

Testimony before the Appropriations Committee February 21, 2020

DMHAS BUDGET HEARING

H.B. No. 5005 AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM
ENDING JUNE 30, 2021

David Woodworth

May I stand? I'd like to stand for those who cannot stand for themselves.

Senator Osten, Representative Toni Walker, and respective members of the Appropriations Committee. My name is David Woodworth and I live and vote in Winsted, Connecticut. Thank you for maintaining funding in most areas of the DMHAS budget. I am in support of the budget as it now stands. However, I'd like to take this time to advocate for change that might be considered in future budgets.

As a person in long-term recovery I have utilized mental health services since 1999. As I have navigated my personal recovery experience, I hope to soon transition away from DMHAS services when I get a full-time job. The Torrington office of Western CT Mental Health Network is unique in its offering of Recovery and Wellness classes. These group-based classes empower individuals to take recovery into their own hands.

Recovery and Wellness classes are offered with several different tracts in mind, catering to the various holistic needs of the people they serve, rather than strictly clinically-oriented services. It is through these classes where I learned valuable life skills and found new confidence and courage to face my day-to-day challenges.

I advocate for DMHAS to expand the Recovery and Wellness program beyond just the Torrington office. I guarantee you there will be more success stories like me. People in recovery must be considered people first, rather than just clients that need to be treated based on various predetermined pathologies, so that they feel less broken. Our current system is too often biased toward antiquated institutional care models.

Also, based on Resolution 3453, or the Torture Declaration, the United Nations considers forced injections and forcibly restraining people in chairs and beds to be torture. In the United States, we consider this to be standard psychiatric treatment. It is time we fully respect the bodily integrity and dignity of the people we serve and stop traumatizing them with involuntary commitment and forced injections.

As a certified Recovery Support Specialist (RSS), I speak from personal, lived experience when I say that there should be at least one RSS (peer support) on every wing of every floor of every hospital department and/or agency. Additional peer support reach out by to follow through post-treatment would also be really helpful.

While I have your eyes and ears, I'd also like to call attention to the increased rates of death due to opiate overdoses. My 25 year old niece is a heroin addict, and I know from her repeated attempts to get clean that even self-admission to treatment has a slim rate of success. Court-ordered treatment is most certainly even less successful. Large amounts of money invested in the war on drugs has been a complete and utter failure in its attempt to eradicate the use and proliferation of drugs. It is time we humanize addiction as the public health crisis it truly is and stop criminalizing drug use. I strongly advocate for the creation of safe-injection sites where measures of harm reduction are taken effectively with interventions offered where appropriate. When people addicted to drugs are registered and their substances of choice are regulated and

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safely administered by professionals, we will most certainly see a reduction in lives lost due to overdoses as well as reduced overall drug use.

Lastly, it is critical that we address the greed and corruption of the private health insurance and pharmaceutical industries. There is too much disparity between levels of care available to the wealthy and the working poor. If we had a Medicare4all, single payer system, it would remove the profit motive and insatiable greed behind our current, flawed mental health and addiction services systems.