

FACES & VOICES OF RECOVERY
ADDICTION RECOVERY INSURANCE EQUITY CAMPAIGN
OP-ED

Op-Eds are longer than letters to the editor, one of the reasons that fewer of them are published in newspapers. Usually they are 600-800 words long. Try to use the opportunity of local media attention to addiction and recovery-related issues when you think about the timing for submitting your op-ed.

Here are a few tips for your op-ed:

- Send your op-ed to the editor of the paper, just like you would with a Letter to the Editor.
- Try to think of a catchy title, that lets the editor know what your main point is. It may be changed, but it will help them think about the point-of-view that you want to get across.
- You will be trying to persuade readers of your point of view, use compelling, easy-to-understand language.
- Send your op-ed by email with a cover letter.
- You must include your name, street address and phone number. Editors will contact before running your op-ed.
- Type the letter – double spaced.
- Don't be discouraged if your op-ed isn't printed. You can always shorten it and re-submit it as a letter to the editor!

SAMPLE OP-ED

Use this sample op-ed as a model to send your own op-ed. Add information about yourself and your community or information about whether or not your member of Congress is supporting H.R. 1424 to personalize the op-ed. If your op-ed gets published, please email us at info@facesandvoicesofrecovery.org.

TIME TO GET PEOPLE THE HELP THEY NEED

There are millions of Americans who are no longer using alcohol and other drugs and are in long-term recovery from addiction. They have found recovery and new lives because they were able to get the help they needed to recover and are now building better lives for themselves and their families. Yet, according to the 2005 National Survey on Drug Use and Health (NSDUH), almost 21 million people needed but did not receive alcohol and/or drug treatment. Too many of our friends and neighbors aren't getting help because they face discrimination from their health insurance companies.

Over 44 percent of the people who made an effort to get help but weren't able to reported that cost or insurance barriers prevented them from gaining access to treatment. When people are routinely denied coverage for a very serious health issue and left to fend for themselves, they end up creating an

unnecessary burden on other parts of the health care system and our economy, to say nothing of the toll on the lives of their friends and family.

What does it mean to families when we don't require coverage for alcohol, drug and mental health treatment services on par with services for other physical illnesses? After years of leading the fight for equal treatment on Capitol Hill, Representatives Patrick Kennedy (D-RI) and Jim Ramstad (R-MN) decided to find out this spring. They joined with other members of Congress to hold field hearings across the country, hearing testimony before thousands of citizens, many of whom told their stories of the devastation caused by insurance discrimination to them and their families.

They learned first hand how emergency rooms, social services agencies and prisons are overflowing with people who are denied coverage. The Robert Wood Johnson Foundation has estimated the annual economic cost of alcohol and other drug problems alone in the US to be more than \$400 billion. Many die as a result of being denied coverage of their treatable condition. Do you think this can't happen here in America? Think again. It does every day.

In 1996, the first Mental Health Parity Act was enacted thanks to the hard work of the late Senator Paul Wellstone (D-MN). He understood the unique challenges of caring for someone who was living with mental illness. Unfortunately, the 1996 law contained huge loopholes fought for by the health insurance companies. In 2002, Wellstone died tragically and as a tribute, many of his colleagues in Congress are fighting to strengthen the law this year. The Paul Wellstone Mental Health and Addiction Equity Act, H.R. 1424, is cosponsored by over 260 members of the US House of Representatives.

Study after study has demonstrated that requiring equitable treatment will not increase the cost of insurance. And when privately-insured individuals exhaust or are unable to access their benefits, they turn to the public sector for treatment – increasing costs to taxpayers.

Most Americans have no idea about the discrimination that people with addiction and their families face when they're trying to get help, until they are confronted with a problem in their own family. With new leadership in Congress and growing public awareness, there is new hope. It's time to finally end insurance discrimination.

Your name, title (if any), organization (if any), address, phone number.