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HOUSE OF REPRESENTATIVES

JUDICIARY COMMITTEE
PUBLIC HEARING

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MONDAY, JANUARY 10, 2022
10:00 A.M.

PRESENTATION ON HB 1393 (STRUZZI)
OVERDOSE DEATHS AND
FENTANYL TEST STRIPS

BEFORE:

HONORABLE ROB W. KAUFFMAN, MAJORITY CHAIRMAN
HONORABLE TIMOTHY R. BONNER
HONORABLE TORREN C. ECKER
HONORABLE JERRY KNOWLES
HONORABLE JAMES RIGBY
HONORABLE TIM BRIGGS, DEMOCRATIC CHAIRMAN
HONORABLE LIZ HANBIDGE
HONORABLE JOSEPH C. HOHENSTEIN
HONORABLE EMILY KINKEAD
HONORABLE CHRISTOPHER M. RABB
HONORABLE MIKE ZABEL

* * * * *

Debra B. Miller

dbmreporting@msn.com

ALSO PRESENT:

HONORABLE JAMES B. STRUZZI II

COMMITTEE STAFF PRESENT:

ROSBY CARR

MAJORITY COUNSEL

STEVE SMITH

MAJORITY COUNSEL

MIKE FINK

MAJORITY RESEARCH ANALYST

ELANA MAYNARD

MAJORITY LEGISLATIVE ADMINISTRATIVE ASSISTANT II

TIM CLAWGES

DEMOCRATIC EXECUTIVE DIRECTOR

KRISTEN BERNARD

DEMOCRATIC ADMINISTRATIVE ASSISTANT

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SUBMITTED WRITTEN TESTIMONY

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P R O C E E D I N G S

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MAJORITY CHAIRMAN KAUFFMAN: Good morning.

The hour of 10 o'clock having arrived, I would like to call this meeting of the House Judiciary Committee to order.

And I will take the roll. Would the Secretary please do that for us.

(Roll was taken.)

MAJORITY CHAIRMAN KAUFFMAN: Thank you very much.

And if we could all rise for the Pledge of Allegiance.

(The Pledge of Allegiance was recited.)

MAJORITY CHAIRMAN KAUFFMAN: And this meeting this morning is regarding House Bill 1393, which has to do with overdose deaths and fentanyl test strips, sponsored by Representative Jim Struzzi.

And this meeting is being recorded. Of course, there's virtual participation. So please silence your electronic devices so that we have as few interruptions as possible.

1 As we get started here this morning, I want to
2 record that on the agenda, there are a couple of folks, but
3 the Pennsylvania Department of Drug and Alcohol Programs,
4 Secretary Jennifer Smith, and Aaron Arnold with the
5 Prevention Point Pittsburgh, they are both listed on this
6 agenda but they are unable to attend today at the last
7 minute, and so we have their testimony available in written
8 form for the record.

9 So at this point, Chairman Briggs, if there's
10 anything you would like to say as we start up.

11 MINORITY CHAIRMAN BRIGGS: Just thank you for
12 having this hearing. I'm always a big advocate for
13 legislative hearings on important issues that face the
14 Commonwealth, and this is definitely an important issue. I
15 want to thank you for having this discussion.

16 MAJORITY CHAIRMAN KAUFFMAN: Thank you.

17 And at this point, I'm going to recognize
18 Representative Struzzi for some opening remarks regarding
19 his legislation.

20 REPRESENTATIVE STRUZZI: Thank you, Mr. Chairman.

21 Good morning to the Members of the Committee. I
22 truly appreciate having this hearing today on House Bill
23 1393.

24 House Bill 1393 is really a simple piece of
25 legislation that changes the title of fentanyl strips,

1 fentanyl test strips, taking them out of the "drug
2 paraphernalia" classification. And correct me if I'm
3 wrong, Steve, but that's basically what it does.

4 Currently, fentanyl test strips, which are used
5 to detect fentanyl in any type of drug, are not legal in
6 Pennsylvania, and this would simply allow them to be used
7 for personal use, and the reason is simply to save lives.

8 This article is from December of this year:
9 "Fentanyl overdoses become No. 1 cause of death among
10 US adults, ages 18-45: 'A national emergency.' "

11 We can't help people with drug addiction if
12 they're not here, and so, quite frankly, if people have
13 these test strips -- and, you know, I know that my friends
14 here from the Armstrong and Indiana and Clarion Drug and
15 Alcohol Task Force are going to testify. But, you know, in
16 many cases, people who are addicted to drugs, they want the
17 release but they don't want to die from the drug. And so
18 by at least allowing them to test for fentanyl, it could
19 allow them to maybe minimize the dosage or, you know,
20 whatever the case may be. And I want to be clear that I am
21 not condoning drug use by moving this bill forward, but it,
22 again, is simply to save lives and get people into
23 treatment.

24 And I know that I have received a lot of emails
25 and feedback on this, and, you know, no piece of

1 legislation is perfect. That's why we're having this
2 hearing today, and I want to make it as best as it can be
3 to allow people to really breathe, you know?

4 We can give them Narcan and do all those sorts of
5 things, but fentanyl, it's simply, it's simply a national
6 emergency. And I want to help people live, and so that's
7 what this is all about. I know many of us in this room,
8 almost everyone in society today has been affected by some
9 drug addiction or overdose death. We've all lost family
10 members and friends, and it's something that we simply have
11 to do everything we can to stop.

12 And so I look forward to the hearing today. I
13 look forward to all the testimony, and I hope that we can
14 craft this bill so that it's acceptable to the Committee to
15 move forward and that we can truly make a difference in
16 people's lives.

17 So thank you, Mr. Chairman.

18 MAJORITY CHAIRMAN KAUFFMAN: Thank you,
19 Representative Struzzi. I appreciate your passion and your
20 compassion as you address this issue that is impacting all
21 of Pennsylvania and much of America as well.

22 And at this time, I am going to turn to the
23 Honorable Fran Chardo, who is the Dauphin County
24 District Attorney, as well as the Legislative Chair for the
25 Pennsylvania District Attorneys Association.

1 And I know Fran has other obligations this
2 morning, I think in court. So we want to make sure that
3 you get out of here in a timely fashion. So at this time,
4 I'll turn it over to you, Fran.

5 DISTRICT ATTORNEY CHARDO: Thank you,
6 Mr. Chairman. Yes, I have a sentencing hearing. I
7 appreciate your accommodating me.

8 Thank you for the opportunity to speak to you
9 this morning. My name is Fran Chardo, and as the Chairman
10 indicated, I am the District Attorney of Dauphin County and
11 I have the honor to serve as the Legislative Chair for the
12 PDAA. And I'm here on behalf of the PDAA regarding the
13 legal barriers to prevent individuals from lawfully using
14 fentanyl test strips. And it is our drug paraphernalia
15 statute which designates items that are used to test drug
16 items, illegal drug items, as drug paraphernalia.

17 We support this legislation for one simple
18 reason: It will literally save lives.

19 Fentanyl is 50 times more potent than heroin. It
20 is deadly, and its deadly force can be hidden. It is cheap
21 to manufacture, and it is extraordinarily potent. And as
22 many of you know, many who overdose from fentanyl had no
23 idea that they were ingesting fentanyl. They most often
24 thought they were ingesting heroin, or even cocaine or
25 marijuana, and this is simply terrifying.

1 This is because drug distributors know that they
2 can very cheaply use fentanyl to traffic the heroin and
3 other drugs. This fentanyl is so cheap. This is a
4 statewide problem that exists in cities, suburbs, and rural
5 areas alike throughout the Commonwealth.

6 The experts, other experts speaking for the
7 panel, will no doubt discuss in greater detail how the
8 test strips work, and I'm certainly no expert in that. But
9 know that fentanyl test strips are inexpensive, and they
10 can detect the presence of fentanyl on drug samples prior
11 to their ingestion.

12 We know that they accurately detect the presence
13 of fentanyl and are unlikely to produce false results.
14 This is important harm reduction. It is about saving
15 lives.

16 In large part, the drug paraphernalia statute,
17 Subsection (a)(32) of the Drug Act, was created to bar
18 distribution and possession of dangerous instruments that
19 can facilitate addiction and overdoses. These strips do
20 not facilitate addiction and overdoses. In fact, they
21 prevent overdoses and they save lives.

22 It does not aid drug traffickers. It actually
23 makes it harder for them to pedal the more dangerous and
24 cheaper fentanyl. I urge you to advance this important
25 legislation. This will save lives.

1 Thank you, Chairmen Kauffman and Briggs and
2 Members of the Committee, for considering this legislation
3 and for holding this hearing. We look forward to working
4 with you all to advance this legislation and help save
5 lives.

6 I would welcome questions.

7 MAJORITY CHAIRMAN KAUFFMAN: Questions from the
8 Members for the District Attorney?

9 Well, I guess, Fran, you're getting off easy
10 today. Until you go to court, so.

11 DISTRICT ATTORNEY CHARDO: Well, hopefully that
12 will end well, too.

13 MAJORITY CHAIRMAN KAUFFMAN: Yes; yes.

14 DISTRICT ATTORNEY CHARDO: Thank you.

15 MAJORITY CHAIRMAN KAUFFMAN: Well, thank you very
16 much for participating today.

17 And next on the agenda, we have a panel that is
18 abbreviated because Secretary Smith could not be here
19 today, and so that will include the Physician General,
20 Dr. Denise Johnson, from the Pennsylvania Department of
21 Health, and Roseanne Scotti, Senior Technical Advisor on
22 Syringe Access Services from the Pennsylvania Department of
23 Health.

24 DR. JOHNSON: Good morning, Chairman.

25 MAJORITY CHAIRMAN KAUFFMAN: Good morning.

1 DR. JOHNSON: And I believe Roseanne Scotti
2 stepped out for a moment.

3 MAJORITY CHAIRMAN KAUFFMAN: Okay. All right.
4 All right. You're up, too. Welcome. And at
5 this point, I'll turn it over to the two of you for your
6 testimony, and then we'll open it up if there are any
7 questions.

8 DR. JOHNSON: Great. Thank you.

9 Good morning, Chairman Kauffman and Chairman
10 Briggs and Members of the House Judiciary Committee. I'm
11 glad to be here today.

12 I am Physician General Denise Johnson, and with
13 me today I have Roseanne Scotti, who is our Senior
14 Technical Advisor on Syringe Access Services and who will
15 be available to answer any questions of the Committee.

16 So thank you for this opportunity to provide
17 commentary or testimony on House Bill 1393. As you know,
18 overdose deaths have been one of the greatest health crises
19 that have faced our Commonwealth. While the pandemic has
20 been ongoing, we know that in 2020, 46 of our 67 counties
21 experienced an increase in overdose deaths.

22 While the opioid disaster declaration has
23 expired, the Department of Health as well as the whole
24 Wolf Administration has been committed to our ongoing
25 efforts to combat this crisis. And we know that we have

1 to use every single tool that we have in the toolbox to
2 keep people alive, to save lives so they can eventually get
3 into treatment, and as such, we are encouraged by this
4 conversation to support this bill.

5 So drug overdoses is the leading cause of
6 accidental death in Pennsylvania. We are number three in
7 States in the United States for death from drug overdoses,
8 and we have been making some progress. In 2019, we had
9 4,458 overdose deaths, but in 2020, we had 5,067 people die
10 from overdoses.

11 As you heard from the District Attorney, we are
12 having more of our drugs that are contaminated with
13 fentanyl. As he stated, fentanyl is a synthetic opioid
14 that is 50 times more potent than heroin, but 100 times
15 more potent than morphine, and many people don't know that
16 they are coming into contact with the substance. It is
17 contaminating heroin, but it is also contaminating cocaine,
18 amphetamines, and illicitly produced pills that are
19 counterfeit OxyContin and the like.

20 We also know that nationally over the past
21 several years, overdose deaths from fentanyl have
22 quadrupled, and some estimates show that overdose deaths in
23 Pennsylvania---

24 MAJORITY CHAIRMAN KAUFFMAN: Doctor?

25 DR. JOHNSON: Yes?

1 MAJORITY CHAIRMAN KAUFFMAN: Could you pull your
2 mic a little bit closer to you to make sure---

3 DR. JOHNSON: Sure.

4 MAJORITY CHAIRMAN KAUFFMAN: There are folks
5 participating virtually that may have a little harder time
6 hearing you---

7 DR. JOHNSON: Okay.

8 MAJORITY CHAIRMAN KAUFFMAN: ---and I just wanted
9 to make sure that everybody gets to hear you.

10 DR. JOHNSON: Sure.

11 So by some estimates, probably about 70 percent
12 or more of our overdose deaths have been related to the
13 presence of fentanyl in the drugs that have been used.

14 So again, as stated, just about every family in
15 every community has been affected by an overdose death.
16 There have been no communities that have been untouched.
17 And we have lost a lot of loved ones, and this does not
18 have to continue to be so.

19 Definitely the pandemic has made things worse.
20 Some people have had financial insecurities. They have had
21 increased stressors -- mental, physical, emotional, and
22 social -- and there has been a lot of isolation. And we
23 also know that individuals who use drugs in isolation have
24 an increased risk of dying from overdoses.

25 Again, with the pandemic, even though we have had

1 some gains in terms of our decreasing overdose deaths, we
2 have had a resurgence in 2020 and really need to deal with
3 that.

4 We don't have one single silver bullet that we
5 can use to combat the crisis, and so we have to use every
6 tool that we have. We will continue with the prevention
7 and anti-stigma education, making sure people have access
8 to treatment, and also making sure that they have access to
9 naloxone, the opioid overdose antidote. But we also want
10 to use other tools that would be available to us, and this
11 House Bill addresses the fentanyl test strips.

12 So fentanyl test strips are really simple. They
13 are easy to use. They are pieces of paper that cost about
14 a dollar, and they can detect opioid when they are dipped
15 into water that has the drug that has been dissolved in it,
16 a little bit of drug dissolved in it. So even if the drug
17 is a pill or a powder or injectable, if it's dissolved in
18 water, these test strips, you dip it in there, and you can
19 tell whether or not there is fentanyl in there.

20 The test strips don't have any fentanyl in there,
21 but they detect it by a simple line that would show up on
22 the test strip, sort of like a home pregnancy test or any
23 of the other over-the-counter tests that we use.

24 We know that many States have decriminalized
25 these test strips -- Arizona, Maryland, Washington State.

1 Many others do allow these test strips to be used. But
2 because they are considered drug paraphernalia,
3 organizations are reluctant to use them because of fear of
4 repercussions and prosecution.

5 So recently, the Federal Government has announced
6 that States may use Federal funding to be able to purchase
7 these test strips. And so that would give us another tool
8 that especially harm prevention organizations can use, and
9 this would utilize Federal dollars and would not require
10 any State dollars. There also is funding available for
11 other parts of combatting the crisis, such as prevention
12 education, recovery, and other treatment. And so we are
13 really glad to applaud Representative Struzzi's foresight
14 and leadership in this critical fight.

15 We know also that fentanyl test strips are not
16 the only harm reduction effort, and Representative Struzzi
17 has also been leading on the legislation for syringe
18 services. We know that in addition to the overdose
19 epidemic and crisis, we also have an increase in HIV and
20 hepatitis C. Individuals who use drugs and injectable
21 drugs often will share contaminated needles and can cause
22 spread of disease. Pennsylvania is one of the top States
23 for new HIV cases, and these are tied as well to drug use.

24 Syringe services programs are another harm
25 reduction program that allows individuals to bring back

1 contaminated needles, getting them off the field, getting
2 them out of the way where they can contaminate others, and
3 also decreasing the chances that they share a contaminated
4 needle. Again, this requires legislation to change, and
5 we, Pennsylvania, are only one of 10 States that does not
6 allow that to happen statewide.

7 And so a wide variety of States, as well as the
8 Federal Administration -- the Trump Administration; the
9 Biden Administration -- have endorsed these programs
10 because they really do save lives, and we also know that
11 people who utilize these harm reduction services are as
12 much as five times more likely to enter treatment. As
13 Representative Struzzi said, if people's lives are saved,
14 they have another opportunity to enter into treatment, and
15 we are not able to do that if we do not save their lives.

16 Also, the experience in Philadelphia alone where
17 syringe services have been in place, some by their local
18 legislation, they have estimated that over 10 years, they
19 have avoided 10,000 cases of HIV, and we know that the
20 lifetime treatment for someone with HIV is almost a half a
21 million dollars, and they have estimated to save as much as
22 \$2.4 billion in that timeframe. It also gets people in
23 there to get HIV testing and hepatitis C testing. They can
24 get access to naloxone. They get treatment for infections
25 that are caused by drug use that can really impact our

1 hospital systems.

2 And so again, the overdose crisis has been
3 worsened by the pandemic. We know that we have to use
4 everything that we can. The fentanyl test strips would be
5 a great step. It really can save lives and help people
6 enter into treatment. And the Department of Health
7 strongly supports this legislation, and Roseanne and I
8 would be happy to take any questions.

9 Thank you for this opportunity today.

10 MAJORITY CHAIRMAN KAUFFMAN: Thank you.

11 Now, as someone who, you know, I'm very
12 unfamiliar with this, which is one reason, you know, I
13 thought it was important to have hearings, so that everyone
14 can understand.

15 These fentanyl test strips, who uses them? I
16 mean, do addicts? Do folks who are dependent on
17 substances, do they use them prior to using the drug? Is
18 it a loved one who usually helps them? How does this work,
19 you know, in other States and other jurisdictions where
20 it's more prevalent? Are nonprofits generally the
21 distributors of these in giving them directly to the
22 families or to the folks who are substance dependent? How
23 does that transpire?

24 DR. JOHNSON: Sure. I'll start, and I'll ask
25 Roseanne to add anything that I leave out.

1 But the intention is for harm reduction groups to
2 be able to have these to be able to educate people who use
3 drugs on how to use them and to distribute to them. The
4 idea is to, before using a drug, to dissolve a little bit
5 of it in water and test it to see if there's fentanyl in
6 it.

7 There have been surveys and reports that have
8 shown that individuals who use drugs, who are aware that
9 there's fentanyl in there, might not use the drug at all,
10 might use a smaller amount, or might use with someone
11 present. There have been many reports that say that people
12 who have overdosed with fentanyl, most of them have no idea
13 that there was fentanyl in there, and if they had the
14 opportunity to know that, they might take other steps.

15 Roseanne, do you want to add anything?

16 MAJORITY CHAIRMAN KAUFFMAN: Your mic, I'm not
17 sure if it's on or not close enough. Okay. Thank you.

18 MS. SCOTTI: Sorry.

19 It would usually be used by someone who
20 themselves is using drugs to test it, but we know that
21 people often use together, so you might be using with a
22 partner, with a family member. So in that sense, it could
23 involve a family member or a peer, someone like that also,
24 you know, using with you and testing it.

25 Around the country, there have been some

1 innovative programs, and it is usually harm reduction
2 programs, syringe service programs, that distribute them,
3 but there have been some interesting pilot programs around
4 the country having law enforcement provide them as part of
5 law enforcement diversion programs. So you sort of build
6 that trust with folks, and, you know, you're saying "I want
7 to keep you alive" right off the bat, and "If you want
8 help, I can give that to you."

9 So, you know, there are certainly lots of
10 organizations that aren't strictly harm reduction programs
11 in Pennsylvania who are providing services to this
12 population, and that would be one more tool that they could
13 provide.

14 MAJORITY CHAIRMAN KAUFFMAN: Thank you.

15 Chairman Briggs.

16 MINORITY CHAIRMAN BRIGGS: Thank you very much
17 for your testimony.

18 And as I said in my opening, this is an important
19 issue. I want to applaud the Representative for being a
20 champion on these tough topics.

21 You mentioned the prevention nonprofit or local
22 entities. The bill, the way it was presented, now, this is
23 for individual use. Would there be an advantage to expand
24 it to allow other folks to use it if it is one of the
25 nonprofits or -- I just want, you know, could you, if you

1 are familiar enough with it to discuss if you think it
2 should be expanded a little bit more to help protect more
3 people.

4 DR. JOHNSON: Go ahead.

5 MS. SCOTTI: There actually is a growing movement
6 around the country to expand drug checking, which includes
7 fentanyl test strips. As we know, there are new
8 adulterants coming on the market all the time. You know,
9 fentanyl is the most well-known, but there are other
10 substances that can be toxic.

11 In addition, there are other mechanisms besides
12 fentanyl testing strips that are coming on the market.
13 Some of them, as you point out, could be used at harm
14 reduction centers or other locations to have people bring
15 their drugs in and check, get them checked, and they would
16 be more like various things that people could use.

17 So I certainly think there is, I can say there's
18 a movement around the country to expand drug checking
19 beyond fentanyl test strips at this point.

20 MINORITY CHAIRMAN BRIGGS: With the current law
21 and the prohibition, would the legislation need to be
22 expanded to allow that, or is that something that could
23 be---

24 MS. SCOTTI: Yes.

25 MINORITY CHAIRMAN BRIGGS: It would have to be

1 expanded. Okay.

2 MS. SCOTTI: And there are other States that have
3 done this, so there's models out there for sure, and it
4 would be -- I'm not legislative staff.

5 MINORITY CHAIRMAN BRIGGS: No; all right.

6 Thank you very much.

7 MS. SCOTTI: But it would be fairly simple.

8 MAJORITY CHAIRMAN KAUFFMAN: Representative
9 Kinkead, you are in order.

10 REPRESENTATIVE KINKEAD: Thank you, Chairman.

11 I just wanted to follow up on Chairman Briggs'
12 question.

13 As we are talking about this, I know Narcan has
14 been something that we have really tried to get people
15 educated on. I know that my staff was trained in Narcan.
16 We have it available in our office.

17 Do you envision that fentanyl strips could be
18 something that we try to make available, similar to what we
19 have done with Narcan, which is really pushing and making
20 it available to really any kind of public service office
21 where it's just if someone comes in, they can get fentanyl
22 strips and also help with their unemployment, you know,
23 something along that line. Would that be beneficial in
24 kind of trying to stem this overdose epidemic?

25 DR. JOHNSON: Sure. If I could answer.

1 Yes, it would be beneficial. Any opportunity to
2 save a life, we really want to take advantage of that. And
3 so that if these test strips were freely available so that
4 there wouldn't be a barrier to get them, you know, that
5 certainly is preferable.

6 We know that the harm reduction organizations
7 also provide education and other access to treatment, so we
8 want those to be available as well. But the bottom line
9 is, we have to save the life first in order to treat it,
10 and so any way that we can save the life, we should do it.

11 REPRESENTATIVE KINKEAD: Thank you.

12 MAJORITY CHAIRMAN KAUFFMAN: Representative
13 Bonner.

14 REPRESENTATIVE BONNER: Thank you, Mr. Chairman.

15 The question, this legislation certainly sounds
16 like a great idea. I'm just wondering, why wasn't it
17 undertaken years ago?

18 DR. JOHNSON: I'm sorry. If that question is
19 addressed to me, I would have no idea, no way to know that.

20 REPRESENTATIVE BONNER: Is this our first effort
21 to legalize fentanyl strips?

22 MS. SCOTTI: I can't speak for Representative
23 Struzzi, but I do believe he had a bill in last session as
24 well. And certainly around the country, bills have been
25 getting passed for the last several years.

1 MAJORITY CHAIRMAN KAUFFMAN: Representative
2 Struzzi, if you would like to address that at all?

3 REPRESENTATIVE STRUZZI: Yes. Thank you,
4 Mr. Chairman.

5 Representative Bonner, 10 years ago, fentanyl
6 wasn't an issue. It was a small percentage related to
7 overdose deaths. And as you have heard in the testimony,
8 now it has become the most critical element in an overdose
9 death. It's the number-one cause. So 10 years ago, it
10 really didn't have that much relevance.

11 I introduced this bill previously, in the last
12 session. So at least from my perspective, this is the
13 second go-around. And, you know, the more time that
14 passes, the more critical it becomes that we allow these to
15 be used for personal use.

16 REPRESENTATIVE BONNER: I'm also wondering where
17 the resistance has come to legalizing fentanyl strips? If
18 any?

19 MS. SCOTTI: I track bills around the country,
20 and I don't know of any. It is sort of a mystery that they
21 haven't -- but again, as Representative Struzzi says, this
22 was not as much of an issue, you know, obviously, before
23 the advent of fentanyl being broadly contaminating the drug
24 supply. I have been privy to a lot of hearings in other
25 States, and I have never seen anyone oppose them.

1 New Jersey, our neighbor, actually just got a
2 fentanyl testing strip bill out of committee at the end of
3 last week, on Thursday. Actually, the full Senate and
4 Assembly are voting on it today, and it's expected to pass
5 and the Governor is expected to sign it.

6 The landscape is changing as we speak.

7 REPRESENTATIVE BONNER: My final question.

8 Have any States rejected the legalization of
9 fentanyl strips?

10 MS. SCOTTI: In terms of?

11 REPRESENTATIVE BONNER: Just not supporting the
12 legislation.

13 MS. SCOTTI: I think -- not that I know of,
14 Representative. I believe that, you know, there are bills
15 that have taken longer to move. But if you look at where
16 the bills are passing around the country, it's a very
17 diverse group of States. The last State to pass the bill
18 was Arizona.

19 So, you know, like I say, it has been something
20 that has really crossed political boundaries and something
21 that I think, because that the overdose crisis is what it
22 is, a crisis, has really gotten broad support.

23 REPRESENTATIVE BONNER: Thank you.

24 Thank you, Mr. Chairman.

25 MAJORITY CHAIRMAN KAUFFMAN: Thank you very much.

1 Seeing no further questions for this panel,
2 thank you very much for your participation today.

3 MS. SCOTTI: Thank you.

4 MAJORITY CHAIRMAN KAUFFMAN: And we'll move on to
5 the next panel: Kami Anderson, Executive Director of the
6 Armstrong-Indiana-Clarion Drug and Alcohol Commission; and
7 Mike Krafick, Certified Recovery Specialist Supervisor for
8 the Armstrong-Indiana-Clarion Drug and Alcohol Commission.

9 Welcome. Thank you for participating today.

10 Make sure you pull your mic as close to you as
11 possible so we can hear.

12 I don't know if your mic is on. Press -- there
13 you go. The light just came on. I see it now.

14 MS. ANDERSON: Okay. All right. Thank you.

15 Good morning. My name is Kami Anderson, as he
16 said, and I am the Executive Director with the
17 Armstrong-Indiana-Clarion single-county authority, that I'm
18 sure all of you are familiar with those in your own
19 counties.

20 In 2021, we experienced a new and deadly
21 milestone. In the 12 months ending April 2021, over
22 100,000 people died in the United States from overdoses.
23 Sixty-three percent of those overdoses were related to
24 fentanyl. Pennsylvania lost 5400 people in the same time
25 period, and if we would apply the 63 percent, 3400 people

1 died last year from a fentanyl overdose.

2 In Indiana County, which is represented by
3 Jim Struzzi, 89 percent of the overdose deaths were due to
4 fentanyl. So far in 2021, 82 percent of our county deaths
5 are due to fentanyl.

6 I have worked in the drug and alcohol field for
7 28 years. Watching and studying drug trends has been a big
8 part of my life, and I can tell you that there has never
9 been a more deadly time to use drugs. Fentanyl is being
10 mixed with cocaine. It is being mixed with
11 methamphetamines, and it is being pressed into pills,
12 counterfeit pills, to look like pills such as oxycodone and
13 Xanax and sold on the streets to people that think they are
14 buying legitimate pharmaceutical drugs.

15 To save lives, we need to encourage drug
16 checking. Drug checking is a form of harm reduction in
17 which drugs purchased on the street are chemically analyzed
18 to determine the presence of adulterants.

19 Will drug users use fentanyl test strips? In a
20 Brown University study described in my written testimony,
21 77 percent used the strips they were given. Almost half
22 altered their drug use in ways such as using less of the
23 drug, mixing -- or I'm sorry -- using with others present,
24 making sure a Narcan kit was present when they used, and
25 not using the drug.

1 According to another study known as the FORECAST
2 study, Fentanyl Overdose Reduction Checking Analysis Study,
3 355 drug users were questioned. Of those, 246 said they
4 had consumed fentanyl in their past. Eighty-five percent
5 of those people said they wish they had known. Eighty-nine
6 percent said they would use fentanyl test strips, and
7 70 percent of them said that fentanyl test strips would
8 make them alter their drug use. So, yes, drug users would
9 use fentanyl test strips if they were available.

10 If we would apply that 70 percent that would
11 alter their drug use to those who died from fentanyl
12 overdoses in Pennsylvania in 2021, almost 2400 lives might
13 have been saved.

14 Fentanyl test strips might be lifesaving for the
15 teenager experimenting with drugs. It could be a child or
16 a family member of any one of us sitting here, the
17 concertgoer who is looking for a trip at a concert, the
18 person buying their drug of choice from a new source, or
19 someone in long-term recovery that relapses. We must start
20 to use harm reduction strategies to save lives.

21 Society has finally begun to accept the use of
22 Narcan for preventing drug overdose deaths. Then why are
23 we not implementing a tool that costs \$1 to prevent the
24 overdose from happening in the first place? We cannot
25 afford to wait another decade to allow the use of fentanyl

1 test strips. Let's start to reduce the overdose deaths in
2 Pennsylvania now.

3 And we would be one of the entities that would be
4 willing to distribute fentanyl test strips in our counties.
5 We are the central coordinating entity for the distribution
6 of Narcan for our three counties, and when we were
7 distributing Narcan, we would also offer fentanyl test
8 strips. We would also have them in our three-county
9 locations so that drug users could come in and pick up
10 fentanyl test strips.

11 MAJORITY CHAIRMAN KAUFFMAN: Sir, if you have
12 additional testimony to add?

13 MR. KRAFICK: Sure.

14 Thank you very much, Chairman, and thank you,
15 Members of the Committee.

16 My name is Mike Krafick. I'm a Certified
17 Recovery Specialist and the CRS Supervisor with the
18 Armstrong-Indiana-Clarion Drug and Alcohol Commission. I
19 have worked for the SCA for going on 12 years now.

20 I'm also a person in long-term recovery myself.
21 I struggled with addiction to opioids, heroin, and
22 various other drugs for a number of years. This April,
23 God willing, I'll celebrate 14 years of recovery.

24 Thank you. Thank you. Actually, I have the
25 honor and the privilege to work for the organization that

1 years ago sent me to treatment so many times over and over
2 again.

3 The first time I went to treatment, I was
4 22 years old. I had been using heroin for about 2 years
5 and other drugs for about 10 years prior to that. So I
6 started fairly young and over the next 6 years was in and
7 out of treatment multiple times, suffered multiple
8 overdoses. You know, I saw friends of mine overdose and
9 die. I have lost a lot of people to this disease of
10 addiction and have now spent my life in recovery trying to
11 help people, you know, find their own path to recovery, get
12 connected to treatment and really turn their life around.

13 A big part of what we do at the Drug and Alcohol
14 Commission is helping people access resources, getting them
15 connected to treatment, giving them tools like naloxone if
16 they have a relapse, that they'll be able to survive an
17 overdose. And more and more, my focus has been on getting
18 people access to harm reduction tools like naloxone and
19 hopefully like fentanyl test strips so people can make
20 better informed decisions about their use.

21 Like we had heard in previous testimony, I don't
22 think it's safe to assume that somebody that is addicted to
23 drugs and using daily, if they test a drug and detect
24 fentanyl, would immediately dispose of that drug. That may
25 happen. But, you know, personally speaking, when I was in

1 the grips of addiction, I probably wouldn't have done that,
2 but I know and evidence has shown that people will change
3 their behavior. They'll maybe use half of what they were
4 intending on using or making sure they have somebody with
5 them, making sure they have Narcan available on hand. I
6 think they are all important things that people can do to
7 reduce their risk of overdose and hopefully save their
8 life.

9 I'm really supportive of this legislation and
10 really hope that this can move forward. I think this is a
11 valuable, inexpensive tool that we can use to help save
12 lives and hopefully get more people into long-term
13 recovery.

14 MAJORITY CHAIRMAN KAUFFMAN: Thank you for being
15 here today and participating.

16 When you mentioned you would be willing to be a
17 part of the distribution network and it would be available
18 at your three locations, how else do you distribute it?
19 What partners in the community do you use, because
20 currently you spoke about helping with the Narcan
21 distribution. What partners in the community do you use
22 currently to distribute Narcan?

23 MS. ANDERSON: We would certainly look to those
24 partners that we have for the distribution of Narcan. We
25 partner with all three hospitals -- Indiana, Clarion, and

1 Armstrong -- to distribute Narcan from the emergency room.
2 When someone is brought in for a substance use disorder and
3 overdose, they leave that emergency department with a
4 Narcan kit in case they would overdose again. We would
5 look to them to also distribute fentanyl strips in that
6 same instance.

7 We also do Narcan drive-through events in
8 different rural parts of our three counties where we, the
9 person can just drive up and we can give them a Narcan kit
10 and educate them on the use of it, and we would certainly
11 add fentanyl strips to that also.

12 Mike, what other agencies might be able---

13 MR. KRAFICK: So I think one of the more
14 impactful ones would be partnering with our first-responder
15 entities, EMS agencies.

16 MAJORITY CHAIRMAN KAUFFMAN: Mm-hmm.

17 MR. KRAFICK: So we have agreements with several
18 local EMS agencies in our three counties that do Narcan
19 leave-behind with overdose survivors. So whether they
20 leave it with the overdose survivor themselves or with the
21 family members, they are not only reviving that individual
22 but they are leaving them with a kit to leave behind as
23 well. We would hope to partner with them to include a
24 couple of fentanyl test strips with that left-behind
25 naloxone.

1 And in talking to our first-responder partners,
2 quite often when they show up on scene to revive an
3 overdose, that person has already been given a dose of
4 naloxone either by a friend or a family member, so we know
5 that that effort is working and having an impact in saving
6 a bunch of lives. So I see that as a valuable partnership
7 to be able to get these in the hands of people that need
8 them.

9 The people that walk into our doors seeking
10 treatment aren't necessarily the individuals that we want
11 to make sure we get these in the hands of. Those are
12 people that actively want to stop using and want to get
13 into treatment. We want to try to do some assertive
14 outreach with people that are actively using with no
15 intention right now of stopping, giving them this tool to
16 hopefully save their life and plant a seed that treatment
17 and recovery is possible and to work with that individual
18 along the way, meet them where they're at and help guide
19 them through the process.

20 MAJORITY CHAIRMAN KAUFFMAN: Thank you.

21 Other questions?

22 Representative Bonner.

23 REPRESENTATIVE BONNER: Thank you, Mr. Chairman.

24 These strips are now illegal to possess? Is that
25 correct?

1 MS. ANDERSON: They are considered drug
2 paraphernalia, and you can be charged with that offense.

3 REPRESENTATIVE BONNER: Then who is behind the
4 current production of those strips?

5 MS. ANDERSON: Right now there's a company in
6 Canada that is making them. I know that they can be bought
7 on the Internet easily, though I'm not aware of any other
8 companies in the United States that manufacture them.

9 REPRESENTATIVE BONNER: Is there a profit motive
10 for that company in Canada or is this humanitarian?

11 MS. ANDERSON: I couldn't answer that.

12 REPRESENTATIVE BONNER: Okay. Thank you.

13 MR. KRAFICK: I would just add, if I could, with
14 the cost of them, them being so inexpensive, I would
15 venture towards the latter, that it tends to be about
16 saving lives more than making large sums of money.

17 MAJORITY CHAIRMAN KAUFFMAN: Chairman Briggs.

18 MINORITY CHAIRMAN BRIGGS: Thank you very much
19 for your testimony.

20 I do recall rescheduling today saved me a trip to
21 visit you in your home county, so I want to thank you for
22 coming here to talk to us. I think it is important for the
23 Legislature to be exposed and educated on these issues,
24 because I do think, as Representative Bonner asked what the
25 delay is on dealing with this, as long as I have been in

1 the Legislature, we have been -- Philadelphia did the
2 syringe exchange. I think that should be something that
3 should be statewide.

4 Do you think there's other programs that you
5 think the Commonwealth could be advancing to help folks
6 that are dealing with addiction?

7 MS. ANDERSON: Definitely syringe exchange
8 programs would be an excellent way to help curb the spread
9 of infectious disease like hepatitis and HIV. There are
10 many things that can be done, I think.

11 Mike, do you want to talk about some of those?

12 MINORITY CHAIRMAN BRIGGS: I'm sorry. And also
13 in the 22 years and the 12 years, what the mood and the,
14 you know, it was such a stigma. You know, it was kind of
15 like viewed as a weakness or a flaw in our society. I hope
16 as policymakers that we are able to kind of look beyond
17 that and try to take some of the suggestions that you can
18 have to help people.

19 So if you can kind of address that, like in your
20 communities how long you have been doing that, and some
21 suggestions. I'm sorry.

22 MS. ANDERSON: We started distributing Narcan I
23 think in 2015. As soon as the law was passed allowing you
24 to do it, we had a training 3 days later with Prevention
25 Point Pittsburgh on how to use Narcan and to distribute it.

1 We also, I think one of the biggest problems with
2 the fentanyl right now is that it's not only getting into
3 heroin. It's getting into cocaine, into methamphetamines,
4 and it's being pressed into pills, like I said, that people
5 think they are buying legitimate pills and overdosing on
6 fentanyl. And I think the overdoses are going up because
7 people are using those drugs also in addition to heroin and
8 overdosing.

9 So we have been fighting this fight for a long
10 time. In 2015, we started a Warm Handoff program in our
11 hospitals where we embedded case managers and certified
12 recovery specialists in the emergency departments to deal
13 with people when they came in for overdoses. So I think
14 there's a lot -- there's always more that can be done in
15 the drug use.

16 MR. KRAFICK: Yeah. And I would just add, I
17 think looking at -- you know, treating addiction is a
18 chronic disease, and investing in recovery and recovery
19 supports I think is extremely beneficial.

20 As part of my testimony, the first time I went to
21 treatment, I was 22 years old. Like I said, I had been
22 using heroin for 2 years and other drugs for a decade prior
23 to that. My insurance company covered 10 days of
24 treatment, including the 5 days of detox. So as you can
25 imagine, that wasn't my last stay in treatment. It wasn't

1 all that effective. But if we are able to give people
2 access to the treatment and recovery supports that they
3 need to be able to be successful---

4 You know, in comparison, the last time I went to
5 treatment in 2008, I stayed engaged in outpatient treatment
6 for a year and a half. I was involved in intensive case
7 management. I had a lot of supports around me to be able
8 to be successful, and research shows that if we can get
9 people to 5 years of recovery, their risk of relapse is
10 less than 15 percent. So 85 percent of people that achieve
11 5 years of recovery maintain that recovery on a long-term
12 basis, so if we can invest in, you know, the community
13 supports to be able to get people to that 5-year mark, I
14 think that's very worthwhile.

15 MAJORITY CHAIRMAN KAUFFMAN: Representative
16 Hohenstein.

17 REPRESENTATIVE HOHENSTEIN: Thank you, Chair.

18 I appreciate what you both were just talking
19 about, which is the ultimate goal of getting people toward
20 recovery. And what I would like to just ask of you, and
21 maybe of the speakers to come as well, what is the
22 importance of harm reduction in that crossover?

23 We know, when we talk about harm reduction, we
24 are saving a life and a moment, but we also know that life
25 might need to be saved another 3, 5, 10 times before

1 someone is going to get into recovery. What is the role
2 and how do we take harm reduction policies and turn them
3 into a more permanent recovery system?

4 MS. ANDERSON: Definitely passing this
5 legislation would be a first step. Being able to give out
6 fentanyl test strips or Narcan has given us an opportunity
7 to talk with people that aren't ready to give up using
8 drugs, that are still going to continue to use their drugs
9 but do it safely and not have an overdose. But it also,
10 like Mike said, it allows us to plant a seed that in the
11 future when they are ready, they can remember, hey, that
12 place where I got those fentanyl test strips, they can help
13 me get into treatment.

14 And, Mike, do you want to---

15 MR. KRAFICK: Yeah. Thank you so much for your
16 question.

17 You know, as you were asking that, I was thinking
18 about my own experience visiting a harm reduction entity.
19 During active addiction, I went to Prevention Point
20 Pittsburgh, a syringe exchange. I drove about 45 minutes
21 to get there. I believe at the time, they were open one
22 day a week, so I had to go down on Sunday mornings.

23 And to this day, I remember how I felt leaving
24 that agency, which was I felt heard. I didn't feel ashamed
25 or stigmatized. It was kind of disorienting talking to a

1 professional about my drug use without the expectation that
2 it was going to be behind me. Prior to that, anytime I had
3 talked with a counselor or a case manager, it was always
4 with the assumption that I was ready to stop, but at that
5 point, I just wasn't there yet. But I learned a lot of
6 things from that experience and got access to tools and
7 resources to help me be safer.

8 But also, they talked to me about treatment and
9 recovery options, and even though at the time maybe I
10 wasn't in the frame of mind to stop yet, a seed was
11 definitely planted. And I think one of the core components
12 of a harm reduction approach is treating people with
13 compassion and empathy and treating them like a human
14 being.

15 So if we can remove some of the stigma associated
16 with substance use and meet people's needs, whether they
17 are using or they are not, that definitely has a lasting
18 impact on when that moment comes where they decide, hey,
19 I want to get some help, I want to do something about my
20 problem, they'll know where to come for that help.

21 REPRESENTATIVE HOHENSTEIN: Thank you.

22 MAJORITY CHAIRMAN KAUFFMAN: Representative
23 Kinkead.

24 REPRESENTATIVE KINKEAD: Thank you.

25 I did just want to note that the city of

1 Pittsburgh actually did decriminalize the use, possession,
2 and distribution of fentanyl strips and that our EMS is now
3 giving them in leave-behind with Narcan, and it's having an
4 impact on our ability to prevent overdoses in Allegheny
5 County.

6 But I think we have talked a lot about the people
7 who are using the drugs, and I would like to talk a little
8 bit about the people who are making the drugs, because I
9 think that we need to really understand, you know, what it
10 is that is motivating people to put fentanyl in their
11 drugs. Because this is a drug that, you know, I think we
12 all understand now and a lot of people in the community
13 understand is incredibly deadly, and from a completely
14 business standpoint, it doesn't seem like the people who
15 would be making drugs should have the incentive to add
16 something that could kill their customers.

17 But is it purely just a profit motive that is
18 causing fentanyl to be included in these drugs? Is that
19 what's driving this?

20 MS. ANDERSON: In my opinion, it is. Fentanyl is
21 very cheap to make, cheaper than the other drugs. Since
22 it's synthetic, they don't have to look to purchase
23 pharmaceutical contents that they would need to produce
24 heroin or methamphetamines or whatever. But it makes more
25 of the drug that they do. The base that they have, it adds

1 to that base.

2 It also is marketed towards the people that have
3 a higher tolerance of heroin, that they could use less of
4 the drug by using the fentanyl that is very strong. But
5 in the past couple of years, we have seen people come into
6 our offices for treatment that just say their drug of
7 choice is fentanyl. They don't even say heroin anymore.
8 They go onto the street seeking out fentanyl because it is
9 such a strong high for people that have very high
10 tolerances, that are using 20 and 30 bags of heroin a day.
11 So, yeah.

12 REPRESENTATIVE KINKEAD: Thank you.

13 MAJORITY CHAIRMAN KAUFFMAN: Representative
14 Knowles, who is participating virtually. Representative
15 Knowles, do you have a question for the panel?

16 REPRESENTATIVE KNOWLES: Yes, I do.

17 Can you hear me, Mr. Chairman?

18 MAJORITY CHAIRMAN KAUFFMAN: Yes. Yes, we can
19 hear you, Jerry.

20 REPRESENTATIVE KNOWLES: Thank you very much.

21 I'm on my way to the Capitol. I had an
22 appointment back home that I had to make, but I do
23 appreciate the testimony that we have heard today, and I
24 certainly commend Representative Struzzi for bringing up
25 this issue.

1 I was wondering if, I had heard in someone's
2 testimony that there were a number of States that,
3 you know, have done this, and then I heard Representative
4 Kinkead mention that the city of Pittsburgh is already
5 doing it. And my question is, is there a way or is there
6 any data that is available that has shown just how
7 effective this is?

8 MS. ANDERSON: I really can't cite any data
9 because it is illegal in almost all the States.

10 I did hear testimony this morning that they have
11 been passing it out in Philadelphia, and they said it has
12 made an impact. We have not had the opportunity to use
13 fentanyl test strips, so I can't speak personally to that.
14 But I would imagine that would have a significant change in
15 use and lower drug overdoses if it was available on the
16 street.

17 REPRESENTATIVE KNOWLES: Well, I believe that the
18 term "significant data," I appreciate that, but I think it
19 would be interesting to hear some facts.

20 And by the way, you know, this is a very good
21 idea. I'm just trying to decide, if the city of Pittsburgh
22 is using it and if States are using it, have the deaths
23 gone down, and, you know, it would be nice if we had some
24 kind of data that we could review.

25 But I understand it's not available, and again

1 I want to thank the Chairman and all of the testifiers, and
2 thank you, Mr. Chairman.

3 MAJORITY CHAIRMAN KAUFFMAN: Thanks,
4 Representative Knowles.

5 And I think in our testimony there may be some
6 anecdotal data from Allegheny County that has been
7 included, and we'll make sure we get that to you and,
8 you know, possibly seek out additional information from
9 partners who may already have that information.

10 You know, I'm certain there are still skeptics
11 out there regarding harm reduction. All you have to do is
12 go to social media posts about harm reduction methods and
13 you will see there are skeptics out there about addicts.

14 But, you know, I have to say, and this is
15 slightly off, but I recently watched a series on, I believe
16 it was Hulu. You probably know what I'm going to say.
17 It's called "Dopesick." And I would encourage folks who
18 may be skeptical out there, may not understand where the
19 epidemic came from, to watch that series called "Dopesick."
20 It is a dramatization of a West Virginia town that was
21 plagued by the opioid epidemic. And that town probably
22 looks like a lot of western Pennsylvania, and that story
23 could be replicated in many towns in western Pennsylvania,
24 and other parts of Pennsylvania as well, but just the
25 demographics probably looks like a significant portion of

1 the western part of our State.

2 So I would encourage folks, if you're still one
3 of those skeptics, don't understand it, want to say, no,
4 never could happen to us, never would be in my town, never
5 would be in my family, you know, never would be in my
6 social circle, I would encourage you to watch that, you
7 know, dramatization, because it is very telling, and most
8 folks -- and it is based on an actual town, an actual
9 situation, actual lives. While it is a dramatization, it
10 has facts behind it. So anyway, I throw that out there for
11 what it's worth.

12 And I thank you very much---

13 REPRESENTATIVE KNOWLES: And Mr.---

14 MAJORITY CHAIRMAN KAUFFMAN: Oh, I'm sorry.

15 REPRESENTATIVE KNOWLES: Mr. Chairman?

16 MAJORITY CHAIRMAN KAUFFMAN: Yes. Representative
17 Knowles, do you have something else to add?

18 REPRESENTATIVE KNOWLES: Yeah.

19 I just want to make it perfectly clear that I am
20 not one of those skeptics. This sounds to me like good
21 legislation, but you picked up on a good point. There are
22 skeptics, and when those skeptics come to me, the more
23 information that I have, the more facts and figures that I
24 can produce, it makes for an easier sell to convince those
25 skeptics that they are wrong.

1 Thank you again, Mr. Chairman.

2 MAJORITY CHAIRMAN KAUFFMAN: Yep. No, I
3 absolutely knew where -- I know you, Jerry, and I knew
4 where you were headed, which is one reason I added that.
5 So I appreciate you adding that.

6 Thank you very much for your participation today
7 in this important hearing.

8 MR. KRAFICK: Thank you.

9 REPRESENTATIVE KINKEAD: Mr. Chairman?

10 MAJORITY CHAIRMAN KAUFFMAN: Yes. Representative
11 Kinkead.

12 REPRESENTATIVE KINKEAD: I just wanted to note
13 that Ms. Anderson included in her testimony a study that
14 does actually provide a lot of information for what
15 Representative Knowles is seeking, the Brown University
16 study where they did provide fentanyl strips to several
17 users and tracked their use and how that was -- what impact
18 it made. So to the skeptics that Representative Knowles
19 and all of us will encounter on this, I think that's
20 actually a really helpful piece of information.

21 MAJORITY CHAIRMAN KAUFFMAN: Thank you,
22 Representative.

23 Thank you very much.

24 And moving on, the next we have is
25 Gail Groves Scott from the Health Policy Network in

1 Lancaster.

2 Thank you for being with us today, and I'll turn
3 it over to you.

4 MS. GROVES SCOTT: Thank you, Mr. Chairman.

5 Thank you very much for inviting me to testify
6 today in support of House Bill 1393.

7 My name is Gail Groves Scott, and as you said, I
8 am a resident in Lancaster where I have a business called
9 Health Policy Network. But that's a new business, so I
10 changed my career.

11 For many years, I was a pharmaceutical
12 salesperson, and I worked in the fields of pain and
13 addiction. You are talking about the TV show on Hulu? I
14 was there. I was a representative for both Purdue Pharma
15 selling OxyContin, and then I also was a representative for
16 the company that makes the number-one addiction medication
17 for opioid use disorder. And because of my experiences
18 there and because of my experiences that I'm going to tell
19 you about today as a family member of people who have
20 struggled with substance use disorder and opioid use
21 disorder, I made the decision to devote the rest of my
22 career to focusing on opioid use disorder treatment policy.
23 That is my area of specialty. I have a master's in public
24 health, and I am getting my doctorate in health policy, and
25 this is my area of specialty.

1 I also research pharmaceutical marketing and
2 would be happy to take your questions about that.

3 I was a fact witness to the Federal grand jury in
4 the Purdue Pharma case. I was also a whistleblower in a
5 \$2 billion Department of Justice settlement with the
6 addiction medication manufacturer.

7 When you talk about, Representative Bonner talked
8 about being skeptical about pharmaceutical profits, and
9 that's the area that I'm studying right now, because I can
10 tell you that while we need medications to treat addiction
11 and we need medications to treat pain, I have learned
12 firsthand about the challenges of the conflicts of interest
13 in seeking profits over patients.

14 Importantly, I am a parent of five adult
15 children, one of whom almost died of an opioid use
16 disorder.

17 As a researcher and a policy advocate, I echo the
18 comments that you are hearing from my colleagues today
19 about drug testing technologies. And Representative
20 Knowles asked about the research. I have quite a few
21 footnotes in my written testimony and so do some of my
22 colleagues. I know you'll hear from Dr. Hom shortly.
23 There is strong evidence about harm reduction technologies.

24 I brought two examples to show you. I'm sure you
25 have seen a Narcan nasal spray. This is something that

1 this Legislature helped become widespread in Pennsylvania.
2 And this is a fentanyl test strip, and this is what we need
3 to make sure is legal so that the harm reduction
4 organizations can also get these out.

5 At least 18 States do not list fentanyl test
6 strips in their definitions of "drug paraphernalia," so we
7 need to be one of those States. And as we had
8 Representative Bonner asking questions, and I think several
9 Representatives asked questions why all the States don't do
10 this. It's just that States have different information in
11 their drug paraphernalia laws, but we need to change this
12 to make it easier for overdose prevention and harm
13 reduction organizations to expand.

14 I am grateful, I'm blessed that my child survived
15 multiple overdoses. My child is now in sustained recovery,
16 in graduate school in Philadelphia. My child is alive
17 today because of harm reduction services.

18 And you know what? I live in the midstate. If
19 my child had been attending college near their hometown,
20 they might not be alive, because we don't have robust harm
21 reduction services in the rural counties; we don't have
22 them in the middle of the State.

23 There's a small harm reduction project in
24 Lancaster. It's also in Harrisburg. It's also in York.
25 It is not anywhere close to the size of the organizations

1 that have been, for 30 years, in Philadelphia and
2 Pittsburgh.

3 And it breaks my heart that I attended a funeral
4 a few months ago of a young man, the same age as one of my
5 adult children. In fact, he went to school with my
6 children. And he thought he was in recovery. He was in
7 recovery, but he had a slip, and people who are in recovery
8 from an opioid use disorder or any substance use disorder,
9 it's normal for them sometimes to have a slip or a
10 recurrence of use. If he had been in a town that had
11 strong harm reduction services, if he had had that
12 education, I might not have been attending his funeral
13 several months ago, and it breaks my heart.

14 So you have the power to change this. We can do
15 a better job. We have some excellent harm reduction
16 organizations, but they are tiny. They can't get the
17 funding. Because it's considered illegal under the drug
18 paraphernalia laws, they can't get fully funded, and some
19 of them are underground because they are afraid that if
20 somebody catches them with this, they'll get arrested.

21 Now, I was given this one, this actual strip, on
22 the steps of the Capitol in October when Representative
23 Struzzi and some other Representatives here hosted a rally
24 to announce the launch of this legislation. So they are
25 handing them out, but we don't know if they'll be able to

1 keep doing it. They can't get funding, the organizations
2 are too small, and we can't expand the organizations that
3 do the work of getting these harm reduction tools in the
4 community without changing the language of the drug
5 paraphernalia bill. So that's how simple it is. That's
6 what we're asking you to do today.

7 In my written testimony, I go into some of the
8 frequently asked questions that Representative Knowles said
9 on the phone on his drive. He said people are going to ask
10 him questions and he wants to know how to respond. I'm not
11 going to read them all to you today. I think it's a little
12 boring when people read straight from their written
13 testimony, but I am going to hit the highlights and I'm
14 going to tell you my policy recommendations.

15 I study health policy. This is my area, and I'll
16 tell you, you know, what we are doing is the right thing to
17 do. We do have strong evidence. But we do, we can make
18 some amendments to improve the bill.

19 Several of the Representatives, Chairman Briggs
20 mentioned that we could broaden the language of this bill,
21 and I recommend that we do. Rhode Island has some language
22 that I just think is a little bit stronger than ours
23 because it does broaden this. We don't know what's going
24 to happen in the future. There will be other adulterants,
25 just like fentanyl came in as a wave. It caught us by

1 surprise. There will be other kinds of toxic substances
2 down the road, and we need to be able to test other kinds
3 of drugs. So we just need to legalize all drug checking.

4 I gave an example in my written testimony; for
5 example, there is a handheld spectroscope. So it's not a
6 little testing strip; it's a little portable laser-type
7 scope that can accurately identify the presence of the
8 date rape drug, Rohypnol, in alcoholic beverages. Police
9 are using technology like that, but it's becoming
10 inexpensive. So a harm reduction organization could be
11 helping people test other kinds of drugs that we don't know
12 what will happen fast. But there will probably be other
13 kinds of test strips that can test for other kinds of
14 drugs. So let's not waste our time having to come back and
15 change the language of the bill every time. Let's just
16 broaden the language of the bill so that all kinds of drug
17 checking is legal if utilized for harm reduction purposes.

18 I also think that we should clarify that third
19 parties can carry, administer, or assist another person
20 with drug testing. I think it is implied in the language,
21 but let's just be clear. Because I'll tell you that when
22 these organizations get funded by health-care entities, by
23 hospitals, the lawyers come in and they look at the law and
24 they say, I don't know if we can give you funding because
25 it's not really clear to me that in the law it says an

1 organization can distribute these.

2 So let's not cause any barriers there. Let's
3 just make it clear that public health workers, harm
4 reduction workers, friends, family, can distribute these,
5 and we can do that pretty easily. I think the Rhode Island
6 language is the right step, and Roseanne Scotti is a
7 technical assistant for this. She's an attorney. She can
8 help craft that language.

9 So I did mention that there are some questions in
10 my written testimony that you might hear from some of your
11 constituents who ask about this. The one that I really
12 want to highlight is the one where people ask about
13 enabling. They say, well, if we give out these things, and
14 you have heard that with Narcan. I'm sure you have.
15 People say, well, if they know they can have this thing
16 that will help rescue them from overdosing, are we enabling
17 them? Are we encouraging people to use drugs? No. Harm
18 reduction enabled my child to stay alive long enough to be
19 able to get into treatment. That's what we're enabling.
20 We're encouraging and enabling people to stay alive long
21 enough, and we just need to help the organizations doing
22 the work in the community to engage people by allowing them
23 to do this aboveground, not having to hide.

24 I mentioned that the Legislature did listen to
25 the public health officials that told them that easing

1 access to the overdose reversal drug, this Narcan, would
2 save lives. So some people did worry about that. They
3 said, well, you know, that may cause risky use. I mention
4 in my testimony there's a concept in public health that we
5 call risk compensation. That's when people know they are
6 going to be safe so they might do something a little
7 riskier. The good news is that there is substantial public
8 health research that shows that, yes, sometimes there is a
9 risk. There may be a small number of people that will
10 engage in riskier behavior, but the data shows us that the
11 positive health impacts to the larger community far, far
12 outweigh that risk. And we need to make sure that we get
13 those, we get those public health positive impacts
14 throughout the State, not just in the cities like
15 Philadelphia and Pittsburgh that are willing to
16 decriminalize this. We need it in all the counties in
17 Pennsylvania.

18 This is the same principle, the principle of risk
19 reduction, that we have seen in many other areas like
20 seatbelts, helmets, condoms, buckle up, cover up, stay
21 safe. It's all risk reduction, and that's what these
22 things are about.

23 I want to close with the three real-world drug
24 testing examples that were shared by some colleagues of
25 mine serving on the Pennsylvania Harm Reduction Network

1 Advisory Committee. These are on the last pages of my
2 testimony.

3 Jordan Scott, who works with the Recovery
4 Advocate Project, said, " 'Joe' is a regular in my
5 community. He has been selling drugs on and off most of
6 his adult life." Joe contacts me when he needs more
7 testing strips and naloxone. He makes it a point to test
8 what his supply is before selling, and he will purposefully
9 dilute.

10 Jordan also said, we spend a lot of time in the
11 Recovery Advocate Project -- where she works -- and I don't
12 believe we should distinguish between users and sellers
13 without understanding there is an intersection between
14 them. Sellers, drug sellers, need services and access to
15 resources in equal proportion to drug users. Jordan went
16 on to say, they are not the villain in this story but
17 another victim of our failed war on drugs. She believes
18 that we should not have a need to always have someone or
19 something to blame to create more barriers.

20 So I would like you to consider that when you're
21 thinking about the fact that we can't just focus on drug
22 users, because often drug users are sometimes drug sellers,
23 too, and if we are going to have a strong public impact, we
24 need to allow harm reduction services to be offered to
25 everybody.

1 Alice Bell of Prevention Point Pittsburgh told me
2 that she often hears from people who get test strips and
3 they give them to their dealers to test what they have so
4 that the dealer can communicate accurately to the people
5 they sell to. Alice believes this is an excellent use of
6 test strips. It keeps many people safer, not just one
7 individual person who tests the drugs they are using
8 themselves.

9 And I want to tell you this story. Just last
10 week on New Year's Eve, Julia Hilbert, President of
11 Pittsburgh DanceSafe, an organization that is a harm
12 reduction organization in Pittsburgh, and she is also an
13 overdose prevention specialist, she reported that one of
14 her members of DanceSafe used a reagent drug checking kit.
15 That's an example of one of the other types of drug testing
16 that we should cover in this law. And they also used a
17 fentanyl test strip to test a sample of a drug that the
18 person they were with thought was a benzodiazepine, one of
19 those fake pills that Kami Anderson was talking about.
20 They found out because of the drug checking that the pill
21 actually contained fentanyl, and then that person chose not
22 to use it, not to take that risk.

23 So these are risk reduction tools. We won't
24 always stop somebody from using a dangerous drug, but when
25 they know the drug might have a high potency of fentanyl,

1 they'll use more carefully, they'll use slower, and the
2 harm reduction person that is working with them, that
3 they're coming to for Narcan or for a test strip or for a
4 sterile syringe so they won't spread infectious disease,
5 that person engages them. They begin to trust that person.
6 They don't feel shamed by that person. And then when
7 they're ready, they will be able to be engaged in the
8 health services they need that include treatment. That is
9 what happened to my child. That is what should be
10 happening to everybody in Pennsylvania.

11 Every death from an overdose is a preventable
12 death, and you and this Legislature have the power to
13 prevent more deaths in Pennsylvania. We must expand harm
14 reduction services, and we can't do that without passing
15 this bill and the syringe services bill that Representative
16 Struzzi is also going to be introducing in the House and
17 which has already been introduced in the Senate, and I ask
18 for your support of both of those bills.

19 Thank you.

20 MAJORITY CHAIRMAN KAUFFMAN: Thank you very much
21 for your testimony today.

22 Questions or anything for Gail?

23 Well, I think you must have covered it. Thank
24 you very much for participating today. We appreciate it.

25 MS. GROVES SCOTT: You're welcome.

1 MAJORITY CHAIRMAN KAUFFMAN: And moving on to
2 William Stauffer, Executive Director of the Pennsylvania
3 Recovery Organizations Alliance.

4 The floor is yours, sir. Just make sure your
5 microphone is on and close to you so we can all hear you.

6 There you go.

7 MR. STAUFFER: There we go.

8 MAJORITY CHAIRMAN KAUFFMAN: Yep. The light did
9 come on.

10 MR. STAUFFER: It is an honor to testify here
11 today. Thank you for having me here to testify on this
12 very important issue.

13 Again, my name is Bill Stauffer. I am the
14 Executive Director of Pro•A. We are the statewide drug and
15 alcohol recovery community organization formed in 1998 to
16 educate the public about recovery, to train people about
17 opportunities to get more people into recovery, and to
18 advocate for our needs.

19 I concur with the testimony of the individuals
20 that were here testifying before me here today on the
21 importance of fentanyl test strips. This is a tool, and
22 it's an important tool.

23 First, I want to tell you a little bit about my
24 own history. I am a person in long-term recovery. I have
25 been in recovery for 35 years. I got into recovery at

1 age 21, and I am a product of the public treatment
2 system.

3 I didn't want to get help, but there were people
4 around me that helped convince me that what I was doing was
5 destroying my own life and impacting those around me.
6 Since that time, getting into recovery at 21, I was a
7 person who barely graduated from high school. Me
8 testifying in front of a Judiciary Committee has some irony
9 to me, as I was on the other side of the law, shall we say.

10 Since that time, I have had the opportunity to
11 have a normal life. I got a graduate degree in social
12 work. I teach at Misericordia University. I ran an
13 outpatient drug and alcohol treatment center for 10 years,
14 a longer term residential treatment program for 14 years,
15 and I have run Pro•A for 9 years, testifying in front of
16 panels in the U.S. Senate and for this body on a number of
17 occasions.

18 Representative Hohenstein asked about, how does
19 this fit into broader strategies, and the testimony of
20 Mike Krafick before me alluded to 85 percent of people who
21 get to 5 years of recovery stay in recovery for the rest of
22 their lives. This is something that we should think about
23 more.

24 Now, these fentanyl test strips are a tool. They
25 are an important tool that can save lives. I concur with

1 every bit of testimony before me on their importance. But
2 we also, we are actually in what I would call "syndemic,"
3 and I had not heard that term. I recently talked to
4 Dr. H. Westley Clark, former CSAT Director, and he used
5 that term and I had to look it up. And a syndemic is the
6 impact of multiple pandemics or crises coming together to
7 do something that is synergistic, and synergistic is
8 $2+2=16$.

9 You know, we have rising substance use right now
10 as a result of the pandemic -- social, political strife,
11 all of those things. My sense is that we are going to have
12 a lot of work ahead of us. Tools like this are important.

13 We also need to remember that about 90 percent
14 of the people who are using opioids are using other
15 substances, so we need to save lives. We cannot help
16 people if they are dead. As a person in long-term
17 recovery, I have lost more friends and family to substance
18 use than every other issue combined. In the last 10 years,
19 I can't think of a week that has gone by without somebody
20 in my social circle losing someone to addiction.

21 We also have to stop thinking about this as a
22 crisis. It is a crisis, but we actually sort of rob
23 ourselves when we focus on one metric: overdose deaths.
24 Our overdose deaths, the rate is horrific, but we have a
25 larger thing going on. People die from many ways from

1 addiction, so we have to look at that broader concept of,
2 what are we doing here? Harm reduction techniques are
3 critically important.

4 I want to make sure that, you know, we are on
5 record as supporting the removal of fentanyl test strips
6 from prohibition. We also want to make sure that there is
7 funding available to train people how to use them, to make
8 sure that it is out to the harm reduction groups, to the
9 recovery community organizations, to family groups. Every
10 single time that we interact with somebody who is using
11 substances is an opportunity for them to think about what
12 the options are for them to live a different life.

13 You know, the only thing remarkable about my life
14 -- I'm a college professor. I run a human service
15 organization. I have done all kinds of things. The only
16 thing remarkable about my life is it's not really
17 remarkable in the recovery community. We are productive
18 citizens who take care of ourselves and our families and
19 participate in the community. So the expense of not
20 supporting recovery is devastating to our State budget, and
21 we need to think in terms like that.

22 We also want to make sure that, I also concur
23 with the idea of broadening the language of this
24 legislation. I would also include testing for the potency
25 of the substance.

1 Now, the technology does not currently exist, at
2 least to the best of my knowledge, to test for potency.
3 The fentanyl test strips were, the fentanyl test devices,
4 which is probably the way we should think about it or other
5 tests that could test for the presence of drugs, they are
6 testing for the presence, so is this in the substance? Is
7 fentanyl in the substance that you are taking? We are
8 actually seeing it come up in stimulants and
9 methamphetamine and the illicit pills.

10 But for users, it is actually important to
11 understand, when we get the technology to test for the
12 potency, is it 10 percent fentanyl or is it 100 percent
13 fentanyl? It makes a difference about how much a person
14 would take it. And, you know, we don't want to come back
15 here and have to change the language again. So I would
16 recommend making it explicit that testing not just for the
17 presence, but we should also be allowing for potency
18 testing.

19 I provided a handout for the Committee on how
20 these things are used, and I think it's really important
21 that we move beyond focusing on a single substance and on
22 short-term solutions. This here is going to save lives. I
23 concur with the testimony before me. We could have saved
24 thousands of lives had we done this years ago. Hindsight
25 is 20/20. It is also true that it was identified that

1 fentanyl was not present in the way that it is today, and
2 that's probably because of how cheap it is and it is ending
3 up as adulterants in substances like methamphetamines so
4 that opioid-naïve people are, I mean, it is devastating
5 them.

6 But we want to think about recovery, and we want
7 to think about every opportunity that we can to engage with
8 a person. And so the answer to where do these tests
9 belong? Everywhere. Anywhere we can get someone who cares
10 enough to share it with somebody so they can use it for
11 themselves to save a life, so that they have an opportunity
12 to live a normal life like I did and other people before
13 me.

14 And, you know, I think that the greatest
15 underutilized resource that Pennsylvania has in respect to
16 what is occurring with addiction is our recovery community,
17 and making sure that we get funding out to communities
18 that can support others into recovery is where we need to
19 go, and that includes harm reduction groups who are doing
20 the important work on the front lines to keep people alive.

21 So I thank you for your time, and if you have any
22 questions, I would be certainly open to answering them.

23 MAJORITY CHAIRMAN KAUFFMAN: Questions from any
24 folks up here?

25 Hearing none, I guess you're off the hook, too,

1 as well this morning.

2 MR. STAUFFER: Thank you very much.

3 MAJORITY CHAIRMAN KAUFFMAN: Thank you for being
4 a part of this.

5 And finally on our agenda this morning is
6 Dr. Jeffrey Hom, Medical Director of the Division of
7 Substance Use Prevention and Harm Reduction at the
8 Philadelphia Department of Public Health.

9 Doctor, thank you for being with us this morning,
10 and I'll turn it over to you.

11 DR. HOM: Thank you.

12 Chairman Kauffman, Chairman Briggs, and Members
13 of the Committee, thank you for allowing me to provide
14 testimony regarding Representative Struzzi's bill to
15 legalize fentanyl test strips in Pennsylvania.

16 Philadelphia has been and continues to be
17 particularly hard hit by the national crisis of opioid use,
18 addiction, and overdose. In 2020, 1214 people died from a
19 drug overdose in Philadelphia. While the final toxicology
20 is pending for 2021, we are expecting to see a new record
21 high of deaths from overdose.

22 In the past 5 years, we have suffered more than
23 5900 fatal drug overdoses. These horrifying figures
24 necessitate the urgent and continuing need to expand public
25 health approaches aimed at minimizing the risk of drug

1 overdoses. Such approaches must include drug checking
2 mechanisms, including fentanyl test strips.

3 Over 85 percent of all overdose deaths in
4 Philadelphia involve an opioid, and overdose deaths
5 involving fentanyl have increased alarmingly in recent
6 years, from 9 deaths in 2012 to 979 deaths in 2020.
7 Fentanyl now contributes to 94 percent of all
8 opioid-related overdose deaths.

9 Philadelphia's overdose death rate leads all
10 large U.S. cities and is more than twice that of Phoenix,
11 the city with the second-highest rate in the country.
12 Allegheny County's overdose death rate now also exceeds
13 Phoenix by a large margin.

14 In addition to these fatalities, every year,
15 thousands of individuals experience nonfatal overdoses or
16 other negative consequences of opioid use and addiction,
17 including neonatal abstinence syndrome, skin and soft
18 tissue infections, and blood-borne infections such as HIV
19 and hepatitis C.

20 We have been fighting heroin use and addiction in
21 Philadelphia for decades. From 2011 through 2015, heroin
22 was the most common drug found in the toxicology of our
23 overdose decedents. Yet by 2020, heroin was not even among
24 the top five drugs. Fentanyl was the leading drug, present
25 in 979 of those 1214 deaths, followed by cocaine,

1 benzodiazepines, pharmaceutical opioids, and
2 methamphetamine. Heroin, now largely replaced by fentanyl,
3 was found in just 13 percent of our overdose decedents.

4 Furthermore, the drugs in our toxicology reports
5 are not mutually exclusive. As Mr. Stauffer just
6 mentioned, polysubstance use, in which people consume
7 multiple drugs at the same time, either knowingly or
8 unknowingly, is now the norm rather than the exception.
9 This expansion of drugs adulterated with fentanyl makes it
10 impossible for anyone to determine when a drug is
11 contaminated unless they use a drug testing tool.

12 Fentanyl test strips are an important advancement
13 in our drug surveillance and overdose prevention.
14 Understanding the various drugs that people are using and
15 exposed to is important for surveillance and for public
16 health organizations and community partners to be able to
17 respond quickly to outbreaks involving "bad batches."

18 The illicit drug supply can change very quickly,
19 without notice to street-level dealers or people who use
20 drugs. Indeed, more often than not, neither those selling
21 nor those using drugs actually knows what are in the
22 contents of their drugs, placing them at even higher risk
23 for overdoses and other adverse effects. With limited
24 knowledge as to what is in the current supply, the public
25 health system is only able to be reactive with its health

1 alerts and surge protocols in response to overdose surges.

2 Research shows the distribution and use of
3 fentanyl test strips to be an effective intervention
4 against fentanyl overdoses. As Ms. Anderson and
5 Mr. Krafick said, multiple studies have shown that
6 individuals whose drugs test positive for fentanyl took
7 precautions to reduce their risk of overdose, including
8 using smaller amounts, using at a slower rate, not using
9 alone, and having naloxone on hand. These are important
10 harm reduction steps that people using drugs can take to
11 reduce their risk of a fentanyl overdose.

12 In a recent survey conducted by the Philadelphia
13 Department of Public Health, people who used drugs were
14 asked several questions regarding their current level of
15 confidence in the drugs they are using, especially during
16 COVID-19:

- 17
- 18 • Only 29 percent of respondents agreed with the
19 statement, "I am confident that I know what is
20 in the drugs I am purchasing";
 - 21 • 64 percent reported having less confidence in
22 the drugs they are purchasing since COVID
23 began; and
 - 24 • When asked, "How important is knowing what is
25 in your drugs to you?" 89 percent reported

1 that it was important or very important.

2

3 As all of those who have testified before me have
4 said, the use of fentanyl test strips as a harm reduction
5 tool can save lives by preventing unintentional overdoses.
6 They can save lives, and that is why the CDC has endorsed
7 fentanyl test strips to reduce drug overdose and allows
8 Federal grant programs to use Federal funds to purchase
9 them.

10 The opioid epidemic remains a major public health
11 concern in Philadelphia, where it contributes greatly to
12 premature loss of life and a reduction in life expectancy.
13 Despite the progress that has been made locally in
14 prevention, including a 47-percent reduction in opioid
15 prescribing since mid-2016; expansion in treatment,
16 including a 90-percent growth in buprenorphine
17 prescriptions to Medicaid beneficiaries since 2015; and
18 overdose prevention with hundreds of thousands of doses of
19 naloxone distributed and administered since 2017, the city
20 is still recording a record high number of overdose deaths.

21 We must continue an all-hands-on-deck approach to
22 prevent opioid misuse and treat those with opioid use
23 disorder to decrease the deadly effects of addiction until
24 a sustained recovery is achieved. Importantly, these
25 efforts must include programs and policies that seek to

1 comprehensively respond to the continued opioid crisis.

2 Laws that promote the availability of naloxone,
3 the overdose reversal drug, help to reduce overdose
4 fatalities, but are only applicable after an overdose has
5 occurred. "Good Samaritan" laws, which provide legal
6 protections to people who report potential overdoses, also
7 help reduce fatalities after an overdose has occurred.
8 Legalizing fentanyl test strips could help prevent
9 overdoses from ever occurring.

10 Thank you for the opportunity to provide
11 testimony, and I look forward to continuing to work with
12 you to fight the ongoing opioid crisis.

13 Thank you.

14 MAJORITY CHAIRMAN KAUFFMAN: Questions?
15 Representative Kinkead.

16 REPRESENTATIVE KINKEAD: Thank you, Mr. Chairman.
17 Thank you for your testimony.

18 I think that you have done an incredibly good job
19 outlining all of the ways in which the Department in
20 Philadelphia has been able to really address a lot of the
21 issues, and still it's not enough, as you have highlighted
22 in your testimony, that we are still seeing record high
23 numbers of overdose deaths.

24 So I'm wondering if you could speak a little bit
25 about how you think or what you think the impact would be

1 if you didn't have the kinds of supports that you already
2 have in place, that if, you know, a lot of our counties do
3 not even have nearly what Philadelphia has, and I'm
4 wondering if you can talk about kind of the impact that not
5 having those supports for people who are suffering with
6 addiction experience.

7 DR. HOM: Yeah. Thank you, Representative, for
8 that question.

9 I think it is very difficult to always sort of
10 project what would be the potential impact of a public
11 health benefit of, how many lives did we avert? Counting
12 that is always going to be a challenge. How many lives did
13 we ultimately save through an intervention like this? How
14 many people did not have an overdose because of something
15 like this?

16 Nonetheless, I think what we can sort of look to
17 is nationally. There was a 30-percent increase in the
18 number of drug overdose deaths that occurred in the U.S.
19 from 2019 to 2020. Now, COVID may have contributed to
20 that, certainly, but a 30-percent increase is a profound
21 increase between one year.

22 In Philadelphia, we did not see that. We did not
23 see nearly that same increase from 2019 to 2020. It went
24 up from 1150 to 1214 people dying of drug overdoses, but
25 that was not the 30-percent increase that we saw across the

1 country. And we attribute a lot of that to a number of the
2 different interventions that we have done in Philadelphia,
3 which include prevention, include treatment -- we certainly
4 have seen an expansion of buprenorphine -- but also to our
5 harm reduction methods, which we know, you know, measures
6 like the syringe exchange and the wise distribution of
7 naloxone have been able to save lives and reduce both the
8 mortality and the morbidity from substance use.

9 REPRESENTATIVE KINKEAD: Thank you.

10 MAJORITY CHAIRMAN KAUFFMAN: Chairman Briggs.

11 MINORITY CHAIRMAN BRIGGS: Thank you, Chairman.

12 And thank you, Doctor, for joining us today. I
13 have seen you present before, and it is always very
14 enlightening to me.

15 Something that you showed at a previous seminar
16 was a visual of the potency of fentanyl compared to heroin.
17 Do you recall what I'm---

18 DR. HOM: I do.

19 MINORITY CHAIRMAN BRIGGS: Could you just educate
20 us? I mean, I think fentanyl, we know it's bad, right? We
21 know it's devastating to folks. Can you talk a little bit
22 just about fentanyl and the amounts that it takes? I mean,
23 it's---

24 DR. HOM: Absolutely. And thank you, Chairman,
25 for that question.

1 So I believe the image that I think maybe the
2 Chairman is referring to here is sort of a picture that I
3 show of, it's two small vials, each about 2 inches tall,
4 and it shows the relative amounts of heroin versus the
5 amount of fentanyl that is able to cause an overdose in an
6 opioid-naïve individual, so someone who has never sort of
7 been exposed to opioids before. And I'm sorry I don't have
8 this graph on hand. I am happy to share it with the
9 Committee. But there's a very small amount of heroin in
10 this 2-inch vial. It's a very, very small amount. There's
11 a ruler right next to it so you can sort of see how little
12 heroin it takes to cause an overdose in someone who has not
13 been exposed to opioids. But then by comparison right next
14 to it is a vial of fentanyl, and you can see that there are
15 very, very few little grains. That's almost what it looks
16 like. It's just grains, almost like of sand, and it takes
17 very, very, very little. Compared to heroin, it's a small
18 fraction of the amount of fentanyl that is able to cause an
19 overdose.

20 And so as you have heard from other individuals
21 who have testified, fentanyl is 50 times stronger compared
22 to heroin and 100 times stronger than morphine. So even
23 someone who has developed some degree of opioid tolerance
24 due to repeated exposures to a pharmaceutical opioid or to
25 heroin, that individual may still be able to have an

1 overdose due to fentanyl just because of its pure potency.
2 And as a result of that, that is something that we are
3 concerned about for individuals who think they are maybe
4 being exposed to fentanyl because they had used heroin in
5 the past, or as you have heard, individuals who do not
6 think they are using an opioid at all. Someone who thinks
7 they might be using cocaine, for example, inadvertently
8 gets exposed to fentanyl and has an opioid-related
9 overdose.

10 MINORITY CHAIRMAN BRIGGS: Thank you.

11 That wasn't my question, but you answered what I
12 asked.

13 DR. HOM: Oh, I'm sorry.

14 MINORITY CHAIRMAN BRIGGS: That's what I was
15 thinking, but. So this is going to be my question,
16 Chairman.

17 MAJORITY CHAIRMAN KAUFFMAN: Go for it.

18 DR. HOM: I apologize.

19 MINORITY CHAIRMAN BRIGGS: No, no, you answered
20 what I asked. Just, it wasn't my official question.

21 You mentioned the knowledge of the street-level
22 dealers not knowing what is in the product that they are
23 selling. Would there be a way to expand the proposed
24 legislation to help you monitor or to be more proactive in
25 knowing what is in the marketplace? And if you have other

1 suggestions of ways that this bill, though I think it's a
2 very good bill, could be improved, I would like to hear
3 them as well.

4 DR. HOM: So thank you.

5 I truly believe this bill is a good one, and I
6 appreciate Representative Struzzi for introducing this, but
7 I do believe there are also ways that would really be
8 beneficial to public health entities like the Philadelphia
9 Department of Public Health to understand really what is in
10 the contents of our drugs today.

11 As you have heard before, the drug supply is
12 evolving and it's changing. And as Ms. Groves Scott
13 mentioned earlier on, like, there are drugs that are likely
14 that we haven't actually even learned about or heard about
15 that will make their way into our drug supply in
16 Pennsylvania and having a way of tracking and identifying
17 those from a public health entity like the Philadelphia
18 Department of Public Health to be able to issue much more
19 proactively or much more timely alerts, letting both
20 individuals who may be at risk of exposure to one of these
21 substances but also to health-care professionals to be
22 aware that, oh, a new different type of drug is now in our
23 drug supply.

24 As some of you may have been hearing about, we
25 had several sort of outbreaks of individuals who are being

1 exposed to a drug called xylazine. This is a non-opioid
2 drug, but it is being now sort of found in a lot of our
3 illicit drug supply that is causing significant morbidity
4 and mortality in Philadelphia and some of our surrounding
5 counties. Identifying drugs like that early on and being
6 able to learn more about it, issue alerts about what are
7 some best practices for treating individuals, would really
8 be a result of more expanded sort of ongoing surveillance
9 to understanding what is in our current drug supply.

10 MINORITY CHAIRMAN BRIGGS: Thank you, Chairman.

11 Thank you, Doctor.

12 MAJORITY CHAIRMAN KAUFFMAN: Dr. Hohenstein -- or
13 Representative Hohenstein. Sorry. I mean, we'll go that
14 direction.

15 REPRESENTATIVE HOHENSTEIN: I do have a
16 Juris Doctor, but not a doctorate.

17 MAJORITY CHAIRMAN KAUFFMAN: There we go.

18 REPRESENTATIVE HOHENSTEIN: Thank you, Chair.

19 And I'm going to apologize, because this actually
20 may be a question that is best suited for Mr. Stauffer and
21 actually Representative Struzzi relating to potency.

22 And just by doing this, we are testing for
23 potency in the sense that we know fentanyl is that much
24 more potent than other drugs, and in particular heroin.
25 But as I looked at the bill and thought about

1 Mr. Stauffer's point about providing for testing of
2 potency, and I recognize that in the definition that we are
3 keeping, there is a paragraph about testing equipment for
4 potency. And I just wonder, for Mr. Stauffer, is that the
5 section that you would say we ought to be reexamining?
6 It's on page 2 of the bill, and it is section (4) of the
7 definition section on what drug paraphernalia is.

8 And then I think for Representative Struzzi,
9 because this really is very good policy that we are
10 implementing, I just wonder, is there potentially the
11 continued political will for us to examine, at least, what
12 Mr. Stauffer is proposing as far as, how do we make our
13 laws flexible enough to be able to address what would be
14 coming with respect to being able to focus on this issue of
15 potency of drugs and how that is managed?

16 And I don't know if that's too big of a question
17 for this hearing, but I at least wanted to raise the issue,
18 and I would be happy to talk about it with both of you
19 afterward.

20 MAJORITY CHAIRMAN KAUFFMAN: Does anyone want to
21 take that? Representative Struzzi?

22 REPRESENTATIVE STRUZZI: Yes. Thank you,
23 Mr. Chairman.

24 Representative, obviously, you know, we need to
25 explore all of these other ideas. I don't know how you

1 test for potency. My only concern with including all of
2 this on this bill is, this is simple, right? This bill
3 simply says we're going to change the definition of
4 fentanyl test strips to take them out of drug
5 paraphernalia. And if we start adding all these other
6 things on, my worry is that you will see opposition. You
7 might see it get bogged down in the process.

8 And there is an essence of time here. You know,
9 we need to get this passed so that lives can be saved now.
10 I'm always willing to entertain more conversations, have
11 discussions, look at other pieces of legislation, but that
12 would be my only apprehension of including all of that on
13 this bill.

14 Thank you.

15 REPRESENTATIVE HOHENSTEIN: I actually agree with
16 you on that. Yeah.

17 MAJORITY CHAIRMAN KAUFFMAN: Yes; thank you for
18 pointing that out, Representative Struzzi. Because there
19 have been lots of good ideas brought today, but if time is
20 of the essence, simplicity makes a whole lot of difference.

21 Any other questions?

22 Thank you, Doctor.

23 I think this has been a great hearing this
24 morning on a very important issue. I appreciate all of
25 those who have participated and brought great information

1 to us as policymakers.

2 I appreciate Representative Struzzi, who has
3 brought this issue to the forefront, and I look forward to
4 working with my colleagues, both here on the Committee and
5 in the interest groups, in hopefully moving this initiative
6 along. Thank you.

7 And there is no further business before this
8 committee. This hearing stands adjourned.

9

10 (At 11:41 a.m., the public hearing adjourned.)

1 I hereby certify that the foregoing proceedings
2 are a true and accurate transcription produced from video
3 on the said proceedings and that this is a correct
4 transcript of the same.

5
6
7 *Debra B. Miller*

8 Debra B. Miller

9 Transcriptionist

10 dbmreporting@msn.com