April 14, 2021

Bill Greer
President, SMART Recovery USA
7304 Mentor Avenue, Suite F
Mentor, OH 44060
bgreer@smartrecovery.org
202-577-1664

House Committee on Education and Labor
Subcommittee on Health
(The Honorable Anna G. Eshoo, Chairwoman)

"An Epidemic within a Pandemic: Understanding Substance Use and Misuse in America."

Testimony Submitted for the Hearing Record

Madame Chairwoman and members of the Subcommittee, it is an honor to present this written statement for this morning's necessary hearing. You are to be commended for scheduling today's proceedings.

Released this past Friday, the President's FY 2022 budget proposals include significant funds to address this crisis, in addition to the funds in the American Rescue Plan, which makes today's hearing even more timely.

Founded in 1994, SMART Recovery is a global community of well over 3,500 mutual support groups, more than 2,300 in the United States alone, with a substantial number online during the ongoing COVID-19 pandemic. Our website receives nearly 2 million unique visitors a year. SMART's mission is to help individuals overcome any addiction, and to support their families and friends. SMART Recovery a 501(c)(3) nonpofit organization composed almost entirely of volunteers.

SMART, which stands for Self-Management and Recovery Training, provides this help at free weekly meetings. We use a self-empowering, evidence-based approach based on principles and practices from the cognitive and motivational therapies most widely used in treatment.

To the maximum extent we can, we provide support to the fast-growing number of people with opioid use disorder; SMART Recovery meetings provide stigma-free support to individuals undergoing medication-assisted treatment (MAT). Due to our scientific orientation, SMART has always accepted the use of medications prescribed to treat behavioral health concerns and assist in addiction recovery.

As we all know, the addiction crisis, including the opioid epidemic, is years away from being resolved, even with billions of dollars in appropriations and passage of well-intentioned authorizing legislation. The novel coronavirus pandemic has made this crisis much worse for many reasons, including isolation, increased mental health problems, and reduced access to healthcare. Living alone, people who overdose on opioids cannot be rescued by drugs such as naloxone, which must be administered within minutes after they lose consciousness.

In 2019, drug overdose deaths numbered 72,000, a near-record high, according to the CDC National Center for Health Statistics (https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm). The 12-month provisional count through May 2020 was already 82,000 and up to 88,000 through August. At this rate, the final figure for 2020 could have totaled as high as 100,000—a 38% spike in one year. Opioids cause two-thirds of overdose deaths.

The many causes of this healthcare crisis have created for the foreseeable future a grisly new normal for the many people who need help, including the more than 20 million Americans suffering from substance use disorders and the much larger number of family members and friends who care for them.

We witness this suffering firsthand at SMART Recovery meetings, including online meetings. It is disheartening, overwhelming, and unconscionable. In the addiction epidemic, we are not facing a healthcare crisis that lacks proven solutions. Serving on the Board of SMART Recovery International, I see that only the United States has an opioid crisis of this magnitude. Many other countries have prevented or ended such epidemics through the widespread use of medications such as methadone and buprenorphine that protect people from fatal overdoses while they recover with the help of therapy and mutual support groups.

Addiction is not Stage 4 cancer, advanced heart disease, or kidney failure, the severe illnesses that took my wife a few years ago. We know how to treat addictions with many medications, therapies, and support from mutual aid groups. People can recover with such treatment. Among the problems in this country are the shortage of treatment and resistance to life-saving medications in many areas.

The Federal government must expand access to affordable treatment across America significantly and ensure that providers use proven measures. Existing and even proposed funding levels are well below what is needed. We are not giving nearly enough attention to ensure that everyone in need receives the best care, including ready access to needed medications, high-quality behavioral healthcare, and ongoing peer support and mutual aid meetings that expressly endorse (rather than work at cross-purposes with) medication-assisted treatment.

This Subcommittee has been among the leaders in the fight to address this public health crisis. This Subcommittee has developed many important laws and supported their implementation. However, we urge Congress to take more aggressive action to reverse the course of this epidemic so we may begin to end it. The bills on the agenda for today's hearing are examples of what can be enacted. We want to call your attention to (and recommend) the following:

H.R 1384 (the Mainstreaming Addiction Treatment Act of 2021) and H.R 2067 (the Medication Access and Training Expansion Act of 2021), which must be enacted in tandem to make life-saving medication-assisted treatment widely available,

H.R. 955 (the Medicaid Reentry Act),

H.R. 2366 (the Support, Treatment, and Overdose Prevention of Fentanyl Act of 2021),

H.R. 2051 (the Methamphetamine Response Act),

and

H.R. 2379 (the State Opioid Response Grant Authorization Act of 2021, about which I will share some observations shortly.

Medication-assisted treatment combined with psychosocial therapies and community-based mutual support groups is the "gold standard" for treating people with opioid use disorders. This standard is recognized by every major health organization, including SAMHSA, the U.S. Surgeon General, and World Health Organization.

SMART is the largest community-based recovery support program that expressly and affirmatively supports MAT and behavioral healthcare. Better known support organizations have not expressed support, and people undergoing such treatment often cannot find the help they need.

Among all of the important bills supported by the Subcommittee on this morning's agenda, I call your attention to H.R. 2379, the proposed State Opioid Response Grant Reauthorization Act, and, as stated above, a bill whose enactment we strongly recommend.

When the bill is marked up, the text should be refined slightly in ways that all could strongly endorse. We respectfully recommend that any funds provided under this program be made pursuant to requirements that grantees use best practices and evidence-based approaches for prevention, treatment, and care.

To that end, language should be added where appropriate to require (among whatever other activities or services for which grant funds are used) that States, Indian Tribes, and populations served by Tribal organizations and Urban Indian organizations take steps to:

1) make medication-assisted treatment widely available,
2) make behavioral health care widely available; and
3) ensure that provision is made for evidence-based, self-empowering, mutual aid recovery support meetings that expressly support medication-assisted treatment.

The only peer support available in numerous communities is meetings whose attendees are told that MAT is "a poor choice," that prescribers are misguided, and that people on MAT cannot participate and must stop taking these medications to become "clean," advice that, if followed, could kill them if they relapse. The failure to provide this component of the "gold standard" increases the risk of relapse and overdose, which results in still higher-cost care. The budgetary outlays required to address the opioid crisis (and to help the large number of individuals with stimulant-use disorders) would be even higher if grant recipients were not required to ensure the availability of peer support meetings that work synergistically with MAT and behavioral health therapies.

As you know, under current grant programs, recipients can use some of their funds to foster the development of such meetings. Thus far, the States of Connecticut and Ohio have done so, and the Joint Explanatory Statement of the Managers accompanying the FY 2020 and FY 2021 Labor, HHS, Education and Related Agencies Appropriations legislation included the following language:

Treatment Assistance for Localities. The agreement recognizes the use of peer recovery specialists and mutual aid recovery programs that support MAT and encourages SAMHSA to support these activities as applicable in its current grant programs.

When H.R. 2379 is back before the Energy and Commerce Committee, including legislative language along the lines mentioned above would lessen the need for such report language through the appropriations process every year.

As we read the text of H.R. 2379, the list of eligible activities is wholly discretionary, and we do recognize that State governments and other eligible grantees should be given flexibility, in large part because they are closer to seeing how the crisis affects their communities. However, given that the funds available under this program (like any other Federal block grant program) are limited, it should not be controversial to ask that grantees use the funds consistent with best practices and in ways that ensure people receive the best possible care.

Thank you again for the opportunity to submit this statement. At SMART Recovery, we stand ready to help you address this crisis in every way we can. We look forward to answering any questions and provide any additional information.