



**People's Action's Written Statement to
the Subcommittee on Health of the House Committee on Energy and Commerce
for a Hearing on
"The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related
Substances"
December 2, 2021**

Contact: Megan Essaheb, m.essaheb@peoplesaction.org

People's Action appreciates the opportunity to submit testimony for this hearing titled, "The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related Substances." Given the recent news from the Centers for Disease Control and Prevention (CDC) that between April 2020 and April 2021, at least 100,000 people died of an overdose, the highest number ever recorded, it is imperative that Congress take immediate action to address this crisis. Criminalization of drug users and the War on Drugs has been a failure that served to harm people that use drugs. Congress and the Biden Administration should focus exclusively on harm reduction policies and access to high quality treatment.

People's Action is a national organization that brings together 40 grassroots organizing groups from across 30 states working on issues from housing to healthcare, from the climate crisis to overdose. People's Action convenes an overdose crisis cohort which brings together people who are current drug users, those in recovery and family members who have lost loved ones. We work intentionally to build bridges across geographies, race and experience as it relates to overdose and focus on ending criminalization approaches to drug use and towards public health solutions including harm reduction tools and treatment access.

The War on Drugs created the overdose crisis, by criminalizing and punishing people who use drugs instead of offering them public health solutions like treatment. Pharmaceutical and insurance corporations have shamelessly profited by overprescribing addictive drugs like oxycontin, creating a full-blown public health catastrophe to line their own pockets. Yet our society still punishes people who use drugs instead of offering them treatments that save lives. Criminalization and stigmatization also deter people from seeking help and treatment. Further punishment enhancements of drugs will not save lives.

Congress must focus on harm reduction and access to treatment. First, we applaud the inclusion of the Medicaid Reentry Act (H.R. 955/ S. 285) in the Build

Back Better reconciliation package, which would allow Medicaid to cover health services during the last 30 days of incarceration and create better linkages to community-based care during reentry. Facilitating overdose prevention and substance use disorder treatment upon a person's reentry from prison would reduce the high risk of deadly overdose upon reentry. We also support the \$69.5 million in the House Labor, Health and Human Services FY22 appropriations bill for increased access to overdose prevention, harm reduction, and syringe service programs through the CDC's Infectious Diseases and the Opioid Epidemic program. While more is needed, it's important that Congress funds the CDC program at least at this level and not the lower amount in the corresponding Senate bill.

Another easy step in making treatment for opioid use disorder more accessible would be to pass the bipartisan **Mainstreaming Addiction Treatment Act** (H.R.1384 / S.445) to eliminate the redundant, outdated and stigmatizing requirement that practitioners apply for a separate waiver (called the X-waiver) through the Drug Enforcement Administration (DEA) to prescribe buprenorphine for the treatment of opioid use disorder. Buprenorphine has been proven to reduce mortality from opioid use disorder by up to 50 percent.

The MAT Act also extends the X-waiver elimination to the community health aide program at the Indian Health Service, which operates in Alaska. The majority of opioid use disorder services in Alaska are provided by community health aides who do not have a DEA controlled substance license. Finally, the MAT Act directs the Substance Abuse and Mental Health Services Administration to set up a national education campaign on the benefits of buprenorphine.

The Drug Enforcement Agency's X-Waiver requirement prevents doctors, nurses and physicians' assistants from prescribing buprenorphine, a highly effective form of Medication Assisted Treatment, to patients. Based on three decades of evidence, public health experts now widely agree that Medication Assisted Treatment, which reduces withdrawal symptoms and prevents relapse, is the most effective way to save the lives of those with opioid use disorder. MAT is the gold standard for treatment of opioid use disorder, and buprenorphine is considered especially effective.¹

The overdose crisis is ravaging our communities, and the redundant, outdated and stigmatizing X-Waiver requirement stops people from getting care that can save their lives. It most deeply harms Black, brown and rural communities. Black individuals who seek treatment are far less likely to be offered life-saving MAT than white people. To effectively respond to the urgency of the overdose epidemic, we must eliminate barriers like the X-Waiver that prevent healthcare practitioners from providing evidence-based treatments like buprenorphine for substance use disorders.

The MAT Act, sponsored by Representatives Paul Tonko (D-NY), Antonio Delgado (D-NY), Anthony Gonzalez (R-OH), and Mike Turner (R-OH) currently has over 218 cosponsors and should be brought to a floor vote in the House immediately.

People's Action also supports the **The Support, Treatment, and Overdose Prevention**

(STOP) of Fentanyl Act (H.R. 2366/ S.1457), or the STOP Fentanyl Act, which improves surveillance and detection of fentanyl and enhances evidence-based public health approaches to opioid overdose and substance use disorders. Many overdoses are caused by people not knowing that the drug they are taking has fentanyl in it. The STOP Fentanyl Act is a better alternative to enhanced criminalization and sentencing for fentanyl related crimes.

Additionally, the committee should look to New York City's recent opening of two **supervised injection sites** as a model for creating a safe space for drug users to go and use drugs. The sites provide trained professional workers who will monitor the health of users and provide naloxone as needed and provide information about substance use disorder treatment. We applaud our member, VOCAL-NY and their partner's advocacy in this victory and hope that other cities look to it as a model. But there is still some risk in opening these facilities due to the U.S. Department of Justice's (DOJ) current position that they are illegal. DOJ litigation has prevented other cities from opening supervised injection sites. The DOJ should reverse its position or Congress should pass legislation clarifying that supervised injection sites do not violate federal law.

Finally, two recent op-eds by People's Action member-leaders who are directly impacted by the overdose crisis are attached to this statement. No matter what we look like or where we come from, the overdose crisis reminds us that we are all human. Our ability to get and stay well depends on everyone having what we need to prevent, treat, and recover from illness.

<https://www.nj.com/opinion/2021/11/this-bill-could-reduce-overdose-deaths-why-is-congress-sitting-on-it-opinion.html>

This bill could reduce overdose deaths. Why is Congress sitting on it? | Opinion

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By **Star-Ledger Guest Columnist**

By **Janit Buccella**

No matter where we were born or what we look like, everyone deserves to be able to heal and be treated with dignity and respect, no matter what they're going through — and that includes struggles with substance use disorder. The main way we can reduce overdose deaths is to provide access to treatment and support for people at risk of overdose.

Medication-assisted treatment (MAT) meets people where they are and supports people in their path to recovery. MAT improves retention in treatment, reduces the use of other opioids, improves social outcomes, and lowers the risk of relapse and **overdose by 50%**. So why is it that only 20% of people who could benefit from access to MAT get it?

It's because our congressional leadership in Washington D.C. continues to sit on a bill that could save lives and transform our country's access to treatment support. The [Mainstreaming Addiction Treatment Act](#) (MAT Act) is a bipartisan piece of legislation with over 150 co-sponsors that would help remove bureaucratic barriers that make buprenorphine — one of the most effective forms of MAT — more accessible to rural and disenfranchised communities. Buprenorphine is more highly regulated by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Drug Enforcement Administration than all the prescription opioids that have helped to fuel the overdose crisis for the past 20 years.

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So why is congressional leadership sitting on this bill? You'd have to ask them. They act as though because we're living in a time of constant crises that it's acceptable to ignore the [loss of almost 100,000 people](#) to preventable overdose deaths in 2020. But I'll tell you who is not forgetting these deaths — their families and loved ones.

In 2005, my son had knee surgery and was prescribed OxyContin. OxyContin was the recommended drug for pain at that time. He soon became addicted and his life — and our family — was forever changed. By the time I realized that my smart, funny, loving and athletic son was addicted to OxyContin, his situation had deteriorated.

To try and find help, my son saw several physicians, but none could offer him the help that he needed. He attended several detox facilities, only to leave and use again. He ultimately flipped his car, grew addicted to heroin and Xanax, and returned to a detox-based rehabilitation facility.

What I've learned from my experience as a mother whose child struggles with addiction is that we must meet people where they are and ensure they have access to life-saving tools and services — like MAT. Faced with little choice and many barriers, people like my son are forced to attempt to detox in other ways. Luckily, my son is still with us, but there isn't a day that goes by where I can stop worrying about his well-being because of the significant barriers in the way to his recovery.

In mid-September, I made the trip to Washington DC to meet with Congressman Frank Pallone, who is also the chair of the Energy and Commerce Committee. In the spirit of meeting people where they are, I went to meet the key legislator who can move this bill forward where he is.

The meeting started with the usual platitudes about all the competing priorities for the Congressman's attention but moved to a place of action when the group of us from the New Jersey Organizing Project and [People's Action Overdose Crisis Cohort](#) ramped up the tension. Saving lives from preventable overdose is my No. 1 priority because those we lost do not have the opportunity to recover. Our legislators need to recognize this truth and make saving lives a higher priority.

I'm still buzzing from all the adrenaline of building solidarity with groups from across the country working on this issue and all of our commitment to win on this issue — a win meaning more of our family and community members stay alive. In order to save lives from preventable overdose, and expand access to treatments that actually work, we need to remove several unnecessary obstacles to MAT and that starts at the federal level with passing the MAT Act.

Janit Buccella lives in Waretown and is a member of [New Jersey Organizing Project](#).

Sen. Portman, save Ohio lives by supporting the MAT and STOP Fentanyl acts: Justin Hanley

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By [Guest Columnist, cleveland.com](#)

PORTSMOUTH, Ohio -- Fentanyl. It's the highly potent synthetic opioid driving a massive surge in overdose deaths. Sen. Rob Portman, I think you know this is a crisis we must face right now. But the reasons for this crisis, and what we can do about it, are not what you think.

I should know. I've lost friends to overdose, and nearly died myself. I am an Iraq War veteran and a resident of Portsmouth in the Ohio River Valley. When I returned home from the war, I was eager to jump back into life as a father and reconnect to my community. Unfortunately, though I left the war, the war did not leave me.

With undiagnosed post-traumatic stress disorder making every moment of my life a battle, I turned to opioids to make the days more bearable. And they were, for a bit. Pretty soon, though, the once-in-a-while OxyContin morphed into a full-blown dependency on opioids.

Yet as debilitating as my addiction was, my situation was made exponentially worse by the criminalization of drug users that our society has pursued for over 50 years, especially targeting poor people and communities of color. I was arrested time and again and sent to jail, but police and judges couldn't reduce my dependence on opioids -- because I was dealing with a health issue.

It was only thanks to the compassion and nonjudgmental support from a few key people around me that I began to better understand what was happening to me, and overcome my dependency. I was able to get the support that has brought me to the place I am today: happy, healthy, and giving back to my community.

That's what people who use drugs need, and what saves lives: harm reduction; support; and treatment in the communities where they live. This means access to sterile syringes and drug testing kits, and forms of medically assisted treatment (MAT) like buprenorphine so people can move toward recovery. And for all of us, it means learning to administer naloxone, which can reverse an overdose in seconds and save a life.

These are the solutions I advocate for every day in Ohio in my work as a harm reduction provider at River Valley Organizing, part of the People's Action national network.

They are also the solutions in two bills currently before Congress: The [Mainstreaming Addiction Treatment \(MAT\) Act](#) and [STOP Fentanyl Act](#). Despite having wide bipartisan support, these

bills have stalled in Congress, preventing communities from having the tools they need to stop overdoses and save lives.

What doesn't save lives? Sending people who use drugs to prison. For lawmakers, this is the easy way out -- they tell voters they're "tough on crime," and hope they won't notice that criminalization has failed for decades to stop deaths from drug use.

That's why, Sen. Portman, you need to abandon your call [for the permanent classwide scheduling of fentanyl and related substances](#), and get behind the legislation and solutions that center on public health approaches instead. All that drug-scheduling does is send more people who use drugs to jail -- whether or not they knew they were using banned substances -- rather than offer them harm reduction and treatment.

Sen. Portman, we need you to work to pass the MAT Act and STOP Fentanyl Act now, so lives can be saved, and so that those who struggle with drugs can find what they need to heal. To do this will take compassion and courage -- from every one of us, and from lawmakers like you -- to create a world where people have access to lifesaving care and where everyone can thrive.

Justin Hanley is an Iraq War veteran in Portsmouth, Ohio.