



**The Pennsylvania Recovery Organizations – Alliance (PRO-A)
Statement of Commitment to Counter the Opioid Epidemic**

We are PRO-A, the statewide recovery community organization of Pennsylvania, a non-profit, 501(c)(3) grassroots advocacy organization dedicated to supporting individuals in recovery and educating the public on addiction and recovery, including opioids. Our mission is to mobilize, educate and advocate in order to eliminate the stigma and discrimination toward those affected by substance use disorders to ensure hope, health and justice for individuals, families and those in recovery. We have advocated for, developed and provided training across the state of Pennsylvania for recovery support services and worked to strengthen our care system through advocacy and policy work directly related to the opioid epidemic. As an example, last year, our Executive Director was called to testify to the US Senate Special Committee on Aging on the impact of the opioid epidemic on older adults.

Long term recovery focused system:

We know that 5 years of sustained substance use recovery is the benchmark for the majority of people with a substance use condition to remain in recovery for life. Why are we not designing our care systems around this reality? The National Institute on Drug Abuse identifies that the minimum dose of effective treatment is 90 days, yet too few people get even that. We must recognize these are “our” people and not “those” people and they deserve our help. It makes sense and it saves resources.

We are advocating to retool our care system towards long term recovery, including recovery from opioids. There is growing recognition that the benchmark for a substance use disorder recovery is five years of continuous progress. Episodic, short term treatment is expensive and short sighted. We should establish and fund SUD and long-term recovery support services that address the many complications and co-occurring conditions/ issues in a way that supports long term recovery. These services must be made available for a person with a SUD and for families/significant others and communities, before, during and after formal SUD treatment - generally with decreasing intensity - over a minimum of five years.

We must also move away from short term, narrowly focused research designs that measure a single drug (including opioids) for short periods of time and draw conclusions that may be improperly extrapolated to infer efficacy for long term recovery. We note that drug use beyond opiates, including alcohol, benzodiazepines, cocaine and methamphetamine are common drug use patterns missed through designs that rely on self-reporting or only look for opioids. Unless the whole person is cared for and understood through good research designs, there is likelihood that care will not be effective over the long term. We also believe that persons in recovery and our family allies are critically important collaborative allies in the design, implementation and evaluation of any effective care system and we need to be included in discussions about our care and the design of our care systems.

Sincerely,

William Stauffer, CADC, LSW
Executive Director
The Pennsylvania Recovery Organizations – Alliance

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