

**Pennsylvania Parent Panel Advisory Council
Presentation to the Health & Human Services Committee
November 16, 2009**

Ron Owen:

Good afternoon. My name is Ron Owen and I am here today as long-term Pennsylvania resident, a corporate executive, a community volunteer, a husband of more than 38 years and a member of the Pennsylvania Parent Advisory Council since its inception.

But mostly I'm here as a father. A father whose life was changed forever on November 24, 2003 when my 23-year-old daughter Sarah died. She didn't die a peaceful death. She died a painful and anguished death at the hands of the wicked and tenacious disease of addiction.

Sarah was a loving daughter, granddaughter, sister and the mother of a beautiful 5 - year -old daughter, Taylor Rose. Sarah was not an angry, mean-spirited person. Even though she was caught in the grip of a relentless illness, she was always kind, respectful and sympathetic to the needs of others. She loved life and lived it as fully as she could while suffering each and every day with her addiction to drugs.

She didn't want to have this illness. She didn't want to live each and every day needing a fix and finding herself doing things she wasn't proud of to get that fix. She was sad and troubled by the difficulty and pain she caused her family and friends. She struggled mightily to conquer her demons, but sadly, they were victorious in the end.

Chances are good that many of you in the room have had a similar experience with a loved one or have a friend who has been affected by drug and alcohol abuse. Statistics show that one in four families are affected in some way by drug and alcohol addiction. Its impact on our health care costs, lost employee productivity and the burden it places on our crime and judicial system is mind boggling.

Consider that:

- The total cost of drug use disorders in the United States is estimated to exceed \$180 billion annually.
- The economic cost of alcohol abuse exceeds \$185 billion annually.
- In our own state of Pennsylvania it cost us almost \$12 billion in 2005 for costs related to substance abuse and addiction. And we spent only \$188 million on prevention in the same time period. Let me repeat those numbers. Almost \$12 billion to treat the path of destruction addiction leaves behind, but only \$188 million – less than 2 percent of that cost is spent trying to prevent it in the first place.

Pennsylvania needs to be a leader in changing this picture. We need to provide adequate resources to help alleviate the suffering before it starts. We need to provide the resources for education, training and support at all levels and for all age groups. Addiction doesn't discriminate. There's no one profile that needs help more than another.

I beg you to listen to the video we are about to show and to have the foresight, compassion and courage to make a change that will benefit every citizen in Pennsylvania and to provide the funding we need to help all of us have the resources we need to prevent as well as treat the disease of addiction.
Thank you. I now turn the program over to Joan Ward, the chair of our committee.

Joan Ward:

Good Morning. My name is Joan Ward. My husband and I live in Cranberry Township in Butler County. I am a retired school administrator. We have a 26 year old son who is currently incarcerated. He began abusing heroin during his senior year of high school. I am the co-chair for the Pennsylvania Parent Panel Advisory Council (PPAC).

In this council, we have come together as members of a club we never wanted to join. A club created by the common tragedy of substance abuse and addiction. If statistics are to be believed, some of you know first-hand the journey we have traveled. For those who do not, it is a journey of unimaginable darkness, compounded by systemic barriers and daily struggles to find our way through the web of a very complex and highly complicated system.

For the past two years, it has been my great honor to have worked with some of the most amazing and courageous people in the commonwealth. These are mothers and fathers who have found a way through this darkness and who have made a commitment to turn their pain into passion. I would like you to meet them now.

Hello my name is John Clayton and I am from Pittsburgh. I am a banker. I have a 26 year old son who is currently recovering from a heroin addiction. He began using substances at age 14.

Hello my name is Sheri Hathaway, from Allegheny County. I am a registered nurse. I have a 24 year old son who is currently seeking recovery. He began using marijuana at age 16 and heroin at age 18. He was diagnosed with Hepatitis C, which is currently in remission and he is currently trying to get off methadone.

Hello, my name is Tom Moreken and I am from Scranton, Lackawanna County, Pa. I am a retired Elementary Physical Education Teacher and High School Basketball and Baseball Coach. I had a 28yr. old daughter, Erin, who died June 10, 2002 at the age of 28, the result of a heroin overdose. Erin began using alcohol and tobacco at the age of 14, and progressed to marijuana and prescription drugs through high school. Cocaine and Heroin were her drugs of choice when she was in her twenties.

Hello, my name is Karen Vellucci. I live in Delaware County. I am an archaeologist and the director of a private foundation. My son Vincent was an IV heroin user. He is 26 years old and has been in recovery since May of 2004.

Hello, my name is Ricki Hood, I am a nurse, I live in Mercer County. I have two children who have struggled with addiction. Julian, is 25, he started drinking at age 18, had his first DUI at age 19, has served time in jail multiple times, has been out of jail for 1 year, is presently in recovery, working a part-time job, got his drivers license back in

August 09, after losing it 5 years ago, and became a daddy in September 09. Caleb, is 22, began using marijuana at 14, he is in recovery, working part-time, which is all he can work at this time due to health complications related to Hepatitis C.

Hello my name is Lynne Bennetch, from Dauphin County. I am a Registered Nurse in an operating room. I have a 25 yr. old son who is currently in recovery. He began using marijuana and alcohol at age 12 and heroin at age 18. Now at the age of 25, my son is in recovery for the past year and a half.

Hello, my name is Linda Eckman, from Southern Chester County. I have been a stay-at-home mom for 23 years. I now work in the schools as a Behavior Health Personal Care Assistant and am currently seeking my Master's Degree in Counseling. I lost my son four years ago, at the age of 20 from a drug-related accident. According to the coroner's report, Bryan died from a drug cocktail - including low levels of Xanax, OxyContin, Vicodin, alcohol, Adderall, marijuana, cocaine and methadone.

Hello my name is Roseanne Gallagher from Luzerne County. I am a day spa owner and mother of a 29 yr old son who is currently in recovery. He began using drugs when he was only 14.

Hello my name is Jane Holbrook, from Luzerne County. I am a U.S. Postal worker. I have a 27 yr. old daughter, Jennifer, who is currently in her 5th year of recovery and following a methadone program. She began using Heroin at age 17.

Hello, my name is Carol Hillard, from Luzerne County, the Northeast District. I am a retired Cosmetologist and Medical Assistant. I have a 31 year old son who is currently incarcerated at Luzerne County. I am now in the process of trying to get him into a place that has a psychiatrist to evaluate him and treat him with medication; a program that will help change his way of thinking and living so that he doesn't keep going through a revolving door instead of jails that offer nothing for the inmates. My son began using heroin at age 15 and he has been diagnosed with Hepatitis C.

Hello my name is Chuck Klenk, from Edinboro, Pennsylvania. I am a retired police officer and I am currently a deputy sheriff in Erie. I have a 25 yr. old son who is currently incarcerated in a State Correctional Institution. He began using OxyContin and other drugs at age 14. He was diagnosed with depression 4 years ago and Hepatitis C 1 year ago.

Hello, my name is Charlene Sciarretta and I am from Southern York County. I am an Administrative Assistant. My son began using heroin at age 17 or 18 and was later diagnosed with Hepatitis C. My son, Danny, died from an overdose of heroin at the young age of 26. Left behind, he became another statistic, another victim of a crime.

Hello my name is Lori Mentzer from Hummelstown, PA. I am the office manager for a local fire protection contractor. I have a 28 year old son who is currently in recovery from heroin addiction and a 26 year old son who is currently clean through the use of

methadone. Their addiction began in 2000 when they were both in their late teens. In addition, they both have Hepatitis C, which they have not been able to get treatment for because they both have a medical history that includes a suicide attempt.

Hello, my name is L.W. Nelson and I live in Philadelphia. I am the mother of 6 and grandmother of 8 and I am the voice of my son, Samuel, who began using marijuana at age 15. Samuel is currently 22 years old, is in recovery following treatment in a faith-based program and is the father of 2.

Joan's testimony continued:

When a child is born, a parent knows in a heartbeat that they would give their very life for their child. We instinctively whispered a promise to our Creator that we would do anything necessary to protect His precious gift. At that time, we had no idea what that promise would later mean. We had no idea that we would eventually tell our children to lie. When they needed treatment and detox, we dropped them off at the doors of a psychiatric hospital; we told them to enter alone and report to those inside that they were homeless and suicidal. For that was the only way of getting them into detox and in-patient treatment. Anything less than that would have resulted in a referral to "ambulatory detox"—the treatment version of "Take two aspirin and call me in the morning."

We had no idea that we might eventually become desperate enough to consider buying them drugs to get through the weekend while they waited for the treatment centers to open on Monday. We had learned that unless they presented "high enough" on Monday morning with enough drugs in their system, they would be denied entrance to in-patient and detox treatment, and they would be once again delivered to the out-patient treatment that had failed them so many times before.

We never imagined that we would have them arrested to get them into treatment. But we did. Then the unthinkable happened, and a young man died in the Westmoreland County jail of heroin withdrawal when he was refused the IV that could have saved him. Now we don't know what to do when all else fails.

But most tragically, we never imagined that the day would come when we would bury our children. But we have—in unimaginable numbers—numbers that can't begin to tell the true story of loss and desperation.

In addition to these personal experiences (and many others), we collected data through interviews with the directors of the Single County Authorities (SCAs) across Pennsylvania, and conducted a review of best practice research in effective prevention and treatment services.

Not surprisingly, as we studied the issue of access to treatment, the single most recurring theme throughout our research was that of funding and lack of resources. While we will make some observations about funding issues, we will not be making specific recommendation as to how to fund our proposed changes. As parents, and ultimately consumers, our expertise does not lie in finding a way to cover the cost of our recommendations, but rather our expertise lies in what the failure to have these safeguards in place has cost us and the thousands of commonwealth families we represent. That cost has been largely immeasurable.

NOW I WOULD LIKE YOU TO MEET OUR “CHILDREN”—SHOW VIDEO

Ron Owen:

Sarah was a vibrant young woman who lived her life to the fullest. She was a loving daughter, sister, mother, niece, grand-daughter and friend. She was a good person who happened to have a serious illness - drug addiction. Many people were not aware that she was an addict.

Her years of struggles came to an end on 11/24/2003 at a young age of 23. Her legacy lives on through the R.O.S.E.S. from SARAH Foundation which was created to give other young mothers help and encouragement that they desperately need.

Charlene Sciarretta:

1983 - My fair haired boy went off to see the world. It was his first day of pre-school. As he stood on our porch with his first best friend he had the courage to face whatever was ahead.

May 13, 2004 – Danny was gone from this life from an overdose of heroin; another statistic, another victim of a crime. Danny’s Story, a non-profit organization is used to tell our children, parents, anyone who will listen that this nightmare could be waiting for them around the next corner.

Danny was your son, your daughter, your brother, your sister – everyone’s best friend. Danny’s mistake changed his life, and eventually took it. His death changed all those who love him. I will miss my son’s face and his love for the rest of my life. My faith teaches me that I will see my son again and I hold on to that promise.

Linda Eckman:

The Chapter That Never Ends... How do you pick up the pieces after you lose a child? Early on, I had purposed in my heart that I would bring life out of Bryan’s death - this meant I would speak at his funeral. In an effort to try and make sense of this senseless tragedy, I stood on the church platform and pleaded with 200 of Bryan’s peers. “Climb out of your coffins while you can,” I said, meaning that whatever darkness was enslaving them, be it drugs or alcohol or something else destructive, they should endeavor to beat it.... NOW.... while they still could.

Within the first year of Bryan’s death, I began to work with a counselor to craft a longer message of warning. On behalf of “Cruisin, Not Brusin’ program at Bryn Mawr Rehab, I spoke at school assemblies to thousands of other high school seniors, warning them of Bryan’s fate.

As this program ended, to honor Bry’s memory, I started a 12-step program for troubled youth called Life Hurts, God Heals. Currently, in Bryan’s memory, I am pursuing my Master’s Degree in Counseling and wish to be an addiction counselor.

Life without Bryan is certainly not easy, nor is it a simple task to watch my family members continue to grieve, but as I take God’s grace for each and every moment, I endeavor to stumble ahead with my daily walk of faith..... knowing for certain that I will see my son again!

Tom Moreken:

Erin was born to be a performer, and we have dozens of pictures to prove it. At five, there's a picture of Erin in her Annie dress, belting out a slightly off-tune rendition of "Tomorrow" ... at eight she's in a brown leotard and antlers, playing Bambi's mother in her ballet recital. In seventh grade, a picture shows Erin portraying Minnie Mouse with her best friend, Amy, for a musical at school. High School brought pictures of Erin, the cheer leader, always smiling at those freezing football games. We cherish those pictures. The pictures that followed were not so pretty, because once Erin was in her twenties, heroin had taken over her life, until it finally took her life at the age of 28. Erin's last and most beautiful picture is the one we had placed on her tombstone. In her memory, we established "The Erin Jessica Moreken Drug & Alcohol Treatment Fund, Inc." which enables us to give "charitable gifts to individuals who are fighting the disease of addiction."

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

Joan Ward, continued:

As you look at those pictures, it can't help but be obvious that these could be anyone's children. Indeed, we represent families from all regions of this commonwealth; for our struggle has been their struggle. It is for them and all of the families that will follow that we make our recommendations.

Many of our recommendation have resulted from an examination of *Blueprint for the States*, a national publication presenting recommendations developed by a panel of experts on how all states should most effectively organize and deliver drug and alcohol programs. As a starting point, we examined how Pennsylvania measures up to the suggestions put forth in this document and what could be done to improve state policies and practice to make alcohol and drug services more effective and more available to families.

The major headings and summary of recommendations developed by PPAC specifically for Pennsylvania include:

LEADERSHIP AND STRUCTURE

We need the governor of Pennsylvania to take the lead in coordinating the efforts of all appropriate state agencies to improve delivery and tracking of addiction services. His enthusiastic leadership has the potential to dramatically improve organizing, implementing, and tracking improved policies and cooperation among all departments and bureaus that are challenged to "do more with less." **To that end the parent panel recommends that the Bureau of Drug and Alcohol Programs be elevated to a cabinet-level position answering directly to the Governor.** This would not only send a message as to how critical the drug and alcohol epidemic really is; it would also facilitate policy approval, budget prioritization considerations, and implementation of programs at the highest levels of government.

RESOURCES

Under the area of resources, the parent panel has found that our state agencies are under critically intense pressure to stretch resources to their fullest during this period of economic difficulty. PPAC has recommended a number of action steps that can be taken to eliminate waste, end redundancy, and generally achieve teamwork and efficiency in the delivery of addiction services, including the establishment of "best practices" throughout the state.

There is a lack of sufficient emergency care and access to available services. In most areas of the state there are no immediate treatment centers available on the weekends. Families are forced to wait until Monday morning when someone will be available to answer the phone at the treatment centers. Believe me; a LOT can happen between Friday night and Monday morning.

My husband and I discovered that our 19 year old son, Rob, had relapsed on a Friday night. We confronted him, and he agreed to go into treatment. We had been involved in this journey long enough to know there would be no help available until Monday morning. Unfortunately, by Monday morning, Rob was in jail, where he has remained for the past seven years. For some time, I thought of this as an unbearable tragedy. Then I met a grieving mother who had lost her precious daughter, Ashley, while she waited for Monday morning. Ashley had died of a drug overdose on Sunday night. Her mother discovered her when she went to wake her Monday morning to leave for the treatment center. Suddenly, I realized that I was one of the lucky ones—my son was still alive. Many of us have felt that way, but it seems we should be able to expect more than this for our children. We should be able to expect a system that is there when we need them—even on the weekends. For that reason we make the following recommendations:

Improve visibility of available services by implementing the "211" emergency system statewide with 24/7 information and referral services.

Increase training for medical professionals about the unique needs of addicts in hospital emergency rooms, in primary care, and in prevention, through education and training

Develop a system that will ensure immediate referrals to treatment services while in the ER for a drug-related issue.

MEASUREMENT AND ACCOUNTABILITY

The panel believes that true accountability for improving access to information and treatment services cannot occur until Pennsylvania establishes prevention, treatment, continuum of care, and outcome measures for all state agencies and other funding entities. Several specific recommendations to that end are contained within this report, including one for the creation of a unified data tracking system to monitor compliance with the standards behind the measurements. BDAP needs adequate infrastructure and authority to collect, analyze, and disseminate regular public reports on trends and outcomes.

Great School

This agency needs sufficient authority to establish and mandate collaborative efforts with agencies such as child welfare, protective services, Medicaid, housing, employment, and criminal justice.

LEGISLATION

A number of legislative considerations were addressed by PPAC with a recognition that many of our current laws and regulations are in desperate need of updating as the epidemic of substance abuse has continued to grow in our society. Everything from a review of existing law, to recommended changes, to the creation of new legislation has been considered and recommended in this study.

We have found that...

Physicians were lowest on the list of those doing referrals for addictions. Since addiction is recognized widely as a disease, the physician should be capable of being one of the first to identify the problem and provide access to prevention, treatment, and recovery services.

Physicians in the state have little or no training regarding alcohol and drug addiction; neither in recognizing the symptoms of the disease nor in the special requirements for prescribing for and treating patients with addiction issues.

Today, there are no law mandating that medical professionals receive education in drug and alcohol prevention and treatment.

The criminal justice system often is the tool of last resort used by parents to get help for their addicted children. At first, parents feel they have saved their child's life by getting him or her off the streets and away from the drugs; unfortunately, the end result is that they have attached a lifetime label of "convict" to their child with little progress having been made in the recovery process.

Judges must establish partnerships with the agencies dealing with drug and alcohol problems on the state and county level. Each person released back into the community should be assigned to the proper support system to help them maintain their recovery. Additionally, we must ensure that state legislators and other state officials understand the nature of the disease of addiction and are made aware of the financial costs and damage to communities caused by drug and alcohol problems.

We must encourage all treatment providers to involve the families in the treatment protocols and to offer classes dealing with the family role in recovery.

Finally, we would like to recommend that a process be put into place to establish a system of ongoing family involvement in the field. To ensure this we recommend that

- Family members are included on state, county, and local Advisory Councils on drug and alcohol problems.
- Be proactive in providing families with education and contact information about other programs and groups in the county that offer support for families.
- Seek out and train volunteers to serve as advocates for family members

Additional recommendations will be discussed by **Sheri Hathaway**:

1. Enhance opportunities for early intervention by improving school identification and response to substance use and abuse in schools.

Most of the parents, if not all, were first confronted with our children's substance abuse while they were students in Jr. and Sr. High School. Many families have experienced barriers and obstacles to treatment through the systems in place in schools. The "Zero Tolerance" policies do nothing to foster an environment conducive to treatment and referral but instead demand expulsion. Research by the National Institute of Drug Abuse has shown that drug use during adolescence alters brain function and normal progression of cognitive and emotional development. An opportunity for early intervention is lost at a critical stage in development.

2. Conduct the "PA Youth Survey" with ALL schools across the commonwealth of Pennsylvania.

Currently schools have a choice of participation. Surveillance of behavior, attitudes and knowledge concerning alcohol, tobacco, other drugs and violence enables the state and individual school districts to determine trends and patterns of drug abuse, risk and protective factors and target areas that would most benefit from prevention resources.

3. Promote collaboration between the Single County Authorities and school districts for Student Assistance Programs (SAP) and provide specific training for working effectively with families in crisis.

Section 1547 of the PA School Code, enacted as Act 211 of 1990, requires school districts to implement tobacco, alcohol and other drugs program including instruction in the classroom. In addition, Section 1547 required the establishment of a program to provide appropriate counseling and support services for students experiencing problems with drugs, alcohol and dangerous substances. The Commonwealth of Pennsylvania's SAP which is administered by the PA Department of Education's Division of Student and Safe School Services in partnership with the PA Department of Health's Bureau of Drug and Alcohol Programs, and the PA Department of Public Welfare's Office on Mental Health and Substance Abuse Services, is designed to assist school personnel in identifying issues including alcohol, tobacco, other drugs, and mental health issues which pose a barriers to a student's success.

The primary goal of the SAP is to help students overcome these barriers in order that they may achieve, remain in school, and advance. The "Zero Tolerance" policies often conflict with these goals. Through our interviews and research across the state it has been found that not all school districts make use of or support this valuable curriculum. We suggest to mandate and standardize use of SAP's across the Commonwealth.

4. Create a statewide standard for interface with the judicial system for addiction treatment services. Ensure state legislators are made aware of the financial costs and damage to communities by drug addiction.

Promote a common understanding among criminal justice and substance use disorder treatment and recovery personnel of their respective systems and the unique

needs of clients/offenders with substance abuse and co-occurring disorders and their families involved in the criminal justice system. Many juveniles are referred to juvenile courts by law enforcement officers, but many others are referred by school officials, social services agencies, neighbors, and even parents, for behavior or conditions that are determined to require intervention by the formal system for social control. According to the American Corrections Association, the average daily cost per state prison inmate per day in the US is \$67.55. State prisons held 253,300 inmates for drug offenses in 2005. That means states spent approximately \$17,110,415 per day to imprison drug offenders, or \$6,245,301,475 per year.

According to the Office of Juvenile Justice and Delinquency Prevention, within the US Department of Justice, in 2004 approximately 48,000 Pennsylvania youth were involved in the justice system. In 2002, about 60 percent of detained boys and nearly half of the girls tested positive for drug use. Financial losses to individuals and communities include monies actually spent for drugs, alcohol, etc., loss of productivity, time spent searching for drugs, drug and alcohol related illness, long time loss of earning capacity due to illness, disability and medical costs, paying more for almost every type of insurance from medical to car, legal bills, loss of earned income, and general money problems. Screening and treatment must be made available at the time of arrest or incarceration. The earlier treatment begins the better chances for a successful future. The cost of treatment is far less when the total impact to individual and community is calculated.

Karen Vellucci: "WHERE WERE THE PARENTS?"

It was just another Monday evening after a hard day at work. Dinner was over and it was time to take a look at today's newspaper and spend a little quiet time in "decompression mode." It was the local news that caught my attention that evening.

Yet another 19-year-old had been brutally murdered in his car in one of the more dangerous local neighborhoods. Police who were investigating the scene reported that numerous traces of drugs and paraphernalia were found in the vehicle and speculated to the reporter that the murder had all the earmarks of a drug deal gone bad or possibly that the victim had defaulted on a drug debt. In looking into the victim's background, speaking with former classmates and neighbors, the reporter learned that the victim did indeed have a drug problem and it had been manifest since the age of fourteen.

I remember saying to myself, "What a tragedy.....19 years old, and life is over for this poor soul. What pain must the victim have suffered during the 5-year period of his addiction and what pain must have been felt by the family." I also remember saying to myself, "Thank God it wasn't my son who died."

After reading that jolting news and internalizing my reaction to it, I wrapped up my evening and went to bed and didn't think much more about the story until a couple of days later, when in the "letters to the editor" section, there appeared a letter from a subscriber that was titled "Where Were The Parents?" The body of the letter took on an indignant but sincere tone as it expressed outrage and anger that the parents of this pitiful victim could have "let it happen," the "it" being drug addiction. Although the

letter's primary question showed ignorance of the problem, it was a reasonable and understandable question to ask if the writer had never been confronted with the challenges of an addicted family member. As far as I know, no one ever responded to that rhetorical question. Here is the response I should have sent in to the paper:

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

They were both there in the delivery room that exciting day 19 years ago. The birth of that bouncing baby was heralded by the new parents as the high point of their lives as they rejoiced in the miracle that was that child. Where were the parents? They were there when the baby needed food and shelter. They were there when the baby needed love, attention and care. They were prepared to sacrifice anything to assure that their child had the necessities of life and more. They were there with camera in hand on the very first day of school. They were both sad and happy as they watched their little tyke ascend the steps of the school bus and wave from inside. The enthusiasm for supporting their child/student continued throughout elementary and middle school. They were there to help with homework, to condemn disrespectful, violent and profane music and videos, to celebrate successes and to counsel and coach in areas where help was needed. Further, they exposed their child to music lessons, basketball camp, and other extra-curricular activities to enable discovery of any hidden or obvious talent. And yes, they spoiled their child too...by buying the "right" brand of clothes, the latest video system, the "best" games, a cool stereo system, a portable CD player....the "necessities" of teenage life. Yes, the parents were there for all of that.

They were also there the day a little plastic bag with grains of marijuana in the bottom was discovered on the floor of their child's room. There was an almost immediate denial of the obvious....this situation CAN'T be what it appears to be. Our child just wouldn't do this. When the confrontation occurred, the child's denial of any knowledge of how that bag got where it was found satisfied the parents because it confirmed their strong belief in their child. And then there was the next bag. And the bag after that. And then the pills. And then the alcohol. After each discovery, the truth became more ominous, the reality of the situation more undeniable and the resulting discipline more severe.

The parents were there that day in the high school guidance counselor's office when the first discussion of poor attendance and declining grades occurred. They were there to double their efforts helping their child to turn things around, to make a commitment to improvement and to get assurance from their child that changes would be made. All of the normal discipline was intensified....withholding privileges, removal of video games from the house, no TV, and "grounding."

The parents were also there at the school a few weeks later when it became clear that their efforts had been futile and that their child needed in-patient rehabilitation. The trip to the school that day to sign the withdrawal papers was as onerous and sad as attending a funeral, but it was necessary and critical to saving the child's life. They

expressed their contempt for the lifestyle their child had adopted but reinforced their love and hope as they traveled the 85 miles to the rehab facility...and traveled it again every weekend over the next four weeks for visits.

Those four weeks of "clean time" and counseling really seemed to make a difference. The child came home with a fresh outlook and a determination to "get better." Faithful attendance in night classes at the local community college, a resulting high score on the GED test, and the awarding of a state-certified high school diploma all added to the sense of direction and accomplishment. Narcotics Anonymous meetings, a sponsor, a job and a purpose all seemed to be converging to bring closure to this horrible chapter in the parents' and the child's lives. Love, hope, encouragement, support and celebration were the order of the day as things started to return to "normal."

The parents were also there when the relapses began. Although disappointed and yes, even discouraged, they were there with more support, love, and understanding, while never giving up or losing hope. In this stage of reinforcement of the principles that had been counseled in the rehabilitation center, the clean time lasted nearly two years and it looked like the crisis might really be over this time.

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

Where were the parents? They were there the entire time, doing what parents do. They went to work, went shopping, took an occasional vacation, even pursued some of their own interests, but through it all, they NEVER lost sight of their primary responsibility: raising their child to be a responsible citizen. They supervised their child's development as attentively and competently as anyone could expect, and they did it ungrudgingly; in fact, enthusiastically. Nonetheless, the addiction occurred, the consequences were paid, and the struggle continued.

The next time you read about someone of any age, who was involved in a drug-related episode, please don't immediately assume that there were negligent parents responsible for the outcome. The typical parent of an addict looks and acts just like the typical parent of a child without this problem, with hopes, dreams and aspirations and a commitment to help their child achieve his or her full potential in life. The parents of addicts are our friends, our neighbors, members of our church, colleagues at work and regular folks with whom we interact every day. They are no different than any other parent...except for the challenge they courageously face every day and the tenacity with which they confront it.

Joan Ward:

Conclusion

We thank you for your time today. We appreciate your willingness to serve on the Health and Human Services committee and acknowledge your commitment to improving circumstances for individuals and their families. As a member of this committee, you hear tales of tragedy and loss. In many ways our stories are no different.

You know the statistic: one in four families is affected by the disease of addiction. These are but numbers—nameless, faceless numbers—numbers without stories—numbers without tears. We have come here today to put a face on addiction. We have come here today as examples of families that are wounded yet stronger and more determined to clear the way for those who are to come behind us. We come here today with hope and convinced that you are dedicated to change what we have found. Together, we will build a system far more responsive to the families in this commonwealth, and we thank you.

We would be happy to address any questions that you might have.