

**Testimony of  
The Honorable Patrick Meehan (PA-07)  
Before the  
House Committee on Appropriations  
Subcommittee on Commerce, Justice, Science, and Related Agencies  
Capitol, H-309  
February 28, 2017**

Chairman Culberson, Ranking Member Serrano, and Members of the Subcommittee, I want to begin by thanking you for holding this hearing. I very much appreciate the opportunity to testify about the importance of providing funding to continue to address the problems of opioid and heroin addiction. It is a special honor to be here because many of you have been leaders on these issues long before opioid and heroin addiction and overdoses became nationwide epidemics.

As you know, Section 201 of the Comprehensive Addiction and Recovery Act (CARA) authorized \$103 million annually for the Department of Justice (DOJ) to combat the opioid epidemic. The DOJ funding will be used to support state efforts to prevent and respond to the opioid epidemic.

The law authorizes a comprehensive opioid abuse grant program for states that enables them to use federal funding to implement or expand treatment programs as an alternative to incarceration, provide training and resources to first responders to administer opioid overdose reversal drugs, and investigate unlawful distribution of heroin, fentanyl, and opioids.

The grant program authorizes states to use federal funding to implement or make improvements to their prescription drug monitoring programs (PDMPs). PDMPs reduce “doctor shopping,” change prescribing behavior, decrease the time spent on drug diversion investigations, and reduce prescription drug abuse. The effectiveness of PDMPs can be

enhanced through interstate data sharing. However, not all states with PDMPs share data with other states. Just more than half of the states are able to share data with at least one other state. The funding authorized for the comprehensive opioid abuse grant program will enable states to improve the utility of PDMPs.

States may also direct grant funding to divert veterans with addiction away from the criminal justice system into drug treatment courts. More than two million young men and women have served our country in Iraq and Afghanistan, and many face a difficult readjustment to civilian life after serving overseas. According to the RAND Corporation, one in five veterans returning from Iraq and Afghanistan will experience a stress-related mental illness, and many others fall victim to drug and alcohol abuse. The symptoms and subsequent behavior associated with post-traumatic stress, mental illness, drug abuse and alcohol dependency bring many of these veterans into contact with the criminal justice system. Veterans account for nine out of every 100 inmates in U.S. jails and prisons.

As a former District Attorney and Federal Prosecutor, I saw firsthand the struggles facing many of our veterans. Troubled veterans who commit small offenses deserve a chance to break free of the cycle of dependency and mental illness – not an irrevocable ticket to a jail cell and a loss of important veterans' benefits. That's why in 2008 a judge in Buffalo, New York, opened the nation's first veterans treatment court. Modeled on the successful drug courts program, veterans treatment courts divert offenders from the traditional criminal justice system. Veterans treatment courts promote sobriety, recovery, and stability through a coordinated response that involves cooperation and collaboration with the traditional partners found in drug and mental health courts. The courts also team up with the U.S. Department of Veterans Affairs health care

networks, the Veterans Benefits Administration, volunteer veteran mentors, and family support organizations.

Access to Veterans Treatment Courts is a simple, bipartisan way that we can support our veterans. Instead of a retributive instrument of justice, the veterans treatment court is seen as a restorative instrument of justice. Veterans treatment courts have already developed a track record for low recidivism rates. More than 200 veterans treatment courts have opened since 2008 and more are slated. I commend the Subcommittee for its past support for veterans treatment courts and ask for continued funding.

We all know the statistics about the epidemic's effect on our communities. As the Subcommittee makes decisions regarding our nation's spending priorities, I ask that you think about the individuals and families in your District whose lives have been turned upside down or sacrificed as a result addiction. There is still much to be done to address the opioid addiction crisis, but CARA and the funding it authorized is a big step forward in helping our communities cope and respond.

Thank you for your consideration.