

Good Morning, my name is Judy Rosser, Executive Director for Blair Drug and Alcohol Partnerships, the Single County Authority for Blair County and a coalition of community partnerships to address Prevention, Intervention and Recovery resources. I am also a person in long term recovery.

Thank you for your efforts and the time you are taking to understand this issue in our communities and more importantly, what can be done to change the devastating trajectory of this issue. As someone who currently makes a commitment each day to manage my disease, and works daily to help intervene on this issue locally, I know there is hope for our communities.

How did we get here..... Tobacco, alcohol, marijuana and then other drugs:

Addiction happens in a physiological way in which there are changes in the brain chemistry. Earlier onset of the use of a substance and a predisposition of addiction, changes the individuals outcomes. The science of addiction medicine has never been clearer but it could not have been said more clearly than by a teen, "You don't understand, the brain likes to get high." The teen was right. The impact of these chemicals on a young developing brain alters their perception of their use. Addiction does not happen to everyone. Fortunately, where two to three may not progress into addiction, unfortunately, the fourth person does. Our ability to impact the opioids/heroin epidemic lies in our ability to intervene on early substance use by youth and to impact the access of substances in our communities.

My experience did not start with prescription drug use; it began with tobacco then alcohol and followed with marijuana. Once I started using marijuana, which was readily available in my community, it did not take long to begin to use prescription drugs. I believe I am an intelligent individual but when chemicals hit my brain, something different happened and my desire to party and get high was triggered.

There is no one answer to support the needed changes on this issue. It will take a multitude of strategies from the federal, state and local level. What it does take is getting up each day and making a commitment to put the energy and resources in place to support recovery from this issue in our communities.

You ask what the State can do.

First, the establishment of a Department of Drug and Alcohol Programs was a significant step to put emphasis on this issue within our state. The Secretary's focus on this issue and the work initiated through the Department will help to focus attention and provide leverage in moving our state forward. An example of this is the Overdose Task Force and the recently released PA Guidelines on the use of Opioids for the Treatment on Noncancer Pain. It is one example of an environmental strategy that can have a far reaching impact. An environmental strategy provides consistent messaging through many venues complimented by local activities. A statewide campaign directed by DDAP that focuses on reversing the perception of harm around prescription use is needed. The infrastructure developed by the new Department, makes this possible. We are confident in the Department to plan for other overarching initiatives in the future.

Secondly, I have seen the effectiveness of our legislators in their ability to rally on an issue that is destructive in our communities. Think back two years ago to bath salts. Our communities were being inundated by the use of this substance. Communities cried out to our legislators who responded with a bill that in less than 8-12 months was approved and acted on to immediately get these bath salts off the shelves. We saw very few deaths from this substance. Yet here we have drugs that are killing approximately six individuals a day in our Commonwealth. Where is the outcry? Where is the commitment to reverse this trend?

Let me provide you with a real story. Two months ago, a group of teens head to a house to party. Alcohol, marijuana, Xanax and opioids are being used. By the morning, a 19 year old is dead and two other teens are in the Emergency Room. The youth were frightened and did not call for help. Could they have intervened? Maybe, maybe not; we will never know. What we do know is another person has died, and access to drugs and the culture around their use continues to perpetuate this epidemic.

Currently the legislators have bills that can both reduce and increase the substance use trend. Legislators need to act and protect citizens.

Legislations that will help to reduce the trends:

I respectfully request that you quickly and forcefully act on the Prescription Drug Monitoring Program (PDMP) bill and a Good Samaritan bill. As you have heard it said, they are “low lying fruit.” The legislators have two more weeks before this session ends. I implore you to not let these bills die in this session. If there is no action, I assure you that the delay will cost lives. An additional concern regarding the lack of a PDMP is that of Pennsylvania becoming the next “pill mill” state. Currently, states in the South have successfully implemented PDMP which is pushing the “pill mills” further North. Pennsylvania’s lack of action on a PDMP will only ensure that we are ripe for their business.

The Good Samaritan bill just makes sense. We need to act to ensure that intervention on overdoses is not a crime or a liability issue. One of the best practices recommended is the encouragement of individuals to call 911 for help without repercussion for making the call. The other best practice is the availability and education on the use of Narcan by lay persons. Lack of this legislation continues to perpetuate a perception that there is no compassion regarding this issue.

Legislation that will increase use:

Another issue, which is not just a PA issue, is the movement of medical marijuana and legalization of marijuana. This movement has already impacted use levels locally by youth and adults. This substance is dangerous. Youth in our communities are receiving messages this drug is not harmful (National movement to legalize for medical and recreational use). As risk of harm decreases use increases. This is the simple truth. We see it with marijuana and we see it with prescription drugs. Most adolescent use does not start with opioids. It starts with alcohol and marijuana.

It is imperative that legislators recognize and concur that adequate funding to impact these issues must be allocated. Unfortunately, once a Prescription Drug Monitoring Program is implemented, we will see a surge in heroin distribution and use. Since we have an opiate using population; they will need to have access to treatment. In addition, funding is needed for local drug task forces to address drug dealing infrastructures. We need funding to support the prevention strategies that can have impact.

You have also been addressed in the previous hearings regarding the need for education to our youth. If you want to see startling data, review the PAYS data. Our Pennsylvania Youth Survey data in Blair County shows the largest increase in use is between 6th grade and 10th grade. Think about it: between the ages of 12 and 15. Let me be clear on what is needed. A one-time presentation is not effective in changing behaviors of youth. A solid foundation of evidence based programs in the schools is needed to develop the skills in youth that enable and empower their decision on these issues. Direct the Secretary of the Dept of Education and DDAP to problem solve how these programs can be funded and implemented early and consistently.

The ability to accept that there is a problem and recovery is attainable is the responsibility of every individual and every community within our commonwealth. We must research and educate ourselves regarding the most effective strategies to address these issues and more importantly, commit the resources and energy to make the necessary changes. There is not one single bullet that will change this trajectory.

Just like the wave of this disease in an individual or in a community did not evolve from one event, the solutions will need to come from many avenues. The Center for Substance Abuse Treatment acknowledges that there are many pathways to recovery and we agree that it can, will and does happen!

The only thing that stands between me and my disease now is my daily use of the guiding principles of recovery and my personal commitment to those principles. It is the same for our community. We need commitment from the federal, state and local level to address this issue. My question to the legislators is, "Are you committed to taking action on this issue?"