

COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

HEALTH AND HUMAN SERVICES COMMITTEE HEARING

STATE CAPITOL
MAIN CAPITOL BUILDING
ROOM 60 EAST WING
HARRISBURG, PENNSYLVANIA

MONDAY, NOVEMBER 16, 2009
11:00 A.M.

PRESENTATION ON
PUBLIC HEARING ON HR 585

BEFORE:

HONORABLE FRANK LOUIS OLIVER, MAJORITY CHAIRMAN
HONORABLE TIM SEIP
HONORABLE EDDIE DAY PASHINSKI
HONORABLE RONALD G. WATERS
HONORABLE LOUISE WILLIAMS BISHOP
HONORABLE VANESSA LOWERY BROWN
HONORABLE LAWRENCE H. CURRY
HONORABLE PAUL J. DRUCKER
HONORABLE KEN SMITH
HONORABLE MATTHEW E. BAKER, MINORITY CHAIRMAN
HONORABLE SETH M. GROVE
HONORABLE BRYAN CUTLER
HONORABLE MAUREE GINGRICH
HONORABLE KATIE TRUE
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* * *

CHAIRMAN OLIVER: This meeting will now come to order. Good morning. The meeting will now come to order. The chair recognizes Representative Ron Marsico who will now present.

REPRESENTATIVE MARSICO: Thank you, Mr. Chairman, members of the committee. Thank you for allowing me to say a few words this morning. Mr. Chair, how are you?

REPRESENTATIVE BAKER: Mr. Chairman.

REPRESENTATIVE MARSICO: A lot of subchairs up there, too. I'm glad you're all here. Thank you very much for allowing me, like I said, to make this presentation this morning.

Three years ago I was absolutely thrilled to receive unanimous support from my colleagues to enact legislation allowing parents whose children have been affected by alcohol and drug abuse to come together to study accessible treatment services and make recommendations to the House of Representatives to facilitate access to treatment and intervention services in the Commonwealth.

This legislation was so important to me because there are more than 800,000 people in

1 Pennsylvania with unmet drug and alcohol treatment
2 needs. We know that addiction cuts across all walks
3 of life, as well as socioeconomic and cultural
4 backgrounds. It affects men and women, teens and
5 adults, from the poor to the middle class to the
6 affluent, from the rural towns to the suburbs and to
7 the cities.

8 My resolution required the Bureau of Drug
9 and Alcohol Programs within the Department of Health
10 to establish a parent panel consisting of parents from
11 across the state whose children have been or continue
12 to be affected by alcohol and drug abuse. The parent
13 panel was directed to convene in Harrisburg at least
14 three times a year and report its findings to the
15 House Health and Human Services Committee and to the
16 Bureau of Drug and Alcohol Programs.

17 People with family members in crisis often
18 have difficulty locating alcohol and drug abuse and
19 addiction intervention and treatment services. It was
20 my hope, with a lot of your help, that with the
21 creation of this panel we can develop strategies that
22 will improve and potentially expand our treatment
23 options and facilities in the Commonwealth.

24 It is my pleasure to see this idea realized.
25 Within the report, you will find real ideas from real

1 families who have experienced this traumatic situation
2 firsthand. It is my hope that we can take a careful
3 look at these recommendations and suggestions and
4 implement some of them or all of them in an
5 appropriate manner.

6 If we continue to look the other way, the
7 ramifications will be endless. Addiction will
8 continue, and will rise and the cost to Pennsylvanians
9 will be enormous.

10 I just personally want to thank all the
11 parents that have been involved. They did a
12 tremendous amount of work with this -- with these
13 suggestions. And I want to thank them for their time,
14 their advice, and their help. And I personally want
15 to commend them and applaud them for the dedication
16 and the commitment they put into this recommendation.
17 Thank you, Mr. Chairman.

18 MS. WARD: Thank you, Representative
19 Marsico. You indeed have been a guardian angel to our
20 cause.

21 Good morning. My name is Joan Ward and I'm
22 cochair of the Pennsylvania Parents Panel Advisory
23 Council. We call it PPAC.

24 My husband and I have two children. Our
25 daughter is an educator, as are we, and our son began

1 using heroin in high school. He is currently
2 incarcerated for a drug related robbery.

3 In this council, we have come together like
4 members of a club that we never wanted to join, a club
5 created by a common tragedy, and that tragedy is
6 substance abuse and addiction. If statistics are to
7 be believed, some of you know firsthand the journey we
8 have travelled. For those of you who do not, it is a
9 journey of unmanageable darkness, compounded by
10 systemic barriers and daily struggles to find our way
11 through a web of a very complex and highly complicated
12 system.

13 I would like to introduce one of our members
14 now, Ron Owen, who knows firsthand the struggles that
15 families face. Ron.

16 MR. OWEN: Thank you, Joan. Good morning.
17 Thank you, Mr. Chairman, and committee members, for
18 giving us the opportunity to be here today.

19 My name is Ron Owen. I'm here today as a
20 long time Pittsburgh Pennsylvania resident, corporate
21 executive, community volunteer, a husband of more than
22 38 years, and a member of the Parents Pennsylvania
23 Advisory Council since its inception. But mostly I'm
24 here because I'm a father, a father whose life was
25 changed forever on November 24th, 2003, when my

1 23-year old daughter Sarah died.

2 She died -- she didn't die a peaceful death.
3 She died a painful and anguished death at the hands of
4 the wicked and tenacious disease of addiction.

5 Sarah was a loving daughter, granddaughter,
6 sister, and mother of a beautiful five-year old
7 daughter, Taylor Rose.

8 Sarah was not an angry, mean-spirited
9 person. Even though she was caught in the grip of a
10 relentless illness, she was always kind, respectful,
11 and sympathetic to the needs of others. She loved
12 life and lived it as fully as she could while
13 suffering each and every day with her addiction to
14 drugs. She didn't want to have this illness. She
15 didn't want to live each and every day needing a fix
16 and finding herself doing things she wasn't proud of
17 to get that fix. She was sad and troubled by this
18 difficulty and pain that she caused her family and
19 friends.

20 She struggled mightily to conquer these
21 demons, but sadly, they were victorious in the end.
22 Chances are that many of you in this room have had a
23 similar experience with a loved one or have a friend
24 who's affected by a drug and alcohol abuse.
25 Statistics show that one in four families are affected

1 in some way by a drug and alcohol addiction. Its
2 impact on our health care costs, lost employee
3 productivity, and the burden it places on the criminal
4 and judicial system is mind boggling.

5 Consider this. The total cost of drug use
6 disorders in the United States is estimated to exceed
7 \$180 billion annually. The economic cost for alcohol
8 abuse is estimated to exceed 185 billion annually.

9 In our own state of Pennsylvania, it costs
10 us and you almost \$12 billion, according to statistics
11 in 2005, for expenses related to substance abuse and
12 addiction. And we spent only \$188 million in
13 Pennsylvania on prevention during that same time
14 period.

15 Let me repeat these numbers. Almost 12
16 billion to treat the path of destruction addiction
17 leaves behind, but only 188 million, less than
18 2 percent of the cost, is spent trying to prevent it
19 in the first place.

20 Pennsylvania needs to be a leader in
21 changing this picture. We need to provide adequate
22 resources to help alleviate the suffering before it
23 starts. We need to provide the resources for
24 treatment, for education, for training, and support at
25 all level and age groups. Addiction doesn't

1 discriminate. There's no one profile that needs help
2 more than another.

3 I beg you to listen to a video that you
4 will -- that we will be showing you, and have the
5 foresight, compassion and courage to make a change
6 that will benefit every citizen in Pennsylvania and
7 provide the funding needed to help all of us, the
8 resources we need, to prevent as well as treat the
9 disease of addiction.

10 I thank you for this opportunity and I turn
11 this program back over to Joan Ward, the chair of our
12 committee.

13 MS. WARD: Thank you, Ron.

14 For the past two and a half years it has
15 been my great honor to have worked with some of the
16 most courageous and amazing people in this
17 Commonwealth. These are the mothers and the fathers
18 who have found their way through the darkness of
19 addiction and have made a commitment to turn their
20 pain into passion.

21 They come before you now having worked these
22 past two and a half years on a series of
23 recommendations that we present today as a prayer and
24 a promise -- a promise to the families that are to
25 follow us, a promise that they will find a system

1 unlike the one we found, a system more accessible and
2 more prepared to help them through this desperation of
3 addiction.

4 I'd like you to meet our panel members now.

5 MS. HATHAWAY: Hi. My name is Sheri
6 Hathaway from Allegheny County and I've lived there
7 for a little over a year but I've raised my son in
8 Greene County, so this was the county and environment,
9 very rural, that he became addicted in. And he's 24
10 right now. He's struggling with recovery. He began
11 smoking cigarettes at age 14, marijuana at age 16,
12 heroin at 18, and he's been struggling, been on
13 methadone ever since.

14 He was diagnosed with hepatitis C, which is
15 currently in remission. And I'm just helping him with
16 his battle.

17 MS. VELLUCCI: Good morning. My name is
18 Karen Vellucci. I live in Delaware County. I'm an
19 archeologist and I head up a private foundation. My
20 son was an IV heroin user. He's now 26 years old and
21 he's been in recovery since May of 2004.

22 MR. MOREKEN: Hello. I'm Tom Moreken from
23 Scranton, Pennsylvania, Lackawanna County. I'm a
24 retired elementary physical education teacher and a
25 high school basketball and baseball coach. I had a

1 28-year old daughter, Erin, who died on June 10th,
2 2002, at the age of 28, the result of a heroin
3 overdose. Erin began using alcohol and tobacco at the
4 age of 14 and progressed to marijuana and prescription
5 drugs through high school. Cocaine and heroin were
6 her drugs of choice when she was in her 20s.

7 MS. GALLAGHER: Hello. My name is Roseanne
8 Gallagher and I'm from Luzerne County. I am a
9 business owner and a mother of a 29-year old son who
10 is with me here today and he is in recovery.

11 MS. HOLBROOK: Hello. My name is Jane
12 Holbrook. I'm from Luzerne County. I'm a U.S. Postal
13 worker. I have a 27-year old daughter, Jennifer, who
14 is in her fifth year of recovery following a minimum
15 recovery program. She is with me here today. She
16 started using heroin at the age of 17.

17 MS. HILLARD: Hello. My name is Carol
18 Hillard from Luzerne County, northeast district. I am
19 a retired cosmetologist and medical assistant. I have
20 a 31-year old son who's currently incarcerated in
21 Luzerne County. I am now in the process of trying to
22 get him into a place that has psychiatric evaluations
23 and can treat him with medication, a program that will
24 change his way of thinking because he now has a
25 criminal mind from being in and out of prison half of

1 his life. He began using heroin at the age of 15 and
2 he's been diagnosed with Hepatitis C.

3 MS. HOOD: Hi. My name's Ricki Hood. I'm a
4 nurse. I live in Mercer County. I have two sons. My
5 older son is 25 years old. He began drinking alcohol
6 at 18, had his first DUI by 19, has been in and out of
7 jail, more in than out. But he has been clean for
8 seven months. He has received his driver's license
9 back after having lost it for five years, and is
10 working a job part time and just became a daddy
11 seven weeks ago.

12 My younger son is 23 years old. He began
13 with cigarettes and marijuana at 14, used -- pain
14 killers were really his drug of choice, although used
15 many different things, has been in and out of rehab
16 quite a bit. He has been clean for two years. And he
17 also has Hepatitis C.

18 MS. SCIARRETTA: Good morning. I'm Charlene
19 Sciarretta. I'm from Southern York County. I work as
20 an administrative assistant. At the young age of 17
21 my son began to use heroin. And at the young age of
22 26 he was gone, overdose of heroin. He left this life
23 as a statistic and a victim of crime.

24 MS. ECKMAN: Good morning. Thank you for
25 coming. My name is Linda Eckman. I'm from Southern

1 Chester County. I was a stay-at-home mom for
2 23 years, just back in the workforce the last eight.
3 I'm a behavioral health assistant with the kids in the
4 autistic spectrum in the schools. I'm currently
5 seeking my masters and hope to be an addiction
6 counselor.

7 I lost my son Brian four years ago at the
8 age of 20 in a drug-related accident. According to
9 the coroner's report, he died from a drug cocktail,
10 including low levels of Xanax, OxyContin, Vicodin,
11 alcohol, marijuana, cocaine, and methadone.

12 MS. NELSON: Hello. My name is L.W. Nelson.
13 I'm the mother of six and the grandmother of eight. I
14 live in Philadelphia. And I'm the voice of Samuel, my
15 son, who began using marijuana at 15 years of age. I
16 can say today that Samuel is currently 22. He is in
17 recovery, following treatment that I was fortunately
18 able to find a place called the Bridge in
19 Philadelphia. And he is working now in security
20 systems. His life was spared and he was saved, thanks
21 to programs. And I am very happy about that today.
22 He is currently the father of two children and he
23 attends church. It's my hope that you'll hear what
24 the panel has to say today.

25 MR. KLENK: Hello. My name is Chuck Klenk.

1 I'm from Edinboro, Pennsylvania. I'm a retired police
2 officer and currently deputy sheriff in Erie County.
3 I have a 25-year-old son who is incarcerated in state
4 correctional institution due to drug use. He began
5 using OxyContin and other drugs at age 14. He was
6 diagnosed with depression four years ago and Hepatitis
7 C one year ago.

8 MS. MENTZER: Good morning. My name is Lori
9 Mentzer. I'm from Hummelstown in Dauphin County. I
10 work for a local fire protection contractor. I have a
11 28-year-old son and a 26-year-old son who were IV
12 heroin users. My 28 year old -- they started in their
13 late teens. The 28 year old is currently clean and
14 sober for quite a few years. The 26 year old is clean
15 due to methadone. They both have Hepatitis C and
16 neither one is able to get treatment for the Hepatitis
17 C because they have a suicide attempt in their
18 background so they can't be treated. Thank you.

19 MS. BENNETCH: My name is Lynne Bennetch.
20 I'm from Dauphin County. I'm a registered nurse in an
21 operating room. I have a 25-year-old son who is
22 currently in recovery. He began using marijuana and
23 alcohol at age 12 and heroin by age 18. Now at the
24 age of 25 my son is in recovery for a year and a half,
25 and it started me to run a support group for parents

1 with addicted kids.

2 MS. WARD: Thank you very much, panelists.
3 When a child is born, a parent knows in a heartbeat
4 that they would give their very life for their child.
5 We instinctually whisper a promise to our creator that
6 we would do anything necessary to protect his precious
7 gift. At that time we had no idea what that promise
8 might later mean. We had no idea that we would
9 eventually tell our children to lie when we needed
10 treatment in detox and we drop them off at the doors
11 of a psychiatric hospital. And we told them to enter
12 alone and report to those inside that they were
13 homeless and suicidal, for that was the only way of
14 getting them into detox and inpatient treatment.
15 Anything less than that would result in a referral to
16 ambulatory detox, the treatment version of take two
17 aspirins and call me in the morning.

18 We had no idea that we might eventually
19 become desperate enough to actually consider buying
20 them drugs to get them through the weekend while we
21 waited for the treatment centers to open on Monday
22 morning.

23 We had learned that unless they presented
24 high enough on Monday morning with enough drugs in
25 their system, they would be denied entrance into

1 inpatient and detox treatment and they would once
2 again be delivered to the outpatient treatment that
3 had failed them so many times before. We had never
4 imagined that we would have them arrested to get them
5 into treatment, but we did.

6 Then the unthinkable happened. A young man
7 died in Westmoreland County Jail of a heroin withdraw
8 when he was refused the IV treatment that could have
9 saved his life.

10 Now we don't know what to do when all else
11 fails. But most tragically, we never imagined that a
12 day might come when we would actually have to bury our
13 children, but we have, in unimaginable numbers,
14 numbers that can't begin to tell the true story of
15 loss and desperation that is this disease.

16 In addition to these personal experiences
17 and others, we've collected data through interviews
18 with the directors of the Single County Authorities
19 across Pennsylvania and conducted a review of best
20 practice research in effective treatment and
21 prevention services. Not surprisingly, as we study
22 the issue to access of treatment, the single most
23 reoccurring theme throughout our research was that of
24 funding and lack of resources.

25 While we will make some observations about

1 funding issues, we will not be making specific
2 recommendations as to how to fund our proposed
3 changes. As parents and ultimately consumers, our
4 expertise does not lie in finding a way to cover the
5 costs of our recommendation; but rather, our expertise
6 lies in what the failure to have these safeguards in
7 place has cost us and the thousands of families in
8 this Commonwealth that we represent. That cost has
9 been largely immeasurable.

10 We'd like you to meet our children.

11 (Video was played.)

12 VOICE: That's my son.

13 VOICE: There's my son.

14 VOICE: That's my son.

15 VOICE: My son.

16 MR. OWEN: I'd like to call your attention
17 to the poster which we're going to show up on the
18 screen also over here, which portrays the ultimate
19 tragedy for a parent, the loss of a child. And each
20 of us parents whose child was shown there will now
21 speak. You heard from me earlier, but as I said, our
22 daughter Sarah, this is my wife Judy, was a vibrant
23 young woman who lived her life to the fullest. She
24 was a loving daughter, sister, mother, niece,
25 granddaughter, and friend. She was a good person who

1 happened to have a serious illness, which was drug
2 addiction. Most people were not aware that she was an
3 addict, and her struggles came to an end on
4 November 24th, 2003, at the age of 23.

5 Her legacy lives on through the R.O.S.E.S.
6 from SARAH Foundation, which we created to give other
7 young mothers help and encouragement that they so
8 desperately need. I'll now introduce Charlene.

9 MS. SCIARRETTA: In 1983 my fair-haired boy
10 went off to see the world. This was his first day of
11 preschool. As he stood on the porch with his first
12 best friend, he had the courage to face what was
13 ahead.

14 On May 13th, 2004, he was gone from this
15 life from an overdose of heroine. Another statistic,
16 another victim of a crime. Danny's Story, a nonprofit
17 organization is used to tell our children, parents,
18 anyone who will listen, this nightmare could be
19 waiting for them around this corner. Danny was your
20 son, your daughter, your brother, your sister -- he
21 was everyone's best friend.

22 Danny's mistakes changed his life and
23 eventually took it. It just changed all those who
24 loved him. I will miss my son's face and his love for
25 the rest of my life. My faith has taught me I will

1 see him again, and I hold on to that promise.

2 MS. ECKMAN: The chapter that never ends.
3 How do you pick up the pieces after you lose a child.
4 Early on my approach in my heart that I would bring
5 life out of Brian's death. This meant I would speak
6 at his funeral. In an effort to try and make sense of
7 this senseless tragedy, I sit on the platform of the
8 church and pleaded with 200 of Brian's peers, "Climb
9 out your coffins while you can," I said, meaning that
10 whatever darkness that was enslaving them, be it drugs
11 or alcohol or something else destructive, they should
12 endeavor to beat it now, while they still could.

13 Within the first year of Brian's death, I
14 began to work to craft a longer message of warning.
15 On behalf of Cruisin', not Brusin' program at Bryn
16 Mawr Rehab, down in Chester County, I spoke at school
17 assemblies to thousands of high school seniors,
18 warning them of Brian's fate.

19 As this program ended to honor Brian's
20 memory, I started a 12-step program for troubled youth
21 called Life Hurts God Heals. Currently, in Brian's
22 memory I am pursuing my master's degree in counseling,
23 and I wish to be an addiction counselor. Life without
24 my son is certainly not easy, nor is it a simple task
25 to watch my family members continue to grieve. But

1 with God's grace for every moment I endeavor to
2 stumble ahead with my daily walk of faith, knowing for
3 certain that I will see my son again. Thank you.

4 MR. MOREKEN: Pictures of a performer. Erin
5 was born to be a performer, and we have dozens of
6 pictures to prove it. At five is a picture of Erin in
7 her Annie dress, belting out a slightly off-tune
8 rendition of "Tomorrow". At eight, she's in a brown
9 leotard and antlers playing Bambi's mother in her
10 ballet recital. Seventh grade, a picture shows Erin
11 portraying Minnie Mouse with her best friend Amy for a
12 musical at school. High school brought pictures of
13 Erin the cheerleader, always smiling at those freezing
14 football games.

15 We cherish those pictures. The pictures
16 that followed were not so pretty because once Erin was
17 in her twenties, heroin had taken over her life until
18 it finally took her life at the age of 28. Erin's
19 last and most beautiful picture is the one we have
20 placed on her tombstone.

21 In her memory, we established the Erin
22 Jessica Moreken Drug and Alcohol Treatment Fund,
23 Incorporated, which enables us to give charitable
24 gifts to individuals who are fighting the disease of
25 addiction.

1 It is ironic that Erin's picture is
2 displayed on a poster today, along with the pictures
3 of other young people whose lives have ended too soon.
4 In some way, this poster and what we are doing here
5 today is Erin's last performance. All of us as
6 parents sincerely hope that now the audience is
7 listening.

8 CHAIRMAN OLIVER: We're going to take a five
9 minute break.

10 (A recess was taken.)

11 CHAIRMAN OLIVER: You may proceed.

12 MS. WARD: As you look at those pictures
13 presented to you, it can't help but to be obvious that
14 these could be anyone's children. We represent
15 families from all regions of the Commonwealth, and our
16 struggle has been their struggle. It is for them and
17 all of the families that will follow that we make our
18 recommendations.

19 Many of our recommendations have resulted
20 from an examination of Blueprint of the State -- For
21 the States, and a national publication presenting
22 recommendations to develop the panel of experts on how
23 all states should most effectively organize and
24 deliver drug and alcohol programs. As a starting
25 point, we examine how Pennsylvania measures up to

1 their suggestions put forth in this document and what
2 can be done to improve state policies and practices to
3 make alcohol and drug services more effective and more
4 available to families.

5 The major findings and summary of
6 recommendation from the PPAC specifically in
7 Pennsylvania include under leadership and structure,
8 we need the governor of Pennsylvania to take the lead
9 in coordinating the efforts of all appropriate state
10 agencies to improve delivery and tracking of addiction
11 services. His enthusiastic leadership has the
12 potential to dramatically improve organizing,
13 implementing, and tracking improved policies and
14 cooperation among all departments and bureaus that are
15 challenged to do more with less. To that end, the
16 parent panel recommends that the Bureau of Drug and
17 Alcohol Programs be elevated to a cabinet level
18 position answering directly to the governor. This
19 would not only send a message as to how critical the
20 drug and alcohol epidemic really is, it would also
21 facilitate public policy, budget prioritization
22 consideration, and implementation of programs at the
23 highest level of government.

24 Under the area of resources, the parent
25 panel has found that our state agencies are under

1 critically intense pressure to stretch resources to
2 their fullest during this period of economic
3 difficulty. The panel recommends a number of action
4 steps that can be taken to eliminate waste, end
5 redundancy, and generally achieve teamwork and
6 efficiency in the delivery of addiction services,
7 including the establishment of best practices
8 throughout the state.

9 Their is a lack of sufficient emergency care
10 and access to available services. In most areas, if
11 not all areas of the state, there are no immediate
12 treatment centers available to families on the
13 weekend. Families are forced to wait until Monday
14 morning when someone will be available to answer the
15 phone at a treatment center, and believe me, a lot can
16 happen between Friday night and Monday morning.

17 My husband and I discovered that our
18 19-year-old son had relapsed on Friday night. We
19 confronted him, and he agreed to go into treatment.
20 He had been involved in his journey long enough to
21 know that there would be no help available till Monday
22 morning. Unfortunately, by Monday morning, Rob was in
23 jail where he has remained for of the past
24 seven years.

25 For some time I thought this was an

1 unbearable tragedy. Then I met a grieving mother who
2 had lost her precious daughter, Ashley, while waiting
3 for Monday morning. Ashley had died of a drug
4 overdose on Sunday night. Her mother discovered her
5 when she went to wake her Monday morning to leave for
6 the treatment center. Suddenly, I realized that I was
7 one of the lucky ones. My son was still alive.

8 Many of us have felt that way. But it seems
9 we should be able to expect more for our children. We
10 should be able to expect a system that is there when
11 we need them, even on the weekends.

12 For that reason, we make the following
13 recommendations. Improve visibility of available
14 service by implementing a 211 emergency system
15 statewide with 24/7 information and referral services.

16 Increased training for all medical
17 professionals about the unique needs of addicts in
18 hospital emergency rooms, in primary care, and in
19 prevention through education and training.

20 Develop a system that will ensure immediate
21 referral to treatment services while in an ER for a
22 drug related service.

23 Under the area of measurement and
24 accountability, the panel believes that true
25 accountability for improving access to information and

1 treatment services cannot occur until Pennsylvania
2 establishes prevention treatment continuum of care and
3 outcome measures for all state agencies and other
4 funding entities.

5 Several specific recommendations to that end
6 are reported within this -- are included within this
7 report, including one for the creation of a unified
8 data tracking system to monitor compliance for the
9 standards behind the measures.

10 The Bureau of Drug and Alcohol Programs
11 needs adequate infrastructure and authority to
12 collect, analyze, and disseminate regular public
13 reports on trends and outcomes.

14 This agency needs sufficient authority to
15 establish and mandate collaborative efforts with
16 agencies such as child welfare, protective services,
17 Medicare, housing, employment, and the criminal
18 justice system.

19 The panel also recommends a number of
20 legislative considerations with a recognition that
21 many of our current laws and regulations are in
22 desperate need of updating as the epidemic of
23 substance abuse continues to grow in our society.
24 Everything from a review of existing laws to
25 recommended changes to the creation of new legislation

1 has been considered and recommended in this study.

2 We have found that physicians are lowest on
3 the list of those doing referrals for addiction.

4 Since addiction is recognized broadly as a disease,
5 the physician should be capable of being one of the
6 first to identify the problem and provide access to
7 prevention, treatment, and recovery services.

8 Physicians in the service have little or no training
9 regarding alcohol and drug addiction, neither in
10 recognizing the symptoms of the disease, nor in the
11 special requirements for restriction for treating
12 patients with addiction issues. Today there are no
13 laws mandating that medical professionals receive
14 education in drug and alcohol prevention and
15 treatment.

16 The criminal justice system is often the
17 tool of last resort used by parents to get help for
18 their addictive children. At first, parents feel that
19 they have saved their child's life by getting him or
20 her off the streets and away from the drugs.

21 Unfortunately, the end result is that they have
22 attached a lifetime label of convict to their child
23 with little progress having been made in the recovery
24 process.

25 Judges must establish partnerships with

1 agencies dealing with drug and alcohol problems on a
2 state and county level. Each person released back
3 into the community should be assigned to the proper
4 support system to help them maintain recovery.

5 Additionally, we must ensure the state
6 legislators and other state officials understand the
7 nature of the disease of addiction and are made aware
8 of the financial costs and damage to communities
9 caused by drug and alcohol problems.

10 We must encourage all treatment providers to
11 include the family in treatment protocols and to offer
12 classes dealing with the family and their role in
13 recovery.

14 Finally, we would like to recommend that a
15 process be put in place to establish a system of
16 ongoing family involvement in the field. To ensure
17 this, we recommend that family members are included on
18 state, county, and local advisory councils on drug and
19 alcohol problems; be proactive in providing families
20 with education and contact information about other
21 programs and groups in the county to offer support for
22 families; seek out and train volunteers to serve as
23 advocates for family members.

24 Additional recommendations will be discussed
25 by Sheri Hathaway.

1 MS. HATHAWAY: And again, thank you for
2 inviting us here. And first I'd like to talk to you
3 about enhancing opportunities for early intervention
4 by improving school identification and response to
5 substance use and abuse in schools.

6 Most us parents, if not all, were first
7 confronted with our children's substance abuse while
8 they were students in junior and senior high school.
9 Many families have experienced barriers and obstacles
10 to treatment through the systems in place in school.
11 I, myself, and Joan, we took our children out of
12 school because we feared the repercussions of what
13 would happen if he were caught with drugs in school,
14 an expulsion. The zero tolerance policies do nothing
15 to foster an environment conducive to treatment and
16 referral, but instead demand expulsion.

17 Research by the national institute of drug
18 abuse has shown that drug use during adolescence
19 alters brain function and normal progression to
20 cognitive and emotional development. An opportunity
21 for early intervention is lost at a critical stage of
22 development.

23 And second, conduct the PA Youth Survey with
24 all schools across the Commonwealth of Pennsylvania.
25 Currently schools have a choice of whether they

1 participate in this survey or not. Surveillance of
2 behavior, attitudes, and knowledge concerning alcohol,
3 tobacco, and other drugs and violence enables the
4 state and individual school districts to determine
5 trends and patterns of drug abuse, risk, and
6 protective factors and target areas that would most
7 benefit from prevention resources.

8 And, additionally, promote collaboration
9 between the Single County Authorities and the school
10 districts for student assistance programs, otherwise
11 known as SAP, and provide specific training for
12 working effectively with families in crisis.

13 Section 1547 of the PA School Code enacted
14 as Act 211 of 1990 requires school districts to
15 implement tobacco, alcohol, and other drug programs,
16 including instruction in the classroom. In addition,
17 Section 1547 requires the establishment of a program
18 to provide appropriate counseling and support services
19 for students experiencing problems with drugs,
20 alcohol, and dangerous substances.

21 The Commonwealth of Pennsylvania, SAP, which
22 is administered by the PA Department of Education's
23 Division of Student and Safe School Services, in
24 partnership with the PA Department of Health Bureau of
25 Drug and Alcohol Programs and the PA Department of

1 Public Welfare's Office on Mental Health and Substance
2 Abuse Services, is designed to assist school personnel
3 in identifying issues, including alcohol, tobacco,
4 other drugs, and mental health issues which pose as
5 barriers to students' success.

6 The primary goal of the SAP program is to
7 help students overcome these barriers in order that
8 they may achieve, remain in school, and advance. The
9 zero tolerance policies often conflict with these
10 goals. Through our interviews and research across
11 state, it has been found that not all school districts
12 make use of support this valuable curriculum offers.
13 We suggest you mandate and standardize the use of SAPs
14 across the Commonwealth of Pennsylvania.

15 Additionally, create a statewide standard
16 for interface with the judicial system for addiction
17 treatment services; ensure state legislators are made
18 aware of the financial cost and damage to communities
19 by drug addiction; promote a common understanding
20 among criminal justice and substance use disorder
21 treatment and recovery personnel of their respective
22 systems and the unique needs of clients/offenders with
23 substance abuse and co-occurring disorders and their
24 families involved in the criminal justice system.

25 Many juveniles are referred to juvenile

1 court by law enforcement officers, but many others are
2 referred by school officials, social service agencies,
3 neighbors, and even parents for behavior or conditions
4 that are determined to require intervention by the
5 formal systems for social control.

6 According to the American Corrections
7 Association, the average daily cost for state prison
8 inmate per day in the U.S. is \$67.55. State prisons
9 held a little over 250,000 inmates for drug offenses
10 in 2005. It always takes a couple of years to get
11 these statistics published. That means that states
12 spent approximately 17,100,000, approximately, per day
13 to imprison drug offenders, or over 6 billion per
14 year.

15 Now, according to the Office of Juvenile
16 Justice and Delinquency Prevention within the U.S.
17 Department of Justice, in 2004 approximately 48,000
18 Pennsylvania youth were involved in the justice
19 system. In 2002 -- and you know that the stats and
20 the numbers have exponentially raised since then but
21 it's hard to get that information as it's published --
22 about 60 percent of detained boys and nearly half of
23 the girls tested positive for drug use.

24 Financial losses to individuals and
25 communities include monies actually spent for drugs,

1 alcohol, et cetera; loss of productivity; time spent
2 searching for drugs; drugs and alcohol related
3 illnesses; long time loss of earning capacity due to
4 illness, disability and medical costs; paying more for
5 almost every type of insurance, from medical to your
6 car insurance; legal bills; loss of earned income; and
7 general money problems.

8 Screening and treatment must be made
9 available at the time of arrest or incarceration. The
10 earlier treatment begins, the better chance for a
11 successful future.

12 The cost treatment is far less when compared
13 to the total impact to individuals and community is
14 calculated.

15 And I would like to introduce Karen
16 Vellucci. She is going to read a essay titled Where
17 Were the Parents. This was written by John Clayton of
18 Allegheny County, but he was unable to be with us
19 today. He had health issues.

20 MS. VELLUCCI: Good morning. I'm honored to
21 read John's essay to you.

22 "It was just another Monday evening after a
23 hard day at work. Dinner was over. It was time to
24 look at today's newspaper and spend a little quiet
25 time in decompression mode. It was the local news

1 that caught my attention that evening.

2 "Yet another 19 year old had been brutally
3 murdered in his car in one of the more dangerous local
4 neighborhoods. Police who were investigating the
5 scene reported that numerous traces of drugs and
6 paraphernalia were found in the vehicle and speculated
7 to the reporter that the murder had all the earmarks
8 of a drug deal gone bad or possibly that the victim
9 had defaulted on a drug debt. Looking into the
10 victim's background, speaking with former classmates
11 and neighbors, the reporter learned that the victim
12 did indeed have a drug problem and it had been
13 manifest since the age of 14.

14 "I remember saying to myself, 'What a
15 tragedy....19 years old and life is over for this poor
16 soul. What pain must the victim have suffered during
17 the five-year period of his addiction, and what pain
18 must have been felt by the family.' I also remember
19 saying to myself, 'Thank God it wasn't my son who
20 died.'

21 "After reading that jolting news and
22 internalizing my reaction to it, I wrapped up my
23 evening and went to bed. Didn't think much more about
24 the story until a couple days later when in the
25 letters to the editor section there appeared a letter

1 from a subscriber that was titled "Where were the
2 parents?"

3 "The body of the letter took on an indignant
4 but sincere tone as it expressed outrage and anger
5 that the parents of this pitiful victim could have
6 'let it happen.' The 'it' being the drug addiction.

7 "Although the letter's primary question
8 showed ignorance of the problem, it was a reasonable
9 and understandable question to ask if the writer had
10 never been confronted with the challenges of an
11 addicted family member. As far as I know, no one ever
12 responded to that rhetorical question.

13 "Here is the response I should have sent
14 into the paper.

15 "'Where were the parents, you ask?' Let me
16 tell you from personal experience where the parents
17 were and how they let it happen.

18 "They were both there in the delivery room
19 that exciting day 19 years ago. The birth of that
20 bouncing baby was heralded by the new parents as the
21 high point of their lives. Where were the parents?
22 They were there when the baby needed food and shelter.
23 They were there when the baby needed love, attention,
24 and care. They were prepared to sacrifice anything to
25 assure that their child had the necessities of life

1 and more. They were there with the camera in hand on
2 the very first day of school. They're both sad and
3 happy as they watch their little tyke ascend the steps
4 of the school bus and wave from the inside. The
5 enthusiasm for supporting their child continued
6 through elementary and middle school. They were there
7 to help with homework; to condemn disrespectful,
8 violent, and profane music and videos; to celebrate
9 successes; to counsel and coach in areas where help
10 was needed. Further, they exposed their child to
11 music lessons, basketball camp, and other activities
12 to enable discovery of any hidden or obvious talent.

13 "And yes, they spoiled that child, too, by
14 buying the right brand of clothes, the latest video
15 system, the best games, the cool stereo system, a
16 portable CD player. The necessities of a teenage
17 life. Yeah, the parents were there for all of that.

18 "They were also there the day a little
19 plastic bag with grains of marijuana in the bottom was
20 discovered on the floor of their child's room. There
21 was an almost immediate denial of the obvious. This
22 situation can't be what it appears to be. Our child
23 just wouldn't do this. When the confrontation
24 occurred, the child's denial of any knowledge of how
25 that bag got where it was found satisfied the parents,

1 because it confirmed their strong belief in their
2 child.

3 "But then there was the next bag and the bag
4 after that. And then came the pills and the alcohol.
5 After each discovery, truth became more ominous, the
6 reality of the situation more undeniable, and the
7 resulting discipline even more severe.

8 "The parents were there that day in the high
9 school guidance counselor's office when the first
10 discussion of poor attendance and declining grades
11 occurred.

12 "They were there to double their efforts,
13 helping their child to turn things around to make a
14 commitment to improvement and to get assurance from
15 their child that changes would indeed be made. All of
16 the normal discipline was intensified -- withholding
17 privileges, removal of video games, no TV, and
18 grounding.

19 "The parents were also there at the school a
20 few weeks later when it became clear that their
21 efforts had been futile and that their child needed
22 inpatient rehabilitation. The trip to school that day
23 to sign the withdrawal papers was as onerous and sad
24 as attending a funeral, but it was necessary and
25 critical to saving the child's life. They expressed

1 their contempt for the life-style their child had
2 adopted but reinforced their love and hope as they
3 travelled that 85 miles to the rehab facility, and
4 they travelled it again every weekend over the next
5 four weeks for visits.

6 "Those four weeks of clean time and
7 counseling really seemed to make a difference. Child
8 came home with a fresh outlook and a determination to
9 get better, faithful attendance in night classes at
10 the community college, high scores on a GED test and
11 the awarding of a state certified high school diploma
12 all added to a sense of direction and accomplishment.

13 "Narcotics Anonymous meetings, a sponsor, a
14 job, a purpose all seemed to be converging to bring
15 closure to this horrible chapter in the parents' and
16 the child's lives.

17 "Love, hope, encouragement, support, and
18 celebration were the order of the day, as things
19 started to return to normal.

20 "The parents were also there when the
21 relapses began, although disappointed and, yes, even
22 discouraged, they were there with more support, love,
23 and understanding while never giving up or losing
24 hope. In this stage of reinforcement of the
25 principles that had been counselled in the

1 rehabilitation center, the clean times lasted nearly
2 two years and it looked like the crisis might really
3 be over this time.

4 "They were also there that day after
5 two years of relative peace when once again money was
6 missing from their home, along with their home
7 theater, the digital camera, and jewelry. They were
8 there that day to observe the needle tracks on their
9 child's arm from heroin usage after rescuing him from
10 a crack house. It seemed like the end of life itself.

11 "Where were the parents? They were there
12 the entire time doing what parents do. They went to
13 work, went shopping, took an occasional vacation, even
14 once in a while pursued their own interests, but never
15 through it all, they never lost site of their primary
16 responsibility, raising their child to be a
17 responsible citizen. They supervised their child's
18 development as attentively and competently as anyone
19 could expect. And they did it ungrudgingly; in fact,
20 enthusiastically. Nonetheless, the addiction
21 occurred. The consequences were paid and the struggle
22 continued.

23 "The next time you read about someone of any
24 age who was involved in a drug related episode,
25 please, don't immediately assume that there were

1 negligent parents responsible for the outcome. The
2 typical parent of an addict looks and acts just like
3 the typical parent of a child without this problem.
4 With hopes, dreams, and aspirations, a commitment to
5 help their child achieve his or her full potential in
6 life. The parents of addicts are our friends, our
7 neighbors, members of our church, colleagues at work,
8 and regular folks with whom we interact every day.
9 They're no different from any other parent except for
10 the challenge they courageously face every day and the
11 tenacity with which they confront it."

12 Thank you.

13 MS. WARD: We thank you for your time today.
14 We greatly appreciate your willingness to serve on the
15 Health and Human Services Committee and acknowledge
16 your commitment to improving circumstances for
17 individuals and families.

18 As members of this committee, you hear tales
19 of tragedy and loss. And in some ways ours is no
20 different. You know the statistics. But these are
21 numbers; nameless, faceless numbers; numbers without
22 stories, numbers without tears. We have come here
23 today to put a face on addiction. We have come here
24 today as examples of families that are wounded yet
25 stronger and more determined to clear the way for

1 those that come behind us. We've come here today with
2 hope and convinced that you are dedicated to changing
3 what we have found. And together we can build a
4 system more responsible -- more responsive to the
5 families of this Commonwealth.

6 When you get right down to it, our options
7 are quite limited. We can work together to build a
8 better system; we can continue to build more prisons;
9 or we can continue to bury our children. Thank you.
10 We'd be happy to answer any questions you might have.

11 CHAIRMAN OLIVER: Thank you very much.
12 Representative Katie True.

13 REPRESENTATIVE TRUE: Thank you,
14 Mr. Chairman. Thank you all for all the work you've
15 done and for being here. I just -- I just want to say
16 particularly to the members of the committee that I
17 have not served with for a long time, I'm going to
18 retire next year, been here 16 years and really ran
19 because of a drug issue. We have a son who is now 50.
20 By the grace of God he's still alive.

21 My story, my husband's story, is your essay,
22 except back in 1979 there was very little juvenile
23 treatment and we did the tough love thing and we threw
24 him out of the house. That's -- we knew -- didn't
25 know what else to do. We were very ignorant of the

1 issue. And we had three little boys coming along, and
2 I could not find drug dealers that were sneaking in
3 our basement.

4 As far as the political end of it, you know,
5 you need to know and I guess I sort of been a failure
6 when it comes to that because every year I ask, I talk
7 about prevention money, treatment money. We have a
8 very difficult time getting that here. There always
9 seems to be bigger issues, political issues. It's
10 better to build prisons and look tough on crime than
11 it is to give prevention money or treatment money.
12 It's very difficult to get. And I don't make that a
13 partisan issue. Republican, democrat governor, it
14 doesn't seem to matter.

15 And it needs to be so. And I'm really
16 hoping that your report and your words will be heard
17 by the next General Assembly, by the next governor.
18 Because it is -- in my opinion it's one of the reasons
19 we're spending so much money and having so much
20 trouble with our budgets.

21 I don't want to go on too long a lecture,
22 other than to tell you I know where you're coming
23 from. By the grace of God we have a 50-year-old son,
24 and through no big plan of his parents other than we
25 loved him beyond belief in spite of everything that

1 happened.

2 Just very respectfully, I just want to
3 mention, Mr. Chairman, you have to know my opposition
4 to the medical marijuana. Our son started on
5 marijuana. It's a gateway drug. And I would really
6 ask you to consider the hearing we're having
7 December 2nd. And many reasons why other than I don't
8 believe in it, but aside from that, what I've
9 championed is a good message all these years of a
10 message we're sending to our young children. And the
11 General Assembly even considering or hearing about
12 medical marijuana to me sends a message to the kids
13 out there, marijuana medicine, well, how bad could it
14 be.

15 I can tell you I know how bad it can be,
16 because I had an honor student that we pulled out of
17 high school that never had a chance at life because of
18 his drug use. So I just wanted to add that on top of
19 all the information you've heard here. I just think
20 it should not be something that we should be doing.
21 We should be struggling to get money out of any
22 governor or any place we can for prevention to help
23 these folks and the ones that come behind them. And I
24 thank you for allowing me to say that, Mr. Chairman.
25 And thank you all.

1 CHAIRMAN OLIVER: Representative Smith.

2 REPRESENTATIVE SMITH: Thank you,
3 Mr. Chairman. And I thank all of you for stepping up
4 and being members of the committee. I know it's
5 difficult. But through your efforts, many will be
6 saved.

7 And to Tom Moreken, thank you very much for
8 your work. And I'm glad to see you brought the boss
9 with you today.

10 I know the Morekens personally, and I knew
11 Erin as well. Erin was a bright, beautiful young lady
12 who would come to our place of business with her
13 grandfather on a regular basis. And the loss was
14 tremendous.

15 Having said that, I want to share a quick
16 and personal story with you. I am a father of two
17 children. I have a son, Ryan, that's 20 and a
18 daughter, Kaleena that's 18. And my son Ryan is a --
19 is an ambitious young man with a great personality.
20 And he went through high school being Mr. Personality.
21 And anything and everything that went on in that
22 school revolved around him because of that
23 personality. He was also very good athlete, and good
24 enough to bring it to the college level.

25 He went on to college and after his first

1 year we discovered, through the intervention of a
2 friend, that my son had a drug problem, which
3 completely and totally sent our family into a
4 tailspin. We were completely blindsided. There is no
5 history of addiction in our family.

6 You talk about, Where are the parents?
7 You're talking about two parents that are home, that
8 went to every practice, every game, every play. If
9 there was a tutor needed for school, they were there.
10 The best education; loving, caring parents.

11 And I remember when Ryan was born, my
12 wife -- we brought Ryan home and my wife looked at me
13 and she said, I'm quitting my job.

14 I said, You're quitting your job?

15 She said, Yes, nobody's going to raise our
16 children. I thought, well, that's good but we might
17 starve to death.

18 But that was the commitment. That was her
19 commitment; that was our commitment.

20 And, you know, I also I chair the Youth
21 Counsel for Lackawanna County, which is a spin-off of
22 the Workforce Investment Board. And since its
23 inception I have been the president -- I'm sorry, the
24 chairman of that -- of that Youth Council. And I took
25 it because of influence of friends of mine, but I took

1 that and used it as a tool to educate our area
2 students on the dangers of drug abuse.

3 Now this goes back 10 years ago. And I even
4 at my own expense made up booklets with little cool
5 sayings on there, talking about the different drugs
6 and what they could do and how not to get involved and
7 how never go to the first use or how marijuana is a
8 leader drug. And along with doing this, I educated my
9 children every step of the way.

10 And then it will actually be one year this
11 Christmas that the intervention happened. And my son
12 went for rehabilitation and he's done very well. He's
13 doing well today. He almost has one year under his
14 belt. But you know, I walked around for many months
15 after my friend called me, he said stop being the
16 peacock. I kept asking time and time again, how does
17 this happen? Two loving parents, a good family,
18 education on drug addiction, good athlete, popular.
19 It doesn't make sense.

20 Listen, folks, from my perspective, this
21 disease doesn't make sense. There's no rhyme; there's
22 no reason; there's no sense of understanding. But for
23 whatever reason it's here and it grabs our children.
24 And unfortunately, just in the case of Erin, the
25 addiction and the disease won.

1 I live -- I live every day in fear because
2 you don't know when that addiction may come back or
3 when. So I have -- I have a very close friend that is
4 a president of a drug addiction center. He's very
5 good at what he does. I also have a friend, Judge
6 Michael Barrasse who heads up the drug court in
7 Lackawanna County. And his theory is that if you put
8 a drug addict or an alcoholic in prison, when you come
9 out, when he or she comes out, you still have a drug
10 addict and an alcoholic. So, you know, he gets it.
11 And I think for the most part our bench in Lackawanna
12 County gets it, that we need to have intervention. We
13 need to have treatment.

14 But I also believe that we can't wait for
15 the train to wreck and pick up the carnage afterwards.

16 So unfortunately in our case my son's train
17 did wreck. And through a good friend of his we were
18 able to have that intervention, because God only knows
19 on the road to which he was what may have happened.

20 So I want you to know, as we go home today,
21 that you have an ally in myself. And I get it.
22 Because I have lived it. And I continue to live it.
23 And, Representative Marsico, I ask you as we move
24 forward that anything you need as far as legislation,
25 I'd love to be part of it and I'd like to communicate

1 with you. And, you know, in our town, Tom, I watch
2 the courageous efforts that you and your family and
3 your wife put forward every day for Erin. And I'm in
4 awe of each of you. But let me say this, because each
5 of you are here today and the understanding to which
6 we have today, I believe at the end of the day we can
7 win. But we must continue to fight the fight. Thank
8 you.

9 CHAIRMAN OLIVER: Representative Pashinski.

10 REPRESENTATIVE PASHINSKI: Thank you,
11 Mr. Chairman. And thank you very much to all of you
12 for your outrageous, incredible losses, the courage
13 that you have to come before the public and make your
14 positions known. I think all of us can feel the pain
15 in this room and the tremendous loss. I think it's
16 important for us to continue on with the work that you
17 have done.

18 Representative Marsico, I extend my hand out
19 to you as well, to work together on trying to educate,
20 first our legislators, so that no politics should come
21 between the solution. Michael Donahue from Luzerne
22 County, Carmen Ambrizino and I have discussed this
23 horrible situation at length many times. And he
24 pleads for more money for prevention rather than at
25 the other end. I think that when you begin to look at

1 the numbers, and unfortunately in state government we
2 are always looking at the numbers, because for obvious
3 reasons, there's a limited amount of resources and we
4 have to be able to spread it around for the needs, and
5 there's always more needs than we have resources. But
6 I think your efforts and your facts and your knowledge
7 and your experience can be the springboard for really
8 moving in the right direction, focussing in on the
9 prevention. Because none of you would go through what
10 you went through if we could just stop it at an early
11 point in their lives.

12 It's incomprehensible how some of the kids
13 get involved. Being a teacher for over 30 years, I
14 can truly say to you that it's really not always their
15 fault. Because the kind of techniques that are used
16 by those that operate and move this drug, whatever
17 drug it is, they're ruthless, because they're driven
18 strictly by money. They don't care what lives are
19 ruined. They don't care what happens to those that
20 are using it. And they know better than anybody else
21 the dangers.

22 So I think it's our responsibility to help
23 carry on with the great work that you've done and move
24 this effort forward to an ending that we can begin to
25 say we are really making that difference and

1 preventing these kids from even looking at that stuff.

2 I am committed on this, Representative
3 Marsico, and I will work diligently towards that end.
4 And, again, I thank all of you for your courage. Hats
5 off to all of you. I have tremendous respect for you.
6 And I cannot imagine --

7 CHAIRMAN OLIVER: Representative Seip.

8 REPRESENTATIVE PASHINSKI: -- I'm sorry. As
9 a father, I can't imagine the loss of a child. Thank
10 you.

11 CHAIRMAN OLIVER: Representative Seip.

12 REPRESENTATIVE SEIP: Thank you,
13 Mr. Chairman. Thank you for being here today. Thank
14 you for your testimony. I really appreciate the
15 comments on the Students Assistance Program, the SAP
16 program. I worked very closely with them in
17 Schuylkill County. And I know when issues are handled
18 the right way and they're given the right latitude to
19 implement it correctly it can be a very valuable tool
20 for students and families.

21 Today I don't think people really comprehend
22 the magnitude of substances and the grip that they can
23 get on individuals. You know, through my work at
24 social work, at case work before that, I've seen
25 individuals who put so many important things aside

1 just because of substances. And I don't -- again, I
2 just don't think people comprehended how difficult it
3 is to break that grip or that hold that substances can
4 have on people.

5 In today's *Pottsville Republican* there was a
6 story about unfunded mandates and the millions of
7 dollars that Schuylkill County is going to have to put
8 out now because of unfunded mandates. And why would
9 they have to continue to offer, could they reduce some
10 of their costs for mental health and mental
11 retardation treatment and substance abuse treatment?
12 Would that be possible?

13 Now, the story didn't go in to any kind of
14 detail on trying to calculate the money that's lost
15 because of substance abuse, the impacts on communities
16 and the families and the counties and the criminal
17 justice system and all these things that you outlined
18 for us today. I wish the article could have gotten
19 into those factors, because I think prevention will
20 save us an incredible amount of money, and certainly
21 save families and lives and individuals so that they
22 can contribute to community and achieve all different
23 kinds of positive things.

24 I think maybe we have a tax structure
25 problem. You know, we beat our heads against the wall

1 trying to come up with funding. We have a sales tax
2 system that's over 40 years old that really hasn't
3 been changed since the early '70s. We have a property
4 tax system that's been in place for over 200 years
5 that maybe we need to look at. Maybe that's one way
6 that we can identify funding for important things like
7 substance abuse treatment and mental health treatment
8 here in the Commonwealth.

9 So I really don't have any questions for
10 you, but I do thank you for being here. Thank you for
11 enlightening, not only this committee, but the public
12 on how serious substance abuse can be and what the
13 impacts are for everyone. So thank you. Thank you,
14 Mr. Chairman.

15 CHAIRMAN OLIVER: Representative Baker.

16 REPRESENTATIVE BAKER: Thank you,
17 Mr. Chairman. I know I thanked you for your courage,
18 conviction, and your passion earlier, but let me also
19 thank you for your love for your family members and
20 for others, because you could have just gone away and
21 left it right there. But you have hope for a better
22 tomorrow, so thank you for your leadership.

23 Thank you, Ron, for your leadership in
24 introducing this resolution a few years ago and
25 sticking with it and making -- making really good

1 functional advisory committee. And, Katie, thank you
2 for your passion for all these years, a lifetime of
3 it.

4 What I noticed in your testimony was the
5 common denominator. And it was something Katie
6 mentioned a little earlier, the whole topic of
7 marijuana and how insidious that drug can be.

8 In a couple weeks we're going have a hearing
9 here that would consider the legalization of medical
10 marijuana. You are a -- the Pennsylvania Parent Panel
11 Advisory Council. And I for one, as the minority
12 chairman, would love to have your advisory on whether
13 that bill should ever see the light of day. I think I
14 know the answer to that. But it would be nice to have
15 it in writing in anticipation of that hearing. And
16 once again, thank you for all that you do. God bless
17 you.

18 CHAIRMAN OLIVER: Representative Drucker.

19 REPRESENTATIVE DRUCKER: Thank you,
20 Mr. Chairman. I just want you to know that I walk in
21 your shoes. My son is 40 days clean from his fourth
22 rehab. That's all I have to say. That's all I can
23 say.

24 CHAIRMAN OLIVER: Representative Bishop.

25 REPRESENTATIVE BISHOP: Thank you,

1 Mr. Chairman. Let me say congratulation to this group
2 who has done such hard work. I congratulate you in
3 two areas. Twenty-one years ago when I was first
4 elected to the House of Representatives, one of my
5 first big efforts was to work with drugs. I was sent
6 here by people who were tired of losing their children
7 and having difficulty with drugs. I thought drugs
8 should -- treatment should be mandated and so right
9 away I wanted to put it where we had mental illness.
10 I thought they were connected. So I wanted to mandate
11 and put them so parents had an opportunity to put
12 their children away and force treatment or to put
13 their husband away, force treatment. Of course that
14 didn't go very far.

15 I raised the issue of crack babies. I
16 congratulate you, because 21 years ago representative
17 from York County asked me, What is a crack baby? He
18 had never heard of a crack baby. I realize now
19 21 years ago Philadelphia was ahead on the issue of
20 drugs. Across the Commonwealth of Pennsylvania you
21 have now caught up with where Philadelphia was
22 21 years ago. The same pain, the same hurt, the same
23 death, the same tears that were shed 21 years ago has
24 now crossed the Commonwealth of Pennsylvania.

25 It is still a huge issue, probably one of

1 the number one issues unaddressed to some degree that
2 is still roaming in the Commonwealth of Pennsylvania.
3 So I say to this beautiful group of assembled parents,
4 caring parents from what I have heard that have done
5 so much to overcome your hurt and your pain and to try
6 to prevent it from happening to others, I say for the
7 thousands of drug addicted and drug deaths that are
8 out there who did not have your kind of
9 representation, make sure if we can that the two come
10 together, those who are parents to fight their battles
11 and the thousands that are addicted still who have no
12 parents to represent them; children, some of them who
13 opt out of the system at age 18 who became drug
14 addicted, drug dealers, drug selling, some who went to
15 jail with two bags of marijuana in their pocket,
16 seemed to be such a crime that we should send them
17 away and punish them for a bag or two of marijuana
18 when they should have been put in a treatment center.

19 So before the bag of marijuana escalated to
20 something else, perhaps we would have had something in
21 place. I'd love to work with you, and if I can, call
22 me, get in touch with me. The passion is still there.
23 I still feel the pain. Fortunately, though I lost a
24 son, it was from a different kind of illness. It
25 wasn't a drug addicted illness, but I understand what

1 it's like to lose a loved one.

2 On Friday we will bury the oldest member of
3 my family, an uncle, who begged me when he worked hard
4 to send me to Harrisburg 21 years ago, do something
5 about drug addiction, because he had a son that was
6 struggling with drug addiction. There must be
7 something. I've been the kind of father, he said,
8 that I should be, but we just can't get him healed.
9 Unfortunately, the son died coming out of a crack
10 house with a bullet in his back. He never had a
11 chance to see him heal. He never got over his death.
12 And, finally, his heart took him out a few days ago.

13 So I am sensitive. I want to work with you.
14 I want to do whatever I can. And I say something must
15 be done for treatment. Something must be done before
16 they get to the drugs, whether it's school that we
17 have to look at, whether it's jobs that we must look
18 at, whether it's better training than we have been
19 equipped to give them. But before they pick up that
20 needle or whatever it is they use, they're already in
21 trouble. That's the sign of a troubled child. Though
22 we may not pick it up right then, that's the
23 beginning. And as this group moves forward and you do
24 study, we have to find out what do they need in place
25 to prevent the drug desire from coming their way.

1 Thank you very much. God bless you.

2 CHAIRMAN OLIVER: Representative Brown.

3 REPRESENTATIVE BROWN: To come after a
4 senior member, Representative and Chairwoman Bishop,
5 she so eloquently just said so many of the things that
6 are on my mind and on my heart. And I just wanted to
7 add that even my, you know, I -- we've all experienced
8 some form of drug addiction in our lives. And I've
9 lost so many of my friends and my neighbors and even
10 my family to this serious issue. And it is a disease.
11 It is a mental health disease. And I've dedicated a
12 large portion of my life to supporting those who had
13 been drug addicted and also trying to encourage those
14 who sell drugs to find other options in their lives.
15 And during the course of this, it led me to an
16 organization called Weed and Seed. And I've been a
17 member and I still am a member. And I would still be
18 the acting chair of that organization, but I've been
19 blessed to be here. I was the chair of community
20 policing.

21 And from walking the streets and talking
22 with people who I believe this is a symptom of other
23 things that have happened in their lives. And we
24 often put Band-Aids on things. And the Band-Aid is
25 not big enough for this issue, because we see what the

1 result ends up being, as the story that you've come
2 here to tell us today.

3 And, you know, it's just overwhelming for me
4 to even sit here and try to even explain to you what I
5 have experienced in my life of going through the
6 struggle and understanding every testimony that was
7 given here today and how personal it is to me, and to
8 have members that I sit here with in Harrisburg share
9 their most intimate stories. And hopefully it will
10 empower someone, someone.

11 And I just say thank you so much for your
12 courage and your conviction. And I just hope that it
13 gives you some hope in the struggle of you helping to
14 save other families, other children, that you do have
15 members here who get it. We do get it. Thank you so
16 much.

17 CHAIRMAN OLIVER: The final person to speak
18 today is Miss Robin Rothermel from the Department of
19 Health.

20 MS. ROTHERMEL: Thank you, Mr. Chairman,
21 members of the committee. I just want to take a few
22 moments first to thank Representative Marsico for his
23 foresight in this issue. And I know that the
24 committee didn't say it today, but they are leading
25 the nation. This is -- this is something that other

1 states are looking to do, to put a panel of folks like
2 this together to help them with the same issues that
3 these folks have so courageously and graciously been
4 willing to help us with.

5 I do want to thank the committee for their
6 work. These folks are not policymakers. They're not
7 bureaucrats. They are parents. And as one of them
8 said, I'm not sure if it was Joan or who, they're not
9 the expert on the resources. They're not the experts
10 on the how to make it happen. They're the experts on
11 the what should happen, and most importantly what
12 shouldn't happen, unfortunately. And because of that,
13 we at the Department take these recommendations very
14 seriously.

15 And although they have met technically their
16 requirement of the resolution and they have made their
17 recommendations and they have presented their report,
18 we asked them if they would continue to assist us in
19 implementing these recommendations. We've asked them
20 to continue to meet, to continue to take time out of
21 their personal lives, their very hectic schedules --
22 you know, some of them are still raising -- are
23 raising children, you know, the majority of them in
24 the workforce. So they continue to take time out of
25 their lives to come to Harrisburg to help us fix this

1 system. And I think they have graciously agreed to
2 continue to meet with us and help us to implement some
3 of these recommendations.

4 Some of them are easier to implement, as I'm
5 sure you'll see when you read the report, than others.
6 But these are -- these are very important
7 recommendations to the Department and we are willing
8 to work with the committee and to continue to work
9 with the panel in order to see that we made some
10 difference so that the families that come behind them
11 hopefully have an easier road than they did. And I
12 thank you very much for your time.

13 CHAIRMAN OLIVER: Well, I certainly want to
14 thank Representative Marsico and all the persons today
15 who have testified before this committee. I want you
16 to know that you have touched most of our hearts,
17 because all of us have problems. It's a disease that
18 really it's lasted far too long. When will it end?
19 Certainly it has touched us. And I want you to
20 understand that what you have brought to us today is
21 certainly going to help us in the future to try to
22 solve all of the problems that we now have on our
23 hands.

24 Thank you again for coming. Thank you again
25 for touching our hearts also. Because we also,

1 whether you know it or not, we as legislators, we also
2 have problems similar to yours. Thank you so much for
3 coming. That ends this testimony before this
4 committee. Thank you.

5 (Proceedings concluded at 12:37 p.m.)

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I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me on the within proceedings and that this is a correct transcript of the same.

Heather L. Artz, RMR, CRR
Notary Public