyrocketing amongst youth. Why is New York trying to cut funding to Children's Mental Health services? It is morally incomprehensible to be cutting children's mental health services at this time. We need to be increasing funding to children's mental health services so we can intervene before these issues develop into substance use disorder or suicide.



2018 National Survey on Drug Use and Health https://www.samhsa.gov/ data/nsduh/reportsdetailed-tables-2018-NSDUH

Major Depressive Episodes



- A. Expand access to peer services and home and community based supports.
- B. Create funding or require private insurance providers to reimburse for family peer and peer services. (Family Peer Advocates, Certified Recovery Peer Advocates, Certified Recovery Peer Advocates – Family, Certified Recovery Peer Advocates – Youth) Currently, only Medicaid families can receive these services. Every other family does not have access to peer support.
- Provide medical care and harm reduction services for people who are still
 actively using. Care for them. Look them in their eyes and tell them they are
 worth saving.
 - A. Open overdose prevention sites. There is plenty of peer reviewed research supporting these sites.

"Studies from other countries have shown that supervised injection facilities reduce the number of overdose deaths, reduce transmission rates of infectious disease, and increase the number of individuals initiating treatment for substance use disorders without increasing drug trafficking or crime in the areas where the facilities are located."

- American Medical Association

https://www.ama-assn.org/press-center/press-releases/ama-wants-new-approachescombat-synthetic-and-injectable-drugs

- B. Require medication-assisted treatment in every county jail.
- C. Make it mandatory for emergency departments to provide buprenorphine and other medications-assisted therapies. Albany Medical Center Emergency department still refuses to treat patients with these medications when they show up post overdose or in withdrawal. That should be illegal.
- 3) Increase funding for the entire substance use disorder workforce. There are currently master's level clinicians making \$30,000-\$40,000 annually to work in substance use disorder treatment facilities. It makes it nearly impossible to retain good staff when you can make the same working at Walmart.