

Testimony on the Opioid Epidemic and Concomitant Health Consequences

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Thank you Chairman Cole, Ranking Member DeLauro, and the Members of the Subcommittee for the opportunity to testify. My testimony will focus on the impact of the opioid epidemic on communities, families, and millions of individuals across the nation. The FY 2016 HHS Budget Request includes \$99 million in new funding for various activities to support the Secretary's Opioid Initiative. The Harm Reduction Coalition supports this request, and at a minimum, asks the Subcommittee to prioritize the SAMHSA requests for \$12 million for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths, and \$13 million (\$25 million total) for Medication Assisted Treatment (MAT) for Prescription Drug and Opioid Addiction. Additionally, Harm Reduction Coalition supports the Division of Viral Hepatitis request for \$62 million to address rising opioid related cases of hepatitis C and we strongly recommend removing the policy rider currently restricting states from using existing federal funds to support syringe exchange programs that are critical in preventing infectious disease.

The opioid epidemic is complex, pervasive, deadly, and tragic. According to CDC data, opioids – both prescription painkillers and heroin – were responsible for 24,000 fatal overdoses in 2013. We lose an average 67 Americans a day to opioid overdose. The majority of these deaths are preventable through primary prevention, access to quality, evidence-based treatment, overdose prevention education and – in the event of an overdose – the timely administration of the live-saving rescue medication naloxone. Tragically, however, unintentional opioid overdoses continue to rise, substance use disorders continue to go untreated despite availability of evidence-based interventions, and viral hepatitis cases are exploding with new co-occurring outbreaks of HIV. The opioid epidemic, which had previously been confined to a few epicenters,

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has now spread and is devastating every corner of the nation. Rural and suburban communities that lack prevention and treatment infrastructure have been disproportionately impacted.

To date, our nation's response has largely centered on policies and programs focused on controlling the supply of prescription opioids through interdiction efforts and the closing of pill mills; prescription drug monitoring programs (PDMP's) designed to identify aberrant doctor and patient behavior; disposal programs to safely discard unwanted medications; and efforts to stem overprescribing. These are all important efforts and are helping to make a difference. Recent CDC mortality data demonstrate that prescription opioid related deaths are leveling off, but those gains are being more than offset by a sobering 39% increase in heroin related deaths. We are facing an unprecedented availability of cheap, abundant, and potent heroin that is increasingly mixed with lethal drugs such as fentanyl. Currently, Pennsylvania is experiencing a rash of fentanyl related overdoses, and in Kentucky, a national leader in addressing the prescription drug epidemic, heroin related overdoses have increased by 550%. Our opioid response framework must be broadened to address both prescription and heroin dependency comprehensively, tackling both supply and demand with sustained investment in proven public health strategies.

One strategy is the expansion and utilization of the lifesaving, rescue medication naloxone, an opioid antidote that safely and effectively reverses an overdose by displacing opioids from opioid receptors, allowing the resumption of breathing that has stopped or slowed. There is no potential for abuse of naloxone and it is benign in individuals without opioids in their system. Naloxone has been used in hospital and emergency settings for nearly 50 years and over the past few years, 32 states and the District of Columbia have passed laws to expand its use in the home and community. Idaho, in response to a 250% rise in opioid overdose related deaths, recently took legislative action to expand naloxone access. Similarly, in my home state of

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California, policymakers recently passed statute and promulgated regulations to allow naloxone to be accessed in all pharmacies without a prescription. I've cried with parents as they've told me harrowing stories of holding their children when they've stopped breathing while waiting for an ambulance. No parent, no family should have to experience this tragedy. One parent received a naloxone kit and training on its use by a community-based program less than two months before her daughter's overdose. She described to me the chilling scene of finding her daughter blue and not breathing while screaming for her younger daughter to call 911. She put her daughter in the recovery position and administered the naloxone; she said the few minutes felt like hours. It took two doses and her daughter lived because she had naloxone on hand; emergency services arrived a full 25 minutes later. If this mother had not been armed with naloxone to rescue her daughter, her daughter likely would have died or experienced severe brain damage.

Community naloxone access empowers families to care for their own. First responders, police, fire, and rescue personnel should be armed with this life saving tool, but it is not enough. Every American household who has a loved one whose life may depend on a dose of naloxone should be able to have it in the medicine cabinet. To expand family and friend access to naloxone, we support the SAMHSA request for \$12 million to provide grants to states to support opioid overdose fatality prevention efforts and the purchase and distribution of naloxone. We strongly recommend this investment be focused on community-based programs and initiatives that provide family members and other laypersons with overdose recognition and intervention training and education coupled with access to rescue medications. Such programs can also facilitate linkage to treatment and recovery services for individuals with opioid dependency. We must also strengthen the capacity of our nation's substance use treatment system. The NIH, Office of National Drug Control Policy, and World Health Organization all recognize that

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buprenorphine and methadone are the standard of care for the treatment of opioid dependency. NIDA studies have found that maintaining a patient on buprenorphine treatment lowers overdose risk by two-thirds, prevents hepatitis C infection, and significantly increases recovery rates from substance use disorder. Sadly, these life saving medications are too often out of reach for people who need them. As NIDA director Nora D. Volkow, M.D., explains: “These medications can improve lives and reduce the risk of overdose, yet medication-assisted therapies are markedly underutilized.” Only one in ten individuals will make it into the treatment system, and of those only 8% of eligible patients will receive evidence-based medication therapy. I recently spoke with a mother who was losing hope as her daughter had been through eight detox programs and five in-patient treatment centers. Shamefully, they had never been told about buprenorphine as an option; thirteen gut wrenching episodes and not once were they offered the one medical intervention proven effective to treat this young woman’s potentially fatal disease. Tragically, this story tends to be the rule and not the exception. The Harm Reduction Coalition supports SAMHSA’s request for \$13 million (\$25 million total) for Medication Assisted Treatment (MAT) for Prescription Drug and Opioid Addiction, to ensure individuals with opioid dependency have access to lifesaving medical interventions they need and deserve.

An explosion of hepatitis C infections linked to prescription opioid and heroin injection is having a particularly devastating impact on young adults already struggling with opioid use disorders. The CDC reports that new hepatitis C infections increased nationally by a shocking 75% in only two years, with the majority of states reporting rising new infections. CDC has requested an additional \$31.5 million for the Division of Viral Hepatitis, for a total of \$61.2 million, with part of the new funding aimed at preventing hepatitis C among people who inject drugs. We support this request, and ask that at a minimum the Subcommittee prioritize at least

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\$10 million in additional funding to address the urgent hepatitis C prevention needs of states and communities struggling with the opioid epidemic.

Public health officials are concerned that rising hepatitis C rates could be a harbinger of a new wave of HIV infections. In Southeastern Indiana, Scott County has been rocked by an HIV outbreak linked to prescription opioid injection. One hundred and thirty HIV cases have been identified with many more people at risk. Each HIV infection could cost the public \$600,000 to treat and manage because most of the payment for care will be borne by the public health system. This outbreak was preventable: twenty-five years of experience and data have proven that syringe exchange programs prevent infectious disease, do not increase or encourage drug use, and provide an essential bridge to substance use disorder treatment and recovery. We should be utilizing every evidence-based tool and strategy we have available; as such, Harm Reduction Coalition recommends removing the federal funding ban on syringe exchange programs.

Like one in three American households, my life has been personally touched by substance use disorder. I have seen firsthand the devastation of overdose, hepatitis C, and failed treatment. But I have also seen what works and I've witnessed firsthand the redemption of reaching a hand out to those who have been pushed down, pushed aside and forsaken. Some people may say the policies we recommend send the wrong message. I disagree. I believe it sends exactly the right message; your life matters and you have an opportunity to change your future. This is often the empowering message that propels people toward a life of long-term recovery. Thank you for the opportunity to provide testimony. Harm Reduction Coalition stands ready to be a resource to you and the Subcommittee on these issues of national importance.

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