SENATOR
GENE YAW
23RD SENATORIAL DISTRICT

362 MAIN CAPITOL
SENATE BOX 203023
HARRISBURG, PA 17120-3023
(717) 787-3280
FAX (717) 772-0575

175 PINE STREET, SUITE 105
WILLIAMSPORT, PA 17701
(570) 322-6457
FAX (570) 327-3703
TOLL FREE (800) 443-5772

www.senatorgeneyaw.com

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THE CENTER FOR RURAL PENNSYLVANIA
CHAIRMAN

April, 2017

Chairperson Baker, Bartolotta and Brooks and Committee members,

I appreciate the opportunity to speak with you today.

I serve as Chairman of the Center for Rural Pennsylvania, which is a legislative agency of the Pennsylvania General Assembly. This entity is bipartisan and bicameral.

Approximately three years ago, I was approached on the floor of the Senate with the question of whether I could use the Center for Rural Pennsylvania to raise the awareness of the heroin problem in rural Pennsylvania. Originally, we thought we would have a hearing in Harrisburg but then thought better about the location since the Center's focus is rural Pennsylvania. So, we decided to have the first hearing in Williamsport, mainly because I was familiar with the Heroin Task Force in Lycoming County which had been in operation for approximately a year. The first hearing was scheduled for three hours and it lasted five. At that point, it became obvious that we were looking into an issue of major importance. That first hearing has been followed by 11 more held throughout the state, which have produced about 70 hours of presentations from laymen and experts from

all levels of public, private and non-profit operations. In addition, the Center for Rural Pennsylvania has issued two significant reports about the heroin problem in the state—"Heroin: Combating this Growing Epidemic in Pennsylvania-2014" and "Heroin: Combating this Growing Epidemic in Pennsylvania-2015".

Over the past six months, I and many of you have participated in five telephone town halls across the state limited solely to the subject of opioids and heroin. Each of the town halls was organized with a panel of experts involving some aspect of the epidemic which this state faces. For example, in the most recent event, we had a medical doctor who specializes in addictions, a single county authority administrator, a county district attorney, the director of the Center for Rural Pennsylvania and myself. Through these town halls we were able to touch base with almost 80,000 persons who listened or had questions about opioids and heroin in particular. In addition, over the last three years, I have participated in numerous media programs on a variety of networks such as PCN, WITF, WPSU involving the heroin epidemic in the state.

While I have not done an actual survey, and without being immodest, I venture to say that I have spent more time immersed in the heroin/opioid issue than any other legislator in the General Assembly. Humbly, I mention this to simply say that with my activities over the last few years, I have more than a superficial understanding of the breath of the problem we face.

Currently, we lose 10 Pennsylvanians to drug overdoses every day. In the United States, we are losing upwards of 1,000

persons per week. Unfortunately, predictions are that all of these numbers will continue to increase. In the 10-12 year period of the Vietnam War, the U.S. lost approximately 56,000 lives. We are now approaching that level of lives lost every year. DOES THIS GET ANYONE'S ATTENTION?

Dr. Rachel Levine, the Pennsylvania Physician General, has stated that the heroin issue in Pennsylvania is a health epidemic. The Physician General of the United States has stated that heroin is a national health epidemic. Drug overdoses are the leading cause of death in the U.S. surpassing deaths from traffic accidents and guns. Heroin deaths increased 439% from 1999 to 2014. As of 2014, heroin related deaths had more than tripled in five years and quintupled in 10 years according to the CDC. Pennsylvania had the fourth highest drug overdose death rate in the U.S. per 100,000 in 2015 and that was a 28% increase over 2014. DOES THE MAGNITUDE OF THIS ONE ISSUE GET ANYONE'S ATTENTION?

The Department of Drug and Alcohol Programs (DDAP) came into existence in July 2012 as the result of legislation enacted in 2010. This department was previously under the Department of Health but changed to a separate operation for one single purpose---to focus on drug and alcohol issues.

Whether by luck or tremendous insight, the legislature created the Department of Drug and Alcohol Programs at precisely the right time in the history of the heroin epidemic. Whatever the genesis behind its creation, the critical point is that the agency was created and put in place at a time when Pennsylvania was

moving to the top of the list of states experiencing an opioid epidemic.

As part of my responsibilities as a Senator, I have the opportunity to talk to legislators from other states. Unanimously, the comment I hear is that Pennsylvania has done the right thing by recognizing the drug overdose problem and by establishing a separate agency to deal with the issue. My research indicates that Pennsylvania is one of only three states which established one agency to be charged with dealing with the drug epidemic. Pennsylvania got it right and has been a leader in addressing the problem. Remember, this department was created in July 2012, less than five years ago. In legislative time, this is yesterday. But yet we want to abandon new ideas and revert back to a structure which obviously watched the opioid/heroin epidemic develop right under its own nose.

Since its inception DDAP, through its secretary, has been instrumental in establishing the following undertakings, to name a few:

---Promoting and equipping municipal police with naloxone. Following enactment of the Good Samaritan Law, the department led efforts to place naloxone in the hands of municipal officers. This effort necessarily meant dealing with county district attorneys and police chiefs. According to the Physician General there have now been 3,000 saves with naloxone. Can anyone else in our government say that their efforts have saved this many lives?

---Drug takeback boxes. Through the department's leadership, this program has been promoted and expanded by working with the Pennsylvania Commission on Crime and Delinquency, the Attorney General's office and the National Guard. Literally tons of unused drugs have been collected and safely disposed of through these efforts.

---Overdose Task Force. This undertaking was established by the Department and originally tasked to create an information source for law enforcement and for emergency medical services. The focus of the OTF was expanded to include informing and driving public policy on the issue of drug overdose.

---Warm handoff policy. The Department working with the Single County Authorities established a program where overdose survivors are a priority in referrals from emergency departments.

---Treatment bed capacity. A recurring theme throughout the Center for Rural Pennsylvania hearings was the lack of bed space in treatment facilities and whether the shortage was related to funding through a government welfare program or private pay of some sort. The Department has been working with the Hospital and Healthsystem Association of Pennsylvania on this issue.

In addition, the Department has been a participant in many areas which might appear insignificant:

Improving Licensure Standards
Workforce Development

Pathways to Pardons
New Data System
Using State Owned facilities as Drug and Alcohol Treatment Facilities.
Building Bridges to Recovery
Life Skills Training

I am fully aware that there has been an effort to minimize the role of the Department of Drug and Alcohol Programs in many of the above accomplishments. I have heard comments to the effect that DDAP did very little and that other departments actually did the work. Those comments may or may not be true. The reality is that those comments miss the point which is bluntly that someone in the chain of command had, as a sole purpose, the mission of dealing with drug and alcohol problems from every facet of life in the Commonwealth. This is not about an endorsement or a criticism of any particular person. It is about the concept that someone was in charge. And, that person, for whatever reason, maybe passion alone, made a difference. Perhaps other agencies were involved but the moving force was one agency and one Secretary which by design had a laser focus on the drug epidemic. One Secretary dealt with convincing police that law enforcement should carry naloxone. One Secretary dealt with getting more drug take back boxes into the communities. One Secretary promoted the administration's efforts in dealing with the heroin epidemic. Clearly, there was one voice for the administration.

Under the organizational structure proposed, there is no secretary of drugs and alcohol. Instead there is a third level deputate of the Office of Behavioral Health and Substance Use

Disorder Services. This position is two levels below the proposed Office of Medical Marijuana. To my knowledge, we are not suffering an epidemic from deaths caused by marijuana overdoses. We are, however, suffering over 3,300 deaths annually from drug overdoses, the majority of which are related to heroin and opioids. Yet the Office of Medical Marijuana is obviously of greater concern and importance than the heroin and opioid epidemic.

The decision making path of this new structure is from the deputate to an executive secretary to the secretary. What kind of decisions can or will ever be made in a three step environment like the one proposed? Moreover, just what kind of impression does a phone call from the third deputy of SUD make on anyone? It does make a difference whether the person at the other end of a conversation holds the position of Secretary.

It is often said that perception is reality. Eliminating the Department of Drug and Alcohol Programs and relegating any involvement to a minor role clearly sends the message that the heroin and opioid epidemic is being moved out of the limelight into a position of lesser importance. I suppose that is one way to deal with the problem---just eliminate the department dealing with the issue. Done, problem gone.

At the Appropriations Committee budget hearing, the Secretary of Budget stated that the consolidation was necessary because the funding for the programs came from Medicaid. In short, the Office of Drug and Alcohol Programs was looked at as having a mission solely based on various welfare programs. No mention was made about the importance of talking to police about

naloxone, no mention was made about the necessity of training children regarding the dangers of drugs, no mention was made about the importance of drop box locations and no mention was made about the importance of educating the general public about the heroin/opioid issue. The entire discussion was about dealing with welfare funding while totally ignoring the majority of our state's population who are neither welfare recipients nor addicts.

At the recent hearing involving your committees, the current secretaries made great reference to how well they worked together. That being the case, then there is no structural reason they cannot and should not continue to work together. Pennsylvanians need an aggressive Department of Drug and Alcohol where everyone has a voice and the problems and concerns of all are recognized. There is more to Pennsylvania than welfare programs.

Recently, I read an article by Louis Profeta, an emergency room doctor in Indiana, who succinctly described the heroin epidemic, in part:

> "...You see, heroin is now a middle-class disease, which sadly means one thing: People are finally taking notice. Sure you understand what I am saying. If I ask you to close your eyes and picture a heroin addict, chances are you see a wasting male, staggering in a fog, hair matted with dust, perhaps trying to panhandle a buck then copping a seat on a piece of cardboard behind an alley dumpster while tying a shoe string around his arm.

If I ask you to close your eyes and picture a heroin addict, you might see a burned out prostitute, makeup all askew, lipstick streaks to her chin, leaning into the window of an old sedan.

If I ask you to picture a heroin addict, you might see a couple of fringed punk rockers or a modern day Deadhead wannabe lying on some piss-covered mattress in a crack house, rubber bands, lit candles and spoons strewn on the floor.

What you would not see is the face of some real estate agent on a RE/Max or Century 21 sign, searching through your medicine cabinet during an open house hoping to find a bottle of Vicodin or oxycodone all the while ensuring you that your home is in good hands.

What you would not see is a member of the debate team, the Spanish club, the varsity singers, the third violin, or the second baseman popping an oxy left over from grandma's hip replacement and washing it down with a Blue Ribbon. What you would not see is the Junior League housewife, or the winner of the country club's men's division who became dependent on one of a dozen opiate narcotics prescribed for his wisdom teeth, ACL or lumbar fusion.

...Overnight, heroin went from being a "crime" of the wretched poor, minority class our

"enlightened" minds envision to a "disease" of the suburban elite. Funny how things like that happen. Baltimore has about 650,000 residents and nearly 50,000 heroin addicts. They have been fighting this battle for years. They are now looking at the rest of America and frustratingly saying to themselves: "Where in the hell have you been?"

...Why are we more worried about gluten than heroin, processed corn syrup than oxycodone, peanuts than hydrocodone? Perhaps it is because we are afraid to cross that abyss and admit that heroin is now something that children of the middle and upper class should be warned about. Our state of mind in regards to heroin has largely been, "I am as worried about heroin as I am my son or daughter will be eaten by a lion in my front yard." As an ER doc, let me be the one to tell you...the lion is in your yard."

In order to address the heroin/opioid epidemic in Pennsylvania, we need a flagship. We absolutely need an agency which is high profile and has the resources and staff to serve all of our population. We need an agency which is given the support and authority to accomplish its mission of educating, treating and preventing drug issues in the state. We need an agency which is supported by the administration and by the other agencies. The standing of this agency cannot be measured in the minimal savings which are being hyped. OK, we make it easier for bureaucrats to reconcile their bookkeeping obligations. But we lose sight of an agency serving as the beacon for all Pennsylvanians who don't depend on welfare benefits.

As legislators, we owe an obligation to all of our residents. We are facing the biggest health crisis in the last 100 years. Now is not the time to bury the Department of Drug and Alcohol Programs on the third level of an administrative behemoth.