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Subcommittee on Oversight and Investigations "Examining the Growing Problems of Prescription Drug and Heroin Abuse: State and Local Perspectives."

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Good morning Chairman Murphy and members of the committee,

I am honored to speak to you today about how we can improve the health of our communities as they struggle with how to manage stress, pain and addiction in a society and a health care system that has historically valued and incentivized quick fixes over real health and wellness. We face big challenges, but we know what needs to be done.

I am a Senior Research Scientist at the Alcohol and Drug Abuse Institute at the University of Washington in Seattle where I am also affiliate faculty in the School of Public Health and the Harborview Injury Prevention and Research Center. My current work includes:

- leading a study of an intervention to prevent overdoses among heroin and pharmaceutical opioid users that is funded by the National Institutes of Health;
- a project analyzing prescription monitoring program data and developing interventions to improve health for those taking controlled substances funded by the Bureau of Justice Assistance awarded to our State Department of Health; and
- running the Center for Opioid Safety Education which supports communities across Washington so that they can respond to the overwhelming impacts of opioid abuse and overdose in their communities, funding is from the SAMHSA block grant via our state substance abuse agency.

As a public health researcher I think in terms of:

Primary prevention-Prevent a problem from starting

Secondary prevention - Intervene in a problem before it gets worse

Tertiary prevention -Prevent death and serious harm

Given that many communities are in crisis, let's start with preventing death and serious harm:

Overdoses can be prevented and most can be reversed before they become fatal IF people know how to recognize an overdose and how to respond. Opioid overdoses are a crisis of breathing. 911 needs to be called. An antidote- naloxone- should be administered, rescue breathing initiated and the overdose victim monitored. Naloxone is a proven, safe medication- yet far too few people who need it know about it, can get it easily or can afford it. Overdose education and naloxone can be provided in a doctor's office, by a pharmacist, at jails or via community based health education programs such as syringe exchanges. Those at highest risk for overdose are heroin users. Syringe exchanges have the staffing expertise and trusting relationships with our loved ones who use heroin that are necessary to provide life saving services. At the same time, far more people use pharmaceutical opioids, about 3% of adults chronically, and they also need overdose education and take-home-naloxone.

Fatal overdose prevention is a necessary first step, but it is a short term emergency response. Given that opioid addiction leads to changes in the brain and that addiction is a chronic and relapsing condition, it needs to be *treated* as a chronic medical condition. We are fortunate to have medications to support opioid addiction recovery- methadone and buprenorphine have been consistently shown in research to save lives and be cost efficient; however, access is still limited by regulatory, geographic, and financial barriers.

Switching to those using opioids for chronic pain, realistic expectations about pain relief need to be discussed, including the fact that long term opioid use may not lead to good pain control and in fact may reduce functioning. Washington State has led the nation by implementing chronic pain management guidelines which have subsequently been codified in state law. Key points of these guidelines include:

- A dosing threshold trigger for consultation with a pain specialist
- Patient evaluation elements
- Periodic review of a patient's course of treatment
- Encouraging prescriber education on the safe and effective uses of opioids AND
- The use of medication assisted treatment if a person is not successfully tapered off of opioids and has an opioid use disorder

So, how do we prevent opioid addiction in the first place? Given that the *majority* of young adult heroin users now report they were first hooked on pharmaceutical opioids it is clear that addressing *inappropriate* initiation is essential. The decision to begin prescribing opioids for minor injuries and pain needs to be carefully considered as does the total quantity dispensed if they are prescribed. Opioids in the home need to be carefully monitored and immediately disposed of when no longer needed. Parents need to know how to talk with their kids about

medication safety as well as how to manage stress and pain without medications, drugs or alcohol.

To conclude- we can keep people alive, we can treat harms related to opioid use and we can prevent misuse, but, given the potential harms of improper care for those with opioid use problems, we need to take a strategic approach based upon the fact that pharmaceutical opioids can be used interchangeably with heroin and we need to work on prevention and intervention simultaneously.

Thank you.