

House Bill 250 Proponent Testimony

House Insurance Committee

November 4, 2015

Chairman Hackett, Vice Chairwoman LaTourette and Ranking Member Bishoff and members of the House Insurance Committee, thank you for allowing me to testify in favor of House Bill 250.

My name is Tony Coder and I am the Assistant Director of Drug Free Action Alliance, a statewide certified prevention agency that has been in existence for more than 28 years. The mission of the agency is to lead the way in promoting healthy lives through the prevention of substance abuse and its related problems. We do this through environmental strategies which include working with over 100 community coalitions who are within the majority of your communities to prevent substance use and abuse. We also focus on media messaging to promote healthy lifestyles and, finally, look at public health policies and how they can contribute to the prevention of drug and alcohol abuse.

House Bill 250 would provide an important tool to communities by eliminating an overabundance of pills on the street and not feeding an addiction where one might exist. As our agency considered this bill, we thought of Danielle Smoot, a founding member of the GAP Network that we manage, which is made up of parents who have lost a child of substance abuse. Danielle is a powerful advocate for substance abuse prevention because of a very personal tragedy that took place in her life.

Danielle is the mother of a son, Cole, whom she lost to opiate misuse in 2011. Cole went to school like any other day on February 12th and a classmate, who had stolen leftover opiates from his grandmother's medicine cabinet, brought those pills to school. He shared those pills with classmates and Cole took one of these opiate pills and that next morning, Cole's mother, Danielle, found her son dead in his bed. She created a prevention group in Clark County called Cole's Warriors which has the tagline, "One Pill. One Time. No Second Chances." If we would have had this type of legislation where there is a limitation on pills prescribed, perhaps those pills would not have been in that medicine cabinet and perhaps they wouldn't have been given out at school. Perhaps Danielle wouldn't have had to relive a mother's worst nightmare.

This bill is a piece that feeds into good prevention, as well. As we look at prevention, limiting access and availability is an important component to any good prevention strategy, which this bill would do. It would limit the amount of pills prescribed which, potentially, will limit the amounts of pills on the streets. However, we are also hopeful that this will not be thought of as a “silver bullet” to this problem. We are hopeful that the General Assembly will look at other pieces of this very complicated puzzle to make sure that we go even further to stopping death and addiction due to substance abuse.

As we look at the history of drug abuse over the past 30 years, we have tried to curb drug abuse through a variety of ways. We had cocaine and crack in the 1980's, meth in the 1990's and early 2000's and in the past ten years, we have the prescription pill crisis. Each time, we have treated the problem by limiting supplies through federal and state enforcement, however, addiction never left. A phenomenal bill, House Bill 93, eliminated pill mills in 2011 in the State of Ohio, however, addiction didn't go away – we now have heroin across the State.

I am hopeful that this vital piece of legislation is able to become law because it will be able to take pills off of the street that currently fall into an addicts' hands. However, I also hope that we could include a piece that would incorporate an assessment of an individual for an addiction along with the prior authorization. By simply stopping supply is like tying your shoes with one hand. It's nearly impossible to do on its' own.

Addiction and overdose are about people, not the drug. Addiction is a disease of the brain, not a drug of choice. I encourage you to consider and pass this bill to limit the number of pills being prescribed to only those in absolute need. However, I encourage you to consider a collaborative approach as well by properly looking at resources and opportunities to provide treatment and invest in our communities to encourage recovery and sobriety. I also encourage this body to look at ways to encourage prevention in our schools, places of worship and community, so that we can stop the problem before it starts.

Chairman Hackett, Vice Chairwoman LaTourette, Ranking Member Bishoff and members of the House Insurance Committee, thank you for allowing me to testify

today in support of this bill and I would be happy to take any questions you might have.