90 West Chestnut Street, Ste. 310
Washington, PA 15301

Cheryl Andrews, Executive Director
Phone 724-223-1181 Fax 724-223-1187

Date: July 21, 2015

To: Senator Gene Yaw, Chairman
The Center for Rural Pennsylvania

From: Cheryl D. Andrews, Executive Director
Washington Drug and Alcohol Commission, Inc.

Re: Heroin and Opioid Addiction Treatment and Recovery Public Hearing
Fred W. Rogers Center, St. Vincent College, Latrobe, PA

On behalf of the Washington Drug and Alcohol Commission and the many faces of those afflicted with the disease of addiction, I thank you, Senator Yaw, the other legislators present today, for your display of leadership and commitment to addressing this horrific epidemic that we are facing today. I want to thank you, in particular, for the passage of the bills that lead to the enactment of Act 139—better known as the Naloxone/Good Samaritan Law.

I do realize the topic of conversation here today is treatment and recovery, but quite frankly, we can't get to that point without first talking about the stigma that so often plagues the individual and the family. Simply put, Stigma is a barrier to treatment. Stigma immobilizes society from stimulating positive change. Society is quick to place blame and feels that if someone dies as a result of an overdose, that they actually deserved it, that this was their choice, their lot in life. If you hear nothing else I say today, please understand that this prescription pain medication epidemic and overdose resulting in death epidemic isn't an individual problem, it is a societal problem. We have all contributed—the medical professional, criminal justice system, law enforcement, policy makers, communities, families, environment and genetics all have played a part in arriving at where we are today. As an SCA we work hard to educate and prevent the onset of the use of a substance, but in reality we receive much public scrutiny and even blame for not being able to fix this problem.

Those suffering from this disease as well as their family members are ashamed and carry a tremendous amount of guilt. We have to create a system that allows people to feel comfortable to reach out for help, one that is non-judgmental, one that commends rather than condemns. We need to treat this illness from a disease model rather than one that is currently viewed as a moral deficiency or as criminal behavior or even a matter of self-choice. The overdose epidemic must be looked upon as public health issue and all sectors of our society should take ownership, move to action, and promote a holistic system that provides freedom from addiction while safeguarding long term recovery. Having a chronic

disease should not excuse an individual from the consequences of his or her actions NOR should it excuse society from providing appropriate heath care. Bottom line the disease must be treated.

For years, drug and alcohol treatment has gone severely underfunded. Historically our funding has been cut year after year. We have been providing a dose of treatment that is dictated by available funds rather than what should be prescribed in order to achieve the most favorable outcome. Research indicates that the longer we can keep a person engaged in treatment; ideally for nine months, minimally for three, the better likelihood we have that this person will enter into long term recovery. Many clients enter treatment and leave before they work through a full continuum of drug and alcohol treatment. Two to three weeks in treatment is not enough time to even clear the mind and body of the residual effects of the chemical. In our county we wrap additional services around the client to include: case coordination and recovery supports at the very beginning of their treatment experience and throughout the transitions between levels of care, so we can reduce the likelihood of clients leaving treatment against medical advice. At the SCA we will be shifting our philosophy to really look at individuals and determine if they meet criteria for long term care (many do), 45-90 days of inpatient rehab; ideally this person would then look at a halfway house stay and then transition back into their local community and begin an outpatient regiment of partial, intensive outpatient and outpatient.

Another way that we are closing the gap and engaging individuals to help them have a meaningful treatment experience is by providing mobile assessments and mobile Certified Recovery Specialist services. We employ nine case managers and seven of these are mobile—conducting assessments and engaging clients right where they may enter into the "system" where they are identified as needing some intervention and/or treatment—hospitals, Children and Youth Services, Office of Probation, Magisterial District Justices, Specialty Courts, Correctional Facility, and schools. We employ five Certified Recovery Specialist who work to eliminate the barriers that individuals experience with trying to stay clean. Often in the time of crisis, families are confused and not sure where to turn and having a single point of contact such a Single County Authority to filter questions and help navigate the system becomes invaluable. The return on investments in treatment would bring a smile to any corporate CEO. Scientific research has established that every dollar spent on quality treatment can deliver a return of $12.00 or more in reduced crime, criminal justice, and health care costs

We can no longer arrest our way out of this problem, in doing so, we are merely institutionalizing people and in the process criminalizing individuals whose underlying condition is an illness. It is my opinion that the money to provide effect treatment already exists within our state government, it is simply a matter of which direction it is being shoveled. Many of the clients that we serve in the drug and alcohol system touch every system in our county—we share the clients somehow we should be sharing the resources.

I mentioned Act 139 early on in my comments and I want to give you a clear example of how this very strong and swift action of the legislature has come full circle in Washington County. Act 139 allows the SCA to establish a standing order which permits us to purchase and dispense Naloxone. The SCA began its mission in March 2015. The SCA wanted to be involved with the training of Naloxone and Overdose Prevention—main reason—to educate on the disease of addiction and reduce stigma. Anyone can watch a video on-line and learn how to administer the Naloxone— Initially, we were met with resistance: liability issues, personal biases, police aren't in the business to save lives we are simply to enforce the law, many had the "let them die" mentality.

I approached the Washington County District Attorney, Gene Vittone, who immediately became a champion, donating forfeiture money to purchase more Naloxone, and helping to orchestrate a strategic plan. The DA has personally visited with each police department and he engaged the County Public Safety Office who has been working with us to coordinate and provide training to every fire department, Ambulance Service, Quick Response Service, University Security Officer at California University and Washington and Jefferson College and YES, even more Police Departments. The response has been incredible. To this date, we have trained 105 first responders to include five local police departments. We are right in the thick of a training blast. Six trainings are being provided within a two week time frame. Currently, Ambulance services only permit paramedics to administer Naloxone, even though EMT's now have Naloxone Education within Basic Life Support training protocols. I am working in collaboration with Public Safety to revise policy and procedures that will allow EMT's to administer the nasal application Naloxone. Next steps are working with hospital Emergency Departments when an overdose victim is transported to the Hospital. Since Act 139, many have stepped forward willing to provide funding for the purchase of Naloxone. The SCA Naloxone distribution Plan begins with First Responders, which includes local Police, then moving to community, treatment providers, and criminal justice. If we don't save the life we will never have the opportunity to allow for healing and recovery.

The Legislature approving the Department of Drug and Alcohol Programs has proven to be monumental in the advancement of our cause. Moving to True Medicaid Expansion will provide physical health and behavioral health coverage to more Pennsylvanians and most importantly eliminate the nine month lifetime limitation for drug and alcohol treatment. The passage of the Prescription Monitoring System, once funded, will prove to be another viable resource to saving lives and even preventing dependency from occurring.

I very much appreciate the opportunity to speak today. I am very pleased to introduce to you Ms. Ashley Potts, a true champion and someone in long term recovery. She and many others like her deserve recognition for her bravery and perseverance.