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Stemming the Tide of the Heroin Epidemic
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The Center for Rural Pennsylvania
Public Hearing: State of Addiction
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Testimony to be presented by Steve Shope, Executive Director of Project Bald Eagle

Senator Yaw, Mr. Denk, Members of the Board,

As executive director of Project Bald Eagle I have spent the past 23 months leading coalition efforts to stem the tide of the opioid epidemic in the communities we serve, which at present consists of 9 counties in northeastern and north central Pennsylvania.

Project Bald Eagle is a comprehensive coalition comprised of top-level leadership representing every key segment of society including local, county and state government, law enforcement, healthcare, public schools, higher education, business, faith and treatment, to name just a few.

Our efforts, although they be many and diverse, are summed up quite well in our mission, "To stem the tide of the opioid epidemic through Prevention, Treatment and Coalition Building." Senator Yaw, I can tell you with absolute conviction that our organization and many others who have served on the frontlines of this crisis owe a great debt of gratitude to the Center for Rural Pennsylvania. Your hearings and subsequent reports can be likened to the emergence of a map with a big red dot on it that stated, "You Are Here". Any legitimate effort to achieve a measurable outcome begins with defining the problem.

Your reports provided a detailed assessment of each complex facet of the opioid epidemic and equipped the masses with a clear and descriptive starting point from which many efforts were launched in earnest. We used the Center for Rural Pennsylvania reports in developing our presentations, our trainings, our public service announcements and they often served as the basis of discussion for our sub-committees to identify gaps and create solutions.

I'd like to share with you a brief overview of some of our efforts over the past 2 years. There are many instances and applications where our organization serves in a supportive role to the various societal segments represented in our coalition. We have coordinated training and deployment of certified recovery specialists, developed collaborative referral programs between treatment communities and law enforcement, promoted the need for and use of drug take back boxes, we encouraged school districts to participate in the Pennsylvania Youth Survey (also known as the PAYS study) and encouraged prescribers across all forms of health and dental practice to participate in the state's prescription drug monitoring program. In each of these efforts, the collaborative effect has increased community awareness and expanded the depth and breadth of our organizational reach.

The true hallmark of our efforts, however, has been our aggressive focus on Prevention through Education and Training. Since January 2016, nearly 20,000 people have attended a Project Bald Eagle presentation, training or event. We've provided opioid education to more than 4,000 students in grades 6 – 12. We've provided Naloxone training to nearly 3,000 people including law enforcement, school officials, EMTs, employers, corrections, government agencies, churches and everyday citizens. We have worked with youth to develop paid social media campaigns raising awareness around key messages such as the connection between prescription opioid abuse and heroin use, opioid addiction as a disease that must be treated and the availability of the life-saving drug naloxone. These campaigns have amassed more than a quarter million views on Facebook.

The Center for Rural Pennsylvania reports on the epidemic made it very clear that the demographics affected by opioid addiction transcend age, gender, race, socio-economic background and geographic boundaries. As such, the mandate must be to ensure everyone becomes educated. We've found that the most effective educational efforts are those targeted at a specific group such as youth, employers, athletes, churches or senior citizens. By tailoring the presentations to targeted groups we have been able to increase interest, solicit greater participation and encourage word of mouth promotion of our efforts to their respective peer groups. The town hall-style opioid presentations, while absolutely necessary, have proven to be the least successful in attracting audience numbers of much significance. It follows the marketing principal that if something is for everyone, then it's not for anyone.

We have also come to learn that in order for presentations to be effective we have to clearly identify only 3 – 5 key points that we want participants to remember and to continually emphasize and repeat those points throughout. Education is not the sum total of the information you throw at someone but rather what they comprehend and retain. We often use tools to assess our effectiveness in this regard. All of our

naloxone trainings and youth presentations, as well as many of our other educational efforts include the use of pre and post surveys to gauge the participants' comprehension of key points in our content.

Filling a much-needed gap with education and training has not been without obstacles but the progress is clearly evident. The evolution of naloxone training serves as a good example. On March 1st, 2016, Dr. Rachel Levine issued a standing order prescription for naloxone to all Pennsylvanians. Project Bald Eagle immediately began collaboration with our local health system to develop a naloxone training program for the general public. Our first class was held on May 5th, 2016, just two months after the standing order was issued and it was filled to capacity. In the training, we informed participants about the details of Act 139 and the Physician General's standing order and encouraged them to obtain the drug from their pharmacist if they knew someone who was abusing opioids. We would frequently get calls and e-mails from those participants stating that their pharmacist was unaware of a standing order. At one point we instructed interns to call every pharmacy in a 4 county region. Only 4 had naloxone in stock and two thirds did not know what naloxone was.

Fast forward to earlier this month – I was providing opioid education to a civic group here in Williamsport. During the Q&A session, I was asked if naloxone was harmful. A member of the group, who was also a local high school principle that had previously had Project Bald Eagle provide opioid education to her faculty and students, stood up and answered the question for me. She described quite simply that naloxone was an opioid antagonist that dislodges opioid drug molecules from opioid receptors in the body and that it was harmless. To me, this moment epitomized how far we have come since that first report of The Center for Rural Pennsylvania.

Project Bald Eagle continues to develop projects, programs, relationships and campaigns that help us move closer to achieving our mission. In the process, we are leveraging our experience, influence and best practices to help other communities develop effective, sustainable opioid coalitions because nothing short of a comprehensive and exhaustive effort will be sufficient.

In closing, I would like to mention a few items I feel remain to be addressed or addressed more fully in regard to this epidemic.

First, I hear quite frequently from addicts, from their family members and from treatment providers about an issue that needs to be addressed, possibly through legislation. Judges, probation and parole officers commonly make decisions to prevent, change or stop a particular form of medication assisted treatment that an addict may be seeking or already engaged in. For instance, they may refuse to allow a parolee to

begin a suboxone treatment regimen or may decide they want to take someone off a suboxone regimen to see how a methadone program will work for them. In many cases, this interference results in relapse, overdose and even death. I would suggest that matters of treatment be left exclusively to the doctors and treatment providers who possess the qualifications necessary to safely manage a patient's care.

Second, education is a key component in this crisis. While educational efforts exist, most grant funding stipulates that only "approved" drug education will be considered. In response, people are quick to mention the SAMHSA-approved programs such as Too Good for Drugs. Unfortunately, this program does not adequately address the unique characteristics of opioid addiction with correlating prevention measures. Traditional drug education seeks to stress the dangers of drugs, provide youth with coping skills and empower them to overcome peer pressure. It does not detail the connection between athletic injuries or dental procedures and heroin use. Neither does it address the functional, rather than recreational, use of study drugs like Xanax and Adderall. It is my hope that the Commonwealth of Pennsylvania will either develop this curriculum or fund the development of it via a coalition of experts.

And last but certainly not least, opioid coalitions such as Project Bald Eagle are invaluable resources that are greatly underutilized by our state government. We have on-the-ground, frontline perspective and influence that could be very helpful in developing, vetting and implementing state programs to address the opioid crisis.

We remain grateful for your work with The Center for Rural Pennsylvania. Thank you all for your early and continued leadership.

Steve Shope
Executive Director