

SENATE ADDICTION and COMMUNITY REVITALIZATION COMMITTEE
SHAWNEE STATE UNIVERSITY
JUNE 6, 2022

ACKNOWLEDGEMENT:

My name is Brett Spencer, and I preside over the Common Pleas, Criminal and Civil Divisions, as well as the Probate, Juvenile and Domestic Relations Divisions, of Adams County, Ohio. I wish to first thank Senator Terry Johnson, for the invitation to appear and present testimony today before this Honorable Ohio Senate Committee. For many years, Senator Johnson has been receptive to listening to the concerns of those of us on the front lines of the Drug Abuse epidemic, and has been an effective leader in reforms to the crisis. I as well am profoundly appreciative for the opportunity to address this esteemed Committee of concerned Legislatures.

HISTORICAL OVERSIGHT 2005 to PRESENT

In February, 2005, when I first took office, the abused drug of choice was Methamphetamine, typically produced by local "cooks", utilizing mason jars and two liter bottles as their labs. This trend continued until about 2008, when opioid prescription drugs, typically Oxycontin, came on like a freight train. Today, we sit in the county which was ground zero for the opioid crisis in the nation. Adams and Lawrence Counties, the contiguous counties to the West and East of Scioto County, suffered similar devastating effects of the industrious "Pill Mills". Literally every Wednesday, from March 14, 2007, to April, 2012, I made it a point to call my United States Senators, the DEA, and State Legislators to express concerns with the rapidly growing abuse of prescription opioids. On April 30, 2012, a summit was held in Chillicothe, Ohio to discuss the opioid crisis, and in attendance was the DEA. In the parking lot, during our departure, Sheriff Kimmy Rogers and myself were advised that in about three weeks, we would see a pleasant change. The DEA did in fact raid the pill mills near that three week projection.

In 2010, quaint Adams County, Ohio, with a population of 28,000, experienced 24 known overdose deaths from prescription opioid abuse. Often times, the Coroner's pictures reflected the Decedent holding their pill bottle. In 2010, after failed attempts at rehabilitation, 1 out of every 370 citizens of our county were sentenced to prison. The following year, in 2011, we had only 1 confirmed overdose death from prescription opioids.

We then entered the heroin stage of the drug epidemic as a substitute for the now hard to get oxycontin. Heroin, as the drug of abuse of choice, lasted until about 2018, when Methamphetamine made its return appearance as the drug most frequently abused, and it returned in a monumental fashion, pre-produced, cheaper, more powerful, and extremely readily available. It is often laced with Fentanyl and MDMA for the "triple effect high". Currently, in Adams County, 95% of our positive drug screens in Adult and Juvenile Court involve Methamphetamine.

TREATMENT MODELS AND SUGGESTIONS

The rehabilitation treatment procedures in 2010, are very similar to those utilized today, with the model rehabilitation being 60 to 90 day residential treatment, with counseling emphasizing "people, places and things", as well as "relapse is part of recovery". It is hard to dispute that the choices of the people you associate with, the places you visit that facilitate drug abuse, and the thing of abusing drugs, must be changed to effectuate recovery and rehabilitation. I do take issue with the model of treatment that relapse is expected and acceptable.

The human brain does not start healing from Methamphetamine abuse for seven (7) months from last use. This finding is highly documented nationwide, through years of studies via brain scans before, during and after treatment. Recovery would rarely if ever be accomplished if incentivized to relapse, once again requiring a fresh 210 day period of abstinence from Methamphetamine use to just commence the healing process.

The residential treatment model of 60 to 90 days is driven by the diminishing returns to the treatment provider after the first 60 to 90 days of treatment, from the payment source, which is typically Medicare/Medicaid. Longer "lock down" appears to be required, with vocational training heavily incorporated after the first 60 days of drug treatment, as an essential tool for employment and hope for the future. I again point to the 210 day brain recovery data, with 210 days of treatment and abstinence from use of Methamphetamine as a bare minimal requirement, to foster rational thought in the day to day decisions of the abuser. As a staunch fiscal conservative, I question the cost on return of our current rehabilitation process, as only approximately 12% remain drug free for one year after completion of treatment, all of which at an incredible cost to the taxpayer. In our own Court's desperate grasp to find a viable treatment plan, we have initiated the "210 Plan", which targets essential principles of productive adult behavior, after residential treatment. I have a copy of the 210 plan if any member of the panel desires to review its content. We will not know of its effectiveness until the end of July, 2022, as the program was initiated at the end of 2021, but the progressive results have been encouraging.

I close, again deeply appreciative of the privilege of your time, to testify and discuss the sobering reality of the collateral damage of the drug epidemic and possible treatment alternatives. Our Juvenile Court in Adams County, removes on average 14.5 children per month from their homes and caregivers, as a result of abuse, neglect and dependent allegations against parents, no longer capable or willing to care for their children. The facts precipitating the removals of these innocent children, were at one time inconceivable in this great state and nation. Per Capita, Adams County is the highest in the State in this unfortunate category. While this is not the gravamen of this gathering and Senatorial inquiry, I hope to plant the seed of thought for a reformed Foster Parent system in Ohio. Our Court system and other community leaders attended a recent symposium in Morgantown, West Virginia, which is a commissioned study of three (3) years by the State of West Virginia. Its promise of success is extremely encouraging in dealing with the collateral damage of drug abuse, and the impact upon the most vulnerable of our population. I stand prepared for any inquires this Honorable Panel may have.