

**TESTIMONY** of Dr. Paul A. Niemiec, LPC of the Diocese of Greensburg PA

Presented to the Pennsylvania House of Representatives Policy Committee

The Effects of Opioid Addiction on Children and Youth

Historic Stone House, Farmington PA

Wednesday January 31, 2018, 1:00 PM

Mr. Chairman and Members of the Committee:

Thank you for the invitation to speak before the Committee on the effects of opioid addiction on children and youth.

The staggering number of deaths from opioid overdoses is causing a public outcry. In 2016, the number of opioid overdose deaths reported in the four counties of the Diocese of Greensburg Armstrong, Indiana, Westmoreland and Fayette counties was 319. For 2017, the four-county figure stands at 331, 64 of which are from Fayette County ( <https://www.overdosefreepa.pitt.edu/> ). Every day, as a result of this epidemic, children lose parents, and parents lose children, whole families are disrupted, and in some instances, destroyed. The Catholic Church – and other religious communities of faith – is committed to stand side by side with families in recovery, with individuals in recovery, and with all those currently suffering from the disease of addiction, as well as those families grieving the death of a loved one due to an opioid overdose.

On June 29, 2017, Bishop Edward C. Malesic of the Diocese of Greensburg issued a call to action through his pastoral letter *From Death and Despair to Life and Hope*

[http://www.mydigitalpublication.com/publication/?i=420354&p=1&search\\_str=from%20death%20and%20despair%20to%20life%20and%20hope#{"page":4,"issue\\_id":420354}](http://www.mydigitalpublication.com/publication/?i=420354&p=1&search_str=from%20death%20and%20despair%20to%20life%20and%20hope#{)

Accompanying the letter's publication and distribution, the Diocese of Greensburg coordinated and conducted a series of prayer and education sessions during the summer of 2017. The gatherings were open to anyone who wanted to attend regardless of their religious affiliation. Two of the seven sessions were held in Fayette County: one each in the cities of Connellsville and Uniontown. All seven sessions were well attended and each session included education about addiction in general, the current opioid crisis, personal testimony, and public prayer.

In brief summary, here are some of these things we heard and what we learned from these experiences:

- Addiction to opioids is indiscriminate. It affects all ages, classes, races, and income levels. It affects individuals, families and communities. Addiction to opioids is often insidious. It can often begin following the legitimate prescription of painkilling medication for injury or surgery. Most of those who spoke at our gatherings had family members or close associates who were either in recovery, who were currently addicted, or who had died from an addiction related circumstance.
- Parents of children and young adults who died from an overdose often experienced blame and shaming for "not loving their children enough" or "not doing enough" to reverse the addiction.

- Persons in recovery spoke about their struggles to stay in recovery, as well as the inadequacies of the treatment systems available. Families spoke about the frustrations of seeing their loved one continue to struggle often with little or no hope or knowledge of how to really assist them in a meaningful way.
- Wage earners who were prescribed opioids to deal with work-related injuries were often caught in a war between possible addiction and the real and pressing need to provide a living for themselves and their families.
- Grandparents spoke of having to raise their grandchildren because their children, the grandchildren's parent(s) are unavailable due to the disease of addiction. These same grandparents often try to cope with the blame and shame and the stigma of having an addicted person in the family.
- Almost every individual, to a person, described his or her life as being forever changed. This is often directly related to the death of a loved one, or the constant struggle to support a family member in recovery, not to mention the anxiety related to their uncertainty of the future.

A number of significant obstacles impede a healthy and productive response to this crisis and continue to endanger children and families. One significant obstacle is the overwhelming stigma still associated with addiction. We heard from so many people who are addicted or are in recovery, their children and families; that they all suffer from this stigma. It is the elephant in the room that needs to be addressed if we are to treat this problem as what it truly is, a disease that is not chosen or welcomed, but one that quietly sneaks into one's life and changes it forever. The stigma associated with

addiction is based in lack of fundamental knowledge about addiction itself. Addiction is a disease: a preventable, treatable disease. People can recover from this disease. Families recover. Recovery, as we all know, becomes a lifelong process. But when the disease of addiction instead is treated as a choice which one freely makes, rather than as a disease, the often not-so-subtle judgment is that the individual, and by extension his or her family, is a moral failure: not strong enough, or loved enough, or smart enough, to avoid opioids.

In conclusion, our takeaway as Church is that we see our role in this battle as one of providing prayer, education about the disease of addiction, and ongoing local support and companionship for individuals, families, and children as they face the changes introduced to their lives by this horrible epidemic.

**Rep. Matthew Dowling**



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