

**Written Testimony for Labor, Health and Human Services, and Education Subcommittee**

Hon. Ann McLane Kuster, New Hampshire's Second Congressional District

For March 1, 2017

Mr. Chairman and distinguished colleagues of the Subcommittee, thank you for providing an opportunity to speak before this committee. I come before you today to request full funding of addiction programs across all agencies within the Department of Health and Human Services. I also ask that this Committee ensure funding for both the *Comprehensive Addiction and Recovery Act* and the *21<sup>st</sup> Century Cures Act* are included in any full-year appropriation or continuing resolution this year. As the founder and co-chair of the Bipartisan Heroin Task Force, I represent more than 85 Members of Congress whose districts have been severely impacted by this crisis. We know that these programs present vital for states and local communities across the country to address substance use disorder, especially opioid misuse.

Drug addiction continues to be a serious problem in our country. In 2015, the Centers for Disease Control and Prevention found that over 50,000 people died due to drug overdose. The primary driver of that harrowing figure is opioid and heroin use; in 2015, 32,000 people died after overdosing on an opioid. Since 2008, drug overdose deaths have been the leading cause of accidental deaths in America, overtaking automobile deaths. That rise is due largely to opioid misuse.

And this crisis doesn't show signs of slowing down. The National Institute on Drug Abuse reports that opioid misuse is on the rise and at a rate that overshadows most controlled substances. For the last decade, heroin and opioid use has become a national public health

emergency. Due to the rise of both legal and illicit prescription opioid use, in part as a consequence of poor prescribing practices, this epidemic transcends all demographics. My largely rural home state of New Hampshire has become a new focal point of the crisis. In 2015, the Granite State suffered the second most overdose deaths per capita in the nation, due to opioid overdoses.

Most recently, the rise of a synthetic opioid known as fentanyl has given us all new cause for concern. Fentanyl and similar opioids are known for their extreme potency. Between 50 and 100 times stronger than heroin; a few salt-sized grains can kill a 250-pound human. My home state has been especially hard hit by fentanyl, suffering the largest loss of life per capita of any state in the country. We have become a trafficking corridor, bringing large amounts of fentanyl into our state.

While the potency of fentanyl provides drug dealers with a highly valuable product; a smaller quantity by weight can be “cut” and diluted to make a very large quantity for distribution. Due to its potency, drug dealers have started including very small quantities of fentanyl in other drugs, like cocaine and methamphetamine, to provide an added “kick” to their product. As substance use disorder so often works, people are driven to finding a more intense “high;” synthetic opioids like fentanyl provide the dealers with the ability to satisfy these urges, while creating extreme risks to users.

Poor diluting technique and the buyer’s ignorance has led to many tragic deaths, including that of my constituent Carl Messinger. He was a recovering heroin addict who was prescribed cough

syrup which, unbeknownst to him, contained the opiate codeine, which caused him to relapse in to drug-seeking behavior. But instead of pure heroin, he unknowingly purchased heroin laced with fentanyl. He overdosed and passed away.

Congress last joined together on a bipartisan basis to pass two major pieces of bipartisan legislation that directly addressed the opioid epidemic: the *Comprehensive Addiction and Recovery Act* (CARA) and the *21<sup>st</sup> Century Cures Act*.

In CARA, Congress authorized dozens of new grant programs within the Department of Health and Human Services designed specifically to address the opioid crisis. Some of these grants were targeted to improve training of first responders to effectively handle overdose since they are often the first – and, last – medical professional a person overdosing will see. Other grants incentivized new treatment and intervention programs. While still other grant programs targeted populations uniquely at-risk, such as pregnant and postpartum women. In total, CARA authorized \$181 million in annual funding. It is essential that these programs receive full funding; otherwise our communities will continue to suffer without the resources to mitigate the harm of this deadly drug.

In the Cures Act, Congress authorized an unprecedented \$1 billion over two years dedicated specifically to combating this public health crisis. This money would be given straight to approved state agencies that are operating programs in response to substance use issues at the state level. This model provides remarkable flexibility to States with unique environmental and demographic factors. These States are empowered to design programs and leverage trusted local

and municipal organizations to use available resources most efficiently. I am pleased to note that last week, the Granite State submitted its request for the over \$3 million in funding allocated to New Hampshire for fiscal year 2017. However, funding for fiscal year 2018 will be needed to ensure the good work established with this first round of funding can be continued.

Of course, *CARA* and *Cures* represent only part of our coordinated response to substance use in this country. Organizations like the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control, the Food & Drug Administration, and research conducted at the National Institutes of Health represent dozens of programs operated by the Department of Health and Human Services, programs which are critical for assessing and responding to the dynamic nature of this crisis.

While opioids are the most clear and present danger surrounding substance use today, it is certainly not the only danger and, more importantly, it does not exist in a vacuum. The need to coordinate across law enforcement, first responders, community-based non-profits, and the medical community is important. But, coordination within the medical community is also crucial. We now know that simultaneous treatment of “co-morbidities,” that is disorders that exist simultaneously and, sometimes, are symptomatic of one another, is crucial to resolving this crisis. In other words, we must be innovative to address the mental health issues that often presage substance use disorder. That innovation and praxis is the focus of efforts by professionals within HHS. We should endeavor to ensure they receive the maximum amount of resources so they can do their jobs and do them well. Thank you.