

Testimony of Devin Reaves, MSW

Submitted to the Senate Judiciary Committee

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Chairman Greenleaf, members of the committee, thank you for holding this hearing and inviting me to participate. My name is Devin Reaves and I am a person in long term recovery. For me that means I have not used any drugs alcohol since August 21st 2007. It also means today that I am a good husband, a love father, a son, and a man that gives back to his community. I appreciate the opportunity to share my perspective as a recovery specialist who works every day with individuals suffering from substance abuse disorders. By way of background, I hold a Master in Social Work from the University of Pennsylvania, I am the Clinical Outreach Coordinator at Life of Purpose, the only residential recovery center on a college campus, I am the founder and chief operator of the Brotherly Love House, a recovery residence for young men in Philadelphia.

I am here today because I, and many others in the recovery community, fear that the opioid epidemic is being used as a justification for policies that will result in more people with who misuse licit and illicit drugs being sent to prison rather than treatment.

There is no doubt that opioid use disorder is taking a terrible toll on our state. Each day, at least ten Pennsylvanians die of opioid or heroin overdose. In 2015 alone, we lost more than 3,500 Pennsylvanians to drug overdoses. Combatting this public health epidemic requires a collaborative effort across many of our states institutions. Law enforcement is a critical partner in this much-needed collaboration but I stress to the committee that focal point of dealing with this public health crisis must be comprehensive treatment and not an afterthought.

According to a recent article in *The New York Times* ("Spend a Dollar on Drug Treatment, and Save More on Crime Reduction," 4/24/17), more than half of violent offenders and one-third of property offenders say they committed crimes while under the influence of alcohol and drugs. This is not terribly surprising. We know that substance use contributes to crime. It follows that addressing substance use will not only help improve the health and lives of the individuals and families affected by such use, but it will help reduce crime and the financial burden on our commonwealth of incarcerating people in a system that it not designed to rehabilitate people and support them on their recovery journey.

The same article cited a study by Emory University scholars, which found that a 10 percent increase in treatment for substance use disorders reduces the robbery and larceny theft rates by about 3 percent and the aggravated assault rate by 4 to 9 percent. What's more,

For a dollar spent on treatment, up to three are saved in crime reduction. An earlier study found that interventions to address substance use disorders save more in reduced crime than they save in reduced health care spending.

It is important to acknowledge that substance use disorders are a medical condition and impact roughly one in three Pennsylvania families. We currently only treat 8% of people dealing with this life-threatening disorder. This wide treatment gap exists because we have historically underfunded treatment services.

Researchers have looked at what investing in treatment facilities can do to save lives. A recent study by economists at Texas A&M and Montana State University found that creating an additional treatment facility in a county yields a reduction in drug-related mortality, as well as a decrease in crime. They also found that the crime reduction savings alone exceeded \$4 million per new facility per year, which amounted to nearly four times the facility's cost.

Given the clear benefits of treatment, the state of Pennsylvania would be wise to focus its resources on improving accessibility to successful and cost-effective treatment models. The evidence supporting a public health approach to substance use disorder and its related impacts on the community is strong.

While I strongly believe treatment should be at the center of our response to the current opioid crisis, I am not here to advocate removing law enforcement from the equation. Reducing the number of people profiting off of others' disease is necessary but it must be approached with extreme care. The line between drug trafficker and drug user is not always clear. It is common for a drug user to turn to drug dealing in an effort to support his or her substance use disorder. Imposing mandatory prison sentences would result in far too many people with substance use disorders receiving counterproductive prison terms when treatment would be the best option.

In my 9-years as a recovery professional, I have seen the tremendous benefits comprehensive treatment can bring to a community. The evidence is clear, treatment for men and women with substance use disorder, even those who turn to selling small quantities of drugs to fund their own addiction, is the most effective approach in addressing this crisis.

Thank you again for the opportunity to share my views. I would be happy to try to answer any questions that members of the committee might have.