



Testimony on Opioid Overdose Prevention

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I would like to thank Chairman Kingston, Ranking Member DeLauro, and the Members of the Subcommittee for the opportunity to speak today. I am here to provide testimony on reducing opioid overdose mortality, and to request \$5 million in funding for CDC and \$5 million in funding for SAMHSA to expand critical, life-saving interventions.

The opioid overdose epidemic has reached crisis proportions in recent years. The Centers for Disease Control and Prevention reports that in 2010, opioids – including both prescription painkillers and heroin – were responsible for nearly 20,000 overdose deaths. While prescription painkillers continue to account for the majority of opioid overdoses, deaths from heroin overdose increased by 45% between 2006 and 2010, fueling concerns in several parts of the country that progress in reducing prescription painkiller misuse is being offset by a dramatic rise in heroin use and its attendant social and health consequences, including addiction, hepatitis C, and overdose. For example, in Kentucky, a state on the forefront of comprehensive approaches to the prescription drug overdose epidemic, the Kentucky Injury Prevention and Research Center recently reported that while overall drug overdose deaths have leveled off from 2011 to 2012 after a decade of dramatic increases, promising declines in the number of

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prescription painkiller deaths have been accompanied by a 207% increase in heroin-related overdose deaths from 2011 to 2012.

For these reasons, Harm Reduction Coalition believes that as efforts continue to mount a comprehensive response to prescription painkiller overdoses, it is necessary to incorporate the intertwined rise in heroin misuse and adopt a broader strategic framework to address all opioids. An opioid epidemic framework would maintain and intensify the array of activities such as those aimed at opioid prescribing practices and monitoring programs, safe disposal, patient and public education, regulatory and enforcement actions, and expansion of effective addiction treatment and recovery services. At the same time, the broader opioid epidemic framework recognizes the vital need for additional public health interventions and opportunities, including the role of expanded access to naloxone, alongside heightened attention to the risks of hepatitis C and other blood-borne viruses transmissible through injection drug use.

Naloxone is a generic medication which acts as an opioid antagonist, blocking the effects of opioids such as painkillers or heroin and capable of reviving individuals from opioid overdoses.

A substantial body of research and practice has demonstrated that naloxone is safe and effective in the hands of laypersons; in the words of Dr. Nora Volkow, Director of the National Institute on Drug Abuse, “several experimental overdose education and naloxone distribution (OEND) programs have issued naloxone directly to opioid users and their friends or loved ones, or other potential bystanders, along with brief training in how to use these emergency kits. Such programs have been shown to be an effective, as well as cost-effective, way of saving lives.”

Dr. Volkow cites data published by CDC showing that through 2010, overdose education and naloxone distribution programs reported preventing over 10,000 opioid overdose deaths across the country. As of this month, eighteen states have passed legislation to facilitate broader access and utilization of naloxone, ranging from Kentucky to Connecticut, Ohio to California; Georgia passed naloxone legislation on March 18th which now awaits the governor's signature. These overdose education and naloxone distribution programs vary in setting and scope. In North Carolina, Project Lazarus trains physicians to co-prescribe naloxone to pain patients receiving opioids. In Massachusetts, support groups for parents with children struggling with opioid dependence are trained and provided with naloxone. In Rhode Island, naloxone is provided through pharmacies. In Kentucky, some of the strongest advocates for naloxone have been the addiction recovery community. In New York, my organization has provided naloxone training to dozens of drug treatment programs, syringe exchange programs, shelters, and law enforcement agencies. In other parts of the country, overdose education and naloxone distribution programs are launching in emergency departments, jails, and Veterans Administration Medical Centers.

These programs are gaining increased federal attention; in the last month, the Attorney General echoed the Office of National Drug Control Policy in calling upon first responders and law enforcement officers to be trained and equipped with naloxone. The Agency for Healthcare Research and Quality highlighted the Massachusetts overdose education and naloxone distribution program and featured accompanying quality tools, including an overdose and naloxone program manual from the Harm Reduction Coalition. Last year, the Substance Abuse and Mental Health Services Administration (SAMHSA) released an opioid overdose toolkit

featuring naloxone. NIDA and FDA have worked to support and facilitate the development of new, consumer-friendly formulations of naloxone. The Ohio Department of Health's Violence and Injury Prevention Program has used a portion of its CDC injury prevention funding to expand Project DAWN, an overdose education and naloxone distribution program, to additional counties.

The President's FY 2015 budget requests \$26 million to prevent prescription drug overdose, of which \$16 million would expand CDC's Core Violence and Injury Prevention Program grants to states, with an expected \$10 million directed to prescription drug overdose activities, and \$10 million to SAMHSA would fund state planning grants to develop prevention strategies for prescription drug abuse. The Harm Reduction Coalition supports these proposals, and believes that these resources would be valuable in establishing a foundation to reverse the prescription drug overdose epidemic. We also believe that additional emergency funding is necessary to stem the tide of opioid overdose from both prescription opioids and, increasingly, heroin.

Within the context of a comprehensive approach to the opioid epidemic, including expanding access to addiction treatment and recovery, the Harm Reduction Coalition views the rapid expansion and scale up of overdose education and naloxone distribution programs as an urgent and underfunded priority to save lives.

To that end, we request that \$5 million be provided to CDC Injury Prevention and Control to support opioid overdose fatality prevention efforts within state and local health departments and community-based organizations to strengthen their ability to deliver overdose recognition and intervention training and education, and expand access to rescue medications and other evidence-based strategies.

We also request that \$5 million be provided to SAMHSA's Center for Substance Abuse Treatment to support community-based opioid overdose fatality prevention efforts, with a focus on those initiatives that provide overdose recognition and intervention training and education, access to rescue medications, and facilitate linkage to treatment and recovery services.

Across the country, emerging overdose education and naloxone distribution programs rely on limited funding to meet a growing need. The availability of targeted federal funds through both the public health and addiction treatment and recovery communities would hasten the expansion of these programs to meet growing need and demand.

In the battle against opioid overdose, there is much to be done, and no time to lose. We need a twofold approach of long-range efforts to address the underlying causes and factors which led to the initial rise in prescription opioid misuse, coupled with immediate actions to avert additional deaths and tragedies in the short-term. As a person who has lost friends and loved ones to opioid overdose, and listened to the stories of grieving parents who only wish someone had told them about naloxone before it was too late for their children, I respectfully ask for your consideration of our requests.

If you have any questions, or would like more information or data on naloxone, please feel free to contact me: Daniel Raymond, raymond@harmreduction.org, (212) 213-6376 x29. Thank you for your attention and consideration.